

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

October 20, 2011

Brian Kinkade, Acting Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102-1527

Dear Mr. Kinkade:

Congratulations on being the first State to submit and the first to receive approval of a Health Home State Plan Amendment (SPA) in response to Section 2703 of the Affordable Care Act.

On July 22, 2011, the Centers for Medicare & Medicaid Services (CMS) received Missouri's SPA, transmittal #11-0011, through which the State is implementing Community Mental Health Center-Health Homes through Section 2703 of the Affordable Care Act.

This SPA is approved October 20, 2011 with an effective date of January 1, 2012. In accordance with the statutory provisions at Section 1945(c)(1) of the Social Security Act, for payments made to health home providers under MO – SPA # 11-0011 during the first 8 fiscal year quarters that the SPA is in effect, the Federal medical assistance percentage applicable to such payments shall be equal to 90 percent.

In addition, this approval is based on the State's agreement to implement and comply with CMS' core set of quality measures after CMS reaches a final decision on the core measurement set.

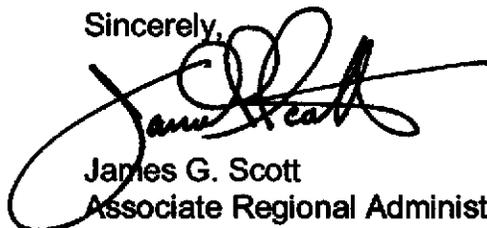
Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Missouri State plan.

I appreciate the significant amount of work Missouri dedicated to getting this SPA approved. I would like to say a special "Thank You" to Missouri staff for working diligently in partnership with CMS in addressing the numerous issues involved in the implementation of this health home SPA. I am sure that your program will be a model from which others will learn.

Page 2 – Brian Kinkade, Acting Director

If you have any questions regarding this SPA, please call Sandra Levels at (816) 426-5925.

Sincerely,

A handwritten signature in black ink, appearing to read "James G. Scott". The signature is stylized with large loops and a long horizontal stroke extending to the right.

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Ian McCaslin, M.D., MPH

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

1 1 - 1 1

2. STATE
Missouri

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, 2011 January 1, 2012

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:

Section 2703 of the Affordable Care Act and Section 1945 of the Social Security Act

7. FEDERAL BUDGET IMPACT (in thousands):

a. FFY 2012 \$ 1,589
b. FFY 2013 \$ 3,495

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-H, page 1
Attachment 4.19-B, page 48

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable):

New material

10. SUBJECT OF AMENDMENT:

Designation of community mental health centers as health homes for individuals with a serious and persistent mental health condition and at least one other chronic condition.

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

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

James G. Scott for Ronald J. Levy

16. RETURN TO:

MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

13. TYPE NAME: Ronald J. Levy

14. TITLE: Director

15. DATE SUBMITTED: July 22, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: July 22, 2011

18. DATE APPROVED: October 20, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: James G. Scott

22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

pen and ink changes per State request