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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 16-0019

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



Disabled & Elderly Health Programs Group

March 10, 2017

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) 16-0019, Prescribed Drugs, received in the Kansas City Regional Office on December 22, 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, 2015 through September 30, 2016.

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 October 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 6 - 0 1 9</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, 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>17</u> \$ <u>0</u> b. FFY <u>18</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
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPE NAME: Brian Kinkade	MO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500
14. TITLE: Director	
15. DATE SUBMITTED: December 22, 2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: March 10, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: //S//
21. TYPED NAME: Leticia Barraza	22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Operations

23. REMARKS:

State: Missouri

The annual assurance is given that, for the period October 1, 2015 through September 30, 2016, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.

State Plan TN# MO 16-019
SupersedesTN# MO 16-014

Effective Date October 1, 2016
Approval Date March 10, 2017