

Original Submission
7-15-12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

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

1. TRANSMITTAL NUMBER:
1 1 -- 0 3

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, 2011

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 Parts 430, 431, and 440

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$ 0
b. FFY 2012 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, page 17aaa, 17aaa-1, 17aaa-2
Attachment 4.19-B, page 6, 6a, 6b, 6c, 6bbb

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 3.1-A, page 17aaa
Attachment 4.19-B, page 6

10. SUBJECT OF AMENDMENT:

This State Plan Amendment makes changes and additions to Comprehensive Day Rehabilitation Services and Comprehensive Substance Treatment and Rehabilitation (CSTAR) services as recommended by the Centers for Medicare and Services to comply with 42 CFR 440.130 (d) to ensure the services are coverable rehabilitative services. The State Plan Amendment also makes changes and additions to comply with the record keeping requirements in 42 CFR 431.07.

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:

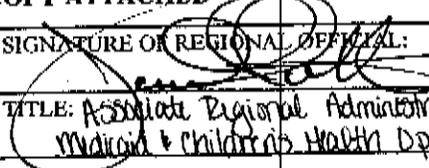
12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME: Ronald J. Levy
14. TITLE: Director
15. DATE SUBMITTED: July 15, 2011

16. RETURN TO:
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

FOR REGIONAL OFFICE USE ONLY
17. DATE RECEIVED: July 15, 2011
18. DATE APPROVED: April 2, 2012
PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2011
21. TYPED NAME:
James E. Scott

20. SIGNATURE OF REGIONAL OFFICIAL:

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

23. REMARKS:

pen ink change per state's 3/22/12 email request.