

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

January 12, 2022

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

Dear Mr. Richardson:

The CMS Division of Pharmacy team has reviewed Missouri's State Plan Amendment (SPA) 21-0041 received in the CMS Medicaid & CHIP Operations Group on November 17, 2021. This SPA provides triennial assurance of the pharmacy program adherence to the FULs requirements of federal regulation for the time period October 1, 2018 through September 30, 2021.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 21-0041 is approved with an effective date of October 1, 2021. We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Missouri's state plan.

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

Sincerely,

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

cc: Josh Moore, PharmD, Director of Pharmacy, MO HealthNet Division
Deborah Read, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>2 1 - 0 0 4 1</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, 2021	

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 22 \$ 0 b. FFY 23 \$ 0
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 SLV 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:
13. TYPE NAME: Robert J. Knodell	MO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500
14. TITLE: Acting Director	
15. DATE SUBMITTED: 11-15-2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: November 17, 2021	18. DATE APPROVED: January 12, 2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: John M. Coster, Ph.D., R.Ph.	22. TITLE: Director, Division of Pharmacy

23. REMARKS:

State Missouri

The triennial assurance is given for the time period October 1, 2018 to September 30, 2021, that the requirements of 42 CFR 447.518 are met, in the aggregate, for "other drugs".

State Plan TN# MO21-0041
Supersedes TN# MO 19-0010

Effective Date October 1, 2021
Approval Date January 12, 2022