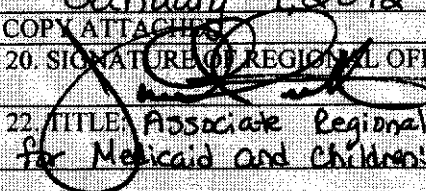


| | | | |
|---|--|--|--------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: SPA KS #11-14 | 2. STATE Kansas |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE October 1, 2011 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: Section 4107 of the Affordable Care Act | | 7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 \$0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, #4.d, Page 1, (New) Attachment 3.1-B, Page 2a | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-B, Page 2a | |
| 10. SUBJECT OF AMENDMENT: Smoking Cessation for Pregnant Women | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | X OTHER, AS SPECIFIED: Andy Allison, PhD. is the Governor's Designee | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Barbara E Langner</i> | | 16. RETURN TO: Andy Allison, PhD. Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220 | |
| 13. TYPED NAME: for Andy Allison, PhD. | | | |
| 14. TITLE: Director of the Division of Health Care Finance | | | |
| 15. DATE SUBMITTED: October 31, 2011 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: <i>October 31, 2011</i> | | 18. DATE APPROVED: <i>January 9, 2012</i> | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>October 1, 2011</i> | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: <i>James G. Scott</i> | | 22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operation | |
| 23. REMARKS: | | | |