

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-04	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10-01-2009

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: Section 1137 of the Act and 42 CFR 435.940 through 435.960	7. FEDERAL BUDGET IMPACT: a. FFY 13 \$ 0 b. FFY 14 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 79 (Section 4.32), and Attachment 4.32-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Replacing existing Page 79, and Attachment 4.32-A, Page 1


10. SUBJECT OF AMENDMENT:
Income and Eligibility Verification System- Public Assistance Reporting Information System (PARIS)

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Not required

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Alyson Campbell, Director Family Support Division P.O. Box 2320 Jefferson City, MO 65103
13. TYPED NAME: Brian Kinkade	
14. TITLE: Acting Director, Department of Social Services	
15. DATE SUBMITTED: 8/20/13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: August 20, 2013	18. DATE APPROVED: August 26, 2013
PLAN APPROVED - ONE COPY ATTACHED	

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

Certifies Missouri is using the Public Assistance Reporting Information System (PARIS) for data matching.