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State/Territory Name: MO

State Plan Amendment (SPA) #:19-0010

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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) 19-0010, Prescribed Drugs, received in the Kansas City Regional Operations Group on March 20, 2019. This SPA proposes to provide triennial assurance of the pharmacy program adherence to the requirements of federal regulation for the time period of October 1, 2015 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 19-0010 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

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: HEALTH CARE FINANCING ADMINISTRATION</p>	<p>1. TRANSMITTAL NUMBER: <u>1 9 -- 0 0 1 0</u></p>	<p>2. STATE <u>MO</u></p>
	<p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</p>	
<p>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE <u>October 1, 2018</u></p>	

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)

<p>6. FEDERAL STATUTE/REGULATION CITATION: <u>42 CFR 447.518</u></p>	<p>7. FEDERAL BUDGET IMPACT: a. FFY <u>18</u> \$ <u>0</u> b. FFY <u>19</u> \$ <u>0</u></p>
<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>4.19-B page 3b</u></p>	<p>9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): <u>4.19-B page 3b</u></p>

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

<p>12. SIGNATURE OF STATE AGENCY OFFICIAL:</p>	<p>16: RETURN TO:</p>
<p>13. TYPE NAME: <u>Steve Corsi, Psy.D.</u></p>	<p>MO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500</p>
<p>14. TITLE: <u>Director</u></p>	
<p>15. DATE SUBMITTED: <u>March 19, 2019</u></p>	

FOR REGIONAL OFFICE USE ONLY

<p>17. DATE RECEIVED: <u>March 19, 2019</u></p>	<p>18: DATE APPROVED: <u>April 18, 2019</u></p>
PLAN APPROVED - ONE COPY ATTACHED	
<p>19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>October 1, 2018</u></p>	<p>20. SIGNATURE OF REGIONAL OFFICIAL: </p>
<p>21. TYPED NAME: <u>James G. Scott</u></p>	<p>22. TITLE: <u>Director</u> <u>Division of Medicaid Field Operations - North</u></p>
<p>23. REMARKS:</p>	

State Missouri

The triennial assurance is given for the time period October 1, 2015 to September 30, 2018 that the requirements of 42 CFR 447.518 are met, in the aggregate, for "other drugs".

State Plan TN# MO 19-0010
Supersedes TN# MO 18-0024

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