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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 22-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

December 5, 2022

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

Dear Todd Richardson:

The CMS Division of Pharmacy team has reviewed Missouri's State Plan Amendment (SPA) 22-0036 received in the CMS Medicaid & CHIP Operations Group on November 8, 2022. This SPA provides annual assurance of the pharmacy program adherence to the FULs requirements of federal regulation for the time period October 1, 2021 through September 30, 2022.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0036 is approved with an effective date of October 1, 2022. 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,



Cynthia R. Denemark, R.Ph.
Acting 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:

2 2 -- 0 0 3 6

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, 2022

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 23 \$ 0

b. FFY 24 \$ 0

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's 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

SLV

OTHER, AS SPECIFIED:

12. AGENCY OFFICIAL:

13. TYPE NAME:

ROBERT J KNODE LL

14. TITLE:

Acting Director

15. DATE SUBMITTED:

11-07-2022

16. RETURN TO:

MO HealthNet Division

Post Office Box 6500

Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 8, 2022

18. DATE APPROVED:

December 5, 2022

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2022

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Cynthia R. Denemark, R.Ph.

22. TITLE:

Acting Director, Division of Pharmacy

23. REMARKS:

State: Missouri

The annual assurance is given that, for the period October 1, 2021, through September 30, 2022, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.

State Plan TN# MO22-0036
SupersedesTN# MO21-0040

Effective Date: October 1, 2022
Approval Date:
December 5, 2022