

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1 TRANSMITTAL NUMBER 11-007	2 STATE WYOMING
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 1905 (a)(4)(D) of the Act		7 FEDERAL BUDGET IMPACT a FFY 2012 No impact b FFY 2013 No impact	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3 I-A, Section 4 d Tobacco Cessation Counseling Services for Pregnant Women		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10 SUBJECT OF AMENDMENT Attachment 3 I-A, Section 4 d to update the coverage for Tobacco Cessation Counseling Services for Pregnant Women			
11. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12 SIGNATURE OF STATE AGENCY OFFICIAL 		16 RETURN TO TERI GREEN STATE MEDICAID AGENT OFFICE OF HEALTH CARE FINANCING 6101 YELLOWSTONE ROAD SUITE 210 CHEYENNE, WY 82002	
13 TYPED NAME TERI GREEN		CC Tammy Arnold, MANAGEMENT ASSISTANT (SAME ADDRESS)	
14 TITLE STATE MEDICAID AGENT			
15 DATE SUBMITTED 08/29/2011			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED 8/29/11		18 DATE APPROVED 11/10/11	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL 10/1/11		20 SIGNATURE OF REGIONAL OFFICIAL 	
21 TYPED NAME Richard C. Allen		22 TITLE ARA, DMCHO	
23 REMARKS			

Tobacco Cessation Counseling Services for Pregnant Women

4. d. 1) Face-to-Face Counseling Services provided:

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services, * or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

*describe any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.