

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-011	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 07/01/2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 1905 of the Social Security Act Section 4107 of the Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011 - Budget Neutral b. FFY 2012 - Budget Neutral
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 3.1-A, Page 2 Page 3.1-A, Page 7.1.10 New Page 3.1-A, Page 7.2.1(a)(o) Page 3.1-B, Page 2 Page 3.1-B, Page 20.4 New Page 3.1-B, Page 22.1(a)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same None Same Same None Same
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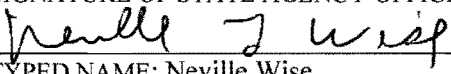
10. SUBJECT OF AMENDMENT
The purpose of this State Plan Amendment is to clarify language for the coverage of tobacco cessation for pregnant women per State Medicaid Director Letter 11-007.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Neville Wise	
14. TITLE: Acting Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: Sept 23, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/22/11	18. DATE APPROVED: 12/07/11
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/11	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to item 4 as authorized by State Agency on email dated 11/17/11:

Block # 8 Changed to Read: Attachment 3.1-A pages 2, 7.1.10 (new), 7.2.1(a)(o), 16 and 42; Attachment 3.1-B pages 2, 20.4(new) and 22.1(a).

Block # 9 Changed to Read: Attachment 3.1-A pages 2, 7.1.10 (new), 7.2.1(a)(o), 16 and 42; Attachment 3.1-B pages 2, 20.4(new) and 22.1(a).