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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 13-16

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

December 12, 2013

Mr. Brian Kinkade
Acting Director
Missouri Department of Social Services
MO HealthNet Division
P.O. Box 6500
Jefferson City, Missouri 65102-6500

Dear Mr. Kinkade:

We have reviewed Missouri State Plan Amendment (SPA) 13-16, Prescribed Drugs, received in the Regional Office on October 22, 2013. This amendment proposes to provide annual assurance of the pharmacy program adherence to the requirements of federal regulation for the time period October 1, 2012 through September 30, 2013. We are pleased to inform you that the amendment is approved, effective October 1, 2013.

A copy of the pages approved for incorporation into the Missouri State Plan will be forwarded by the Kansas City Regional Office. If you have any questions regarding this request, please contact Lisa Ferrandi at (410) 786-5445.

Sincerely,

/s/

Larry Reed
Director
Division of Pharmacy

cc: James G. Scott, ARA, Kansas City Regional Office
Narinder Singh, Kansas City Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 3 - 1 6</u>	2. STATE MO
	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 October 1, 2013	

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 447.518	7. FEDERAL BUDGET IMPACT: a. FFY <u>14</u> \$ <u>0</u> b. FFY <u>15</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-B page 3c	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): 4.19-B page 3c

10. SUBJECT OF AMENDMENT:

Annual assurance of the pharmacy program adherence to the requirement of federal regulation regarding expenditures for multiple source drugs.

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 Post Office Box 6500 Jefferson City, MO 65102-6500
13. TYPE NAME: Brian Kinkade	
14. TITLE: Acting Director	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: October 22, 2013	18. DATE APPROVED: December 12, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

State: Missouri

The annual assurance is given that, for the period October 1, 2012, through September 30, 2013, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.

State Plan TN# MO 13-16
Supersedes TN# MO 12-23

Effective Date October 1, 2013
Approval Date December 12, 2013