Table of Contents

State/Territory Name: MO

State Plan Amendment (SPA) #: 18-0019

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



Disabled & Elderly Health Programs Group

November 21, 2018

Mr. Todd Richardson Medicaid Director MO HealthNet Division 615 Howerton Court Jefferson City, MO 65109

Dear Mr. Richardson:

We have reviewed Missouri State Plan Amendment (SPA) 18-0019, Prescribed Drugs, received in the Kansas City Regional Office on October 22, 2018. This amendment proposes to provide annual assurance of the pharmacy program adherence to the requirements of the Federal Upper Limits (FUL) federal regulation for the time period October 1, 2016 through September 30, 2017.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 18-0019 is approved with an effective date of October 1, 2017. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Missouri state plan will be forwarded by the Kansas City Regional Office.

If you have any questions regarding this SPA, 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 G. Scott, ARA, Kansas City Regional Office Karen Hatcher, Kansas City Regional Office Deborah Read, Kansas City Regional Office

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION			OMB NO. 0938-0193	
	I	. TRANSMITTAL NUMBER:	2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF		<u>1 8 - 0 0 1 9</u>	МО	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	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, 2017		
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 18 \$ 0 b. FFY 19 \$ 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (H'Applicable);		
4.19-B pa e 3c		4.19-B page 3c	, production of the state of th	
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 Onc)				
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ITS OF GOVERNOR'S OFFICE ENCLOSED			
12. SIGNATURE OF STATE AGENCY OFFICIAL://	16: RETURN TO:			
	МО Н	ealthNet Division		
13 TYPE NAME: Steve Corsi, Psy.D.	Post Office Box 6500 Jefferson City, MO 65102-6500			
14. TITLE: Director				
15. DATE SUBMITTED: 10/22/19				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: October 22, 2018	18: DATE APPROVED: November 21, 2018			
PLAN APPROVED - ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017	20. SIGNATUDE OF PEGIONAL OFFICIAL:			
21. TYPED NAME: James G. Scott	22. TIT	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations		
23. REMARKS:				
*	*			

State: Missouri

The annual assurance is given that, for the period October 1, 2016 through September 30, 2017, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.