

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 0 - 1 2</u>	2. STATE Missouri
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2010 August 3, 2010		

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 \$ <u>0</u> b. FFY 2011 \$ <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Pages 6a, 6b, 16e, 16g, 17a, 19b, 19bb, 19bbb-1, 19bbbb and 19bbbb-1 2aaaaa, 2aaaaa-1, 19bbbb-2, 19bbbb-3, 19bbbb-4, 23aaa, 23bbb	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A Pages 6a, 6b, 16e, 16g, 17a, 19b, 19bb, 19bbb-1, and 19bbbb, 2aaaaa, 23aaa, 23bbb
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10. SUBJECT OF AMENDMENT:

This amendment provides the State Fiscal Year (SFY) 2011 trend factor and specifies that it will not be applied in determining payments; clarifies the per diem rate, Direct Medicaid payments and uninsured payments for facilities that do not have a fourth prior year base cost report and facilities previously certified for MO HealthNet that had terminated and are reopening; indicates the Missouri Specific Trend factor will not be applied in determining payments; clarifies the safety net adjustment relating to the uninsured payment for Department of Mental Health facilities; and, specifies the process to be used in finalizing DSH payments as a result of the findings of the federally-mandated DSH audits.

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 29, 2010	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: AUG 26 2011
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PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: AUG - 3 2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, CMCS

23. REMARKS:
 Pen & ink changes made to blocks 4, 8, 9