

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

April 18, 2019

Mr. Todd Richardson
Director
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102-6500

Dear Mr. Richardson:

We have reviewed Missouri's State Plan Amendment (SPA) 19-0009, Prescribed Drugs, received in the Kansas City Regional Operations Group on March 20, 2019. This SPA proposes to provide annual assurance of the pharmacy program adherence to the requirements of federal regulation for the time period of October 1, 2017 through September 30, 2018.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0009 is approved with an effective date of October 1, 2018. 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 Operations Group.

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

Sincerely,

/s/

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

cc: James Scott, Director, ROG-North
Karen Hatcher, Kansas City Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 9 - 0 0 0 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, 2018	

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>19</u> \$ <u>0</u> b. FFY <u>20</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)

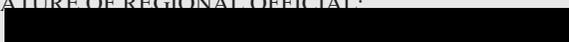
- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16: RETURN TO: MO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500
13. TYPE NAME: Steve Corsi, Psy.D.	
14. TITLE: Director	
15. DATE SUBMITTED: March 20, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 20, 2019	18. DATE APPROVED: April 18, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: James G. Scott	22. TITLE: Director Division of Medicaid Field Operations - North

23. REMARKS:

State: Missouri

The annual assurance is given that, for the period October 1, 2017 through September 30, 2018, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.

State Plan TN# MO19-0009
SupersedesTN# MO 18-0019

Effective Date October 1, 2018
Approval Date April 18, 2019