

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 1 - 0 4</u>	2. STATE Missouri
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2011		

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)

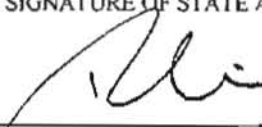
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(80) of the Social Security Act 42 CFR 440.50(a), 42 CFR 440.60(a), and 42 CFR 440.130(c)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 874 b. FFY 2012 \$ 1694
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 3.1A, Page 15af Attachment 3.1-A, Page 2 Attachment 3.1-A, Page 6 Attachment 3.1-A, Page 11ac	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 2 New Material Attachment 3.1-A, Page 6

10. SUBJECT OF AMENDMENT:

This State Plan Amendment provides for smoking cessation program services covered for all participants who smoke when prescribed by a physician or health care professional with prescribing authority including smoking cessation products with behavioral intervention services provided by a wide range of healthcare provider specialties.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT SW OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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: June 15, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>June 15, 2011</u>	18. DATE APPROVED: <u>June 26, 2012</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>April 1, 2011</u>	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: <u>Leticia Barraza</u>	22. TITLE: <u>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</u>

23. REMARKS:

* Citation pen and ink changes per State Letter dtd 4.10.12
 ** Pen and ink changes per e-mail 6.12.12