

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 18-0024**

This file contains the following documents in the order listed:

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

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**

February 7, 2019

Mr. Todd Richardson  
Director  
MO Healthnet Division  
Missouri Department of Social Services  
P.O. Box 6500  
Jefferson City, MO 65102-6500

Dear Mr. Richardson:

We have reviewed Missouri's State Plan Amendment (SPA) 18-0024, Prescribed Drugs, received in the Kansas City Regional Office on December 31, 2018. This SPA proposes to provide triennial assurance of the pharmacy program adherence to the requirements of federal regulation for the time period October 1, 2012 through September 30, 2015.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 18-0024 is approved with an effective date of October 1, 2015. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Missouri's state plan will be forwarded by the Kansas City Regional Office.

If you have any questions regarding this amendment, please contact Lisa Shochet at (410) 786-5445 or [lisa.shochet@cms.hhs.gov](mailto:lisa.shochet@cms.hhs.gov).

Sincerely,

/s/

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

cc: James G. Scott, ARA, CMS, Kansas City Regional Office  
Karen Hatcher, CMS, 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 8 - 0 0 2 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 October 1, 2015	

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)

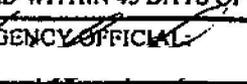
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.518	7. FEDERAL BUDGET IMPACT: a. FFY <u>15</u> \$ <u>0</u> b. FFY <u>16</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-B page 3b	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): 4.19-B page 3b

10. SUBJECT OF AMENDMENT:

Triennial assurance of the pharmacy program adherence to the requirement of federal regulation regarding expenditures for all other 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: Steve Corsi, Psy.D.	
14. TITLE: Director	
15. DATE SUBMITTED: <u>12/31/18</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 31, 2018	18. DATE APPROVED: February 7, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Megan K. Buck	22. TITLE: Acting Director Division of Medicaid Field Operations - North
23. REMARKS:	

State Missouri

The triennial assurance is given for the time period October 1, 2012 to September 30, 2015 that the requirements of 42 CFR 447.518 are met, in the aggregate, for "other drugs".

State Plan TN# MO 18-0024  
Supersedes TN# MO 12-22

Effective Date October 1, 2015  
Approval Date February 7, 2019