

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 2 - 2 2</u>	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 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 447.518	7. FEDERAL BUDGET IMPACT: a. FFY 13 \$ 0 b. FFY 14 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-B page 3b	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): 4.19-B page 3b

10. SUBJECT OF AMENDMENT:

Triennial assurance of the pharmacy program adherence to the requirement of federal regulation regarding expenditures for all other drugs.

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT SW       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  MO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500
13. TYPE NAME: Brian Kinkade	
14. TITLE: Interim Director	
15. DATE SUBMITTED: December 20, 2012	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <u>December 20, 2012</u>	18. DATE APPROVED: <u>February 7, 2013</u>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>October 1, 2012</u>	20. SIGNATURE OF REGIONAL OFFICIAL: <u>/s/</u>
21. TYPED NAME: <u>James G. Scott</u>	22. TITLE: <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u>
23. REMARKS:	