

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

1. TRANSMITTAL NUMBER:  
0 9 - 1 0

2. STATE  
Missouri

3. PROGRAM IDENTIFICATION:  
TITLE XIX OF THE SOCIAL SECURITY ACT  
(MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2009

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:  
a. FFY 2010 \$ 0  
b. FFY 2011 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4-19D  
Pages 228 A, 228 B, 228 C, 228 D, 228 E, 228 F, 228 G,  
228 H, 228 I, 228 J, 228 K, 228 L, 228 M and 228 N

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
N/A - all new material

10. SUBJECT OF AMENDMENT:

This amendment provides for the inclusion of the ICF/MR CPE Protocol in Missouri's Medicaid State Plan, as requested by the Centers for Medicare and Medicaid Services.

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:



13. TYPE NAME: Ronald J. Levy

14. TITLE: Director

15. DATE SUBMITTED: 11/17/09

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: November 18, 2009

18. DATE APPROVED: 01-15-10

PLAN APPROVED - ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: William Lasowski

22. TITLE: Deputy Director, CMSO

23. REMARKS: