

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER:

1 0 - 1 0

2. STATE

MO

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

4. PROPOSED EFFECTIVE DATE

October 1, 2010

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
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 431 Subpart M

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$ 631,751  
b. FFY 2012 \$ 631,751

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 17aaa  
Attachment 3.1-A, pages 17aaaa, 17aaaaa, 17aaaaaa,  
and 17aaaaaaa (New Pages)

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

Attachment 3.1-A, page 17aaa

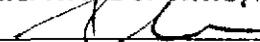
10. SUBJECT OF AMENDMENT:

Add detoxification to services available under the Comprehensive Substance Treatment and Rehabilitation Services Section.

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT SU     OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPE NAME:

Ronald J. Levy

14. TITLE:

Director

15. DATE SUBMITTED:

September 7, 2010

16. RETURN TO:

Department of Social Services  
MO HealthNet Division  
615 Howerton Court  
P.O. Box 6500  
Jefferson City, MO 65109

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 7, 2010

18. DATE APPROVED:

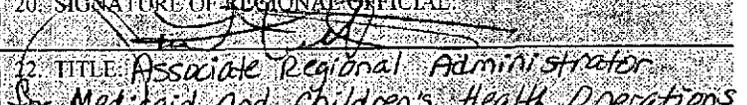
March 8, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

James G. Scott

22. TITLE: Associate Regional Administrator  
for Medicaid and Children's Health Operations

23. REMARKS

Pen and ink charges per State request