

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

1. TRANSMITTAL NUMBER:  
1 2 - 0 9

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, 2012

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

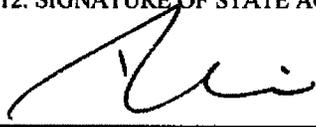
7. FEDERAL BUDGET IMPACT:  
a. FFY 2012 \$ 0  
b. FFY 2013 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Att. 4.19-A, pages 19bbbb-2, 19bbbb-3

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Att. 4.19-A, pages 19bbbb-2, 19bbbb-3

10. SUBJECT OF AMENDMENT:  
  
This amendment includes changes to: indicate the basis of the state DSH survey used for interim DSH payments for SFY 2013 and subsequent years; ensure that interim DSH payments made to federally deemed DSH hospitals and new hospitals do not exceed their estimated hospital-specific DSH limits; and allow Department of Mental Health (DMH) hospitals to adjust interim DSH payments based on the results of a DMH state DSH survey.

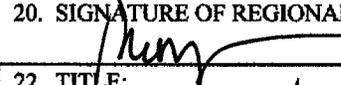
11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
  
13. TYPE NAME: Brian Kinkade  
14. TITLE: Interim Director  
15. DATE SUBMITTED: 9-26-12

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

**FOR REGIONAL OFFICE USE ONLY**  
17. DATE RECEIVED: September 26, 2012    18. DATE APPROVED:  
**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2012  
21. TYPED NAME:  
Penny Thompson  
23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:  
  
22. TITLE:  
Deputy Director, Policy & Financial Mgt. CMES