

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 14-0026**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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

CMS-179  
REGION VII



**Disabled & Elderly Health Programs Group** 14 DEC 23 PM 1:29

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NOV 28 2014

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

Dear Mr. Kinkade:

We have reviewed Missouri State Plan Amendment (SPA) 14-026, Prescribed Drugs, received in the Kansas City Regional Office on October 10, 2014. This amendment proposes to provide annual assurance of the pharmacy program adherence to the requirements of federal regulation for the time period October 1, 2013 through September 30, 2014.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-026 is approved with an effective date of October 1, 2014. A copy of the signed CMS-179 form, as revised, as well as 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 SPA, please contact Lisa Ferrandi at (410) 786-5445.

Sincerely,

  
John M. Coster, Ph.D., R.Ph.  
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

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

1 4 - 0 2 6

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF  
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2014

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 15 \$ 0  
b. FFY 16 \$ 0

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  
 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:  
Director

15. DATE SUBMITTED:

16. RETURN TO:

MO HealthNet Division  
Post Office Box 6500  
Jefferson City, MO 65102-6500

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: October 10, 2014

18. DATE APPROVED: November 28, 2014

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2014

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, 2013 through September 30, 2014, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.

State Plan TN# MO 14-026  
SupersedesTN# MO 13-16

Effective Date October 1, 2014  
Approval Date November 28, 2014