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State/Territory Name: Missouri

State Plan Amendment (SPA) #: MO-20-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

November 19, 2020

Jennifer Tidball, Acting Director
Missouri Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, Missouri 65102

Dear Ms. Tidball:

The CMS Division of Pharmacy team has reviewed Missouri (SPA) 20-0023 received in the CMS Medicaid & CHIP Operations Group on October 19, 2020. This SPA proposes to provide annual assurance of the pharmacy program adherence to the requirements of federal regulation for the time period October 1, 2019 through September 30, 2020.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 20-0023 is approved with an effective date of October 1, 2020. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Missouri's state plan.

If you have any questions regarding this amendment, please contact Lisa Shochet at (410) 786-5445 or lisa.shochet@cms.hhs.gov.

Sincerely,

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Todd Richardson, Medical Director, MO HealthNet Division
Joshua Moore, Director of Pharmacy, MO HealthNet Division
Deborah Read, CMS, Medicaid & CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>20-0023</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, 2020	

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 <u>21</u> \$ <u>0</u> b. FFY <u>22</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-B page 3c	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): 4.19-B page 3c

10. SUBJECT OF AMENDMENT:

Annual assurance of the pharmacy program adherence to the requirement of federal regulation regarding expenditures for multiple source drugs.

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	16: RETURN TO:
13. TYPE NAME: Jennifer Tidball	MO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500
14. TITLE: Acting Director	
15. DATE SUBMITTED: 10/16/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/19/2020	18: DATE APPROVED: 11/19/2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2020	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: John M. Coster, Ph.D., R.Ph.	22. TITLE: Director, Division of Pharmacy
23. REMARKS:	

State: Missouri

The annual assurance is given that, for the period October 1, 2019 through September 30, 2020, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.

State Plan TN# MO20-0023
SupersedesTN# MO 19-0022

Effective Date October 1, 2020
Approval Date November 19, 2020