

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 2 - 0 1</u>	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 April 1, 2012 <u>October 1, 2012</u>
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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: <u>42 CFR 447 Subpart C</u>	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY <u>2012</u> \$ <u>312</u> b. FFY <u>2013</u> \$ <u>18,400</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-D, Page 60 G, 60 H, 60 I, 60 J, 60 K, 60 L and 60 M.</u>	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (if Applicable): New Material
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10. SUBJECT OF AMENDMENT:

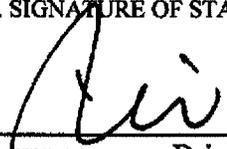
This amendment provides for supplemental payments for private nursing facilities that enter into low income and needy care collaboration agreements with public nursing facilities for nursing facility services provided beginning on and after April 1, 2012.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPED NAME: <u>Brian Kinkade</u>	
14. TITLE: <u>Interim Director</u>	
15. DATE SUBMITTED: <u>March 7, 2012</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>March 8, 2012</u>	18. DATE APPROVED: <u>JUL 19 2013</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>OCT 01 2012</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: <u>Penny Thompson</u>	22. TITLE: <u>Deputy Director, Policy + Financial Mgt, PMS</u>
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23. REMARKS: