

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

1 2 -- 1 7

2. STATE  
Missouri

3. PROGRAM IDENTIFICATION:  
TITLE XIX OF THE SOCIAL SECURITY ACT  
(MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2012

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR Part 440

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$ 0

b. FFY 2013 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 10b, 11, 14a

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, page 10b, 11, 14a

10. SUBJECT OF AMENDMENT:

Removes references to the Second Surgical Opinion requirement.

11. GOVERNOR'S REVIEW (Check One)

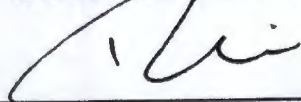
GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPE NAME: Brian Kinkade

14. TITLE: Interim Director

15. DATE SUBMITTED: September 27, 2012

16. RETURN TO:

MO HealthNet Division  
P.O. Box 6500  
Jefferson City, MO 65102

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 27, 2012

18. DATE APPROVED: December 12, 2012

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2012

21. TYPED NAME: James G. Scott

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator  
for Medicaid and Children's Health Operations

23. REMARKS: