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State/Territory Name: MO

State Plan Amendment (SPA) #: 13-29

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

January 24, 2014

Brian Kinkade, Interim Director
Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, MO 65102-1527

Dear Mr. Kinkade:

On December 18, 2013, the Centers for Medicare & Medicaid Services (CMS) received Missouri's state plan amendment (SPA), transmittal #13-29 to remove the Benchmark Benefit package from the state plan.

Based upon the information received, we are now ready to approve SPA #13-29 as of January 24, 2014, with an effective date of October 1, 2013, as requested by the state.

Enclosed is a copy of the CMS-179 removing Section 3.1-C, pages 1-7; Attachment 1 to Section 3.1-C, pages 1-6; and Attachments 2, 3, and 4 to Section 3.1-C from the Missouri Medicaid State Plan. If you have any questions regarding this amendment, please contact Karen Hatcher or Deborah Read at (816) 426-5925.

Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Joe Parks, M.D.

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

1. TRANSMITTAL NUMBER:

1 3 - 2 9

2. STATE

Missouri

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, 2013

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:

7. FEDERAL BUDGET IMPACT: (in thousands)

a. FFY 2012 \$ 0

b. FFY 2013 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 3.1-C, pages 1-7~~
~~Attachment 3.1-C, Attachment 1, pages 1-6; Attachments 2, 3, 4~~

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

~~n/a~~ Attachment 3.1-C, pages 1-7
Attachment 3.1-C, pages 1-6; Attachments 2,3,4

10. SUBJECT OF AMENDMENT:

As requested by CMS, this State Plan Amendment is being submitted to remove the Benchmark Benefit Package that coincides with the eligibility category removed effective July 15, 2008 by SPA MO 08-011.

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:

16. RETURN TO:

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

13. TYPE NAME: Brian Kinkade

14. TITLE: Interim Director

15. DATE SUBMITTED:

12/18/2013

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 18, 2013

18. DATE APPROVED: January 24, 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]
Associate Regional Administrator
for Medicaid and Children's Health Operations

21. TYPED NAME:

James G. Scott

23. REMARKS:

Pen and ink change per state request dated January 15, 2014