

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

1. TRANSMITTAL NUMBER:

0 9 - 0 6

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

July 1, 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:  
42 CFR 447 Subpart C

7. FEDERAL BUDGET IMPACT: 8963,000  
a. FFY 2009 \$ 7,301,000  
b. FFY 2010 \$ 30,806,352,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4-19D  
Pages 52 C and 165 D

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

Attachment 4-19D  
Pages 52 C and 165 D

10. SUBJECT OF AMENDMENT:

This amendment provides for a per diem increase to nursing facility and HIV nursing facility reimbursement rates by granting a trend adjustment resulting in an increase of five dollars and fifty cents (\$5.50) effective for dates of service beginning July 1, 2009.

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT *cy*  
 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: Ronald J. Levy

14. TITLE: Director

15. DATE SUBMITTED: 8-4-09

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: August 5, 2009

18. DATE APPROVED: 11-3-09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
JUL - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Bull Rowland R CM*

21. TYPED NAME: William Lasowski

22. TITLE: Deputy Director, CMSO

23. REMARKS: Per ink change made to block # 7 per the State