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**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 16-014**

This file contains the following documents in the order listed:

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



**Disabled & Elderly Health Programs Group**

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November 8, 2016

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) 16-014, Prescribed Drugs, received in the Kansas City Regional Office on September 29, 2016. This amendment proposes to provide annual assurance of the pharmacy program adherence to the requirements of the Federal Upper Limits (FUL) federal regulation for the time period October 1, 2014 through September 30, 2015.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 16-014 is approved with an effective date of July 1, 2016. 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,

/s/

John M. Coster, Ph.D., R.Ph.  
Director  
Division of Pharmacy

cc: James G. Scott, ARA, Kansas City Regional Office  
Karen Hatcher, Kansas City Regional Office

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 6 - 0 1 4</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 July 1, 2016

## 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>15</u> \$ <u>0</u> b. FFY <u>16</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: September 29, 2016	18. DATE APPROVED: November 8, 2016
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL:
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, 2014 through September 30, 2015, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.

State Plan TN# MO 16-014  
SupersedesTN# MO 14-026

Effective Date July 1, 2016  
Approval Date November 8, 2016