TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 12-002	2. STATE GEORGIA
STATE PLAN MATERIAL		
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ch amendment)
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: FFY 2012 \$ 6	
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Attachment 3.1-A, Page 2	A 44 - A	
Attachment 3.1-A, Page 2a-2	Attachment 3.1-A, Page 2	
Attachment 3.1-A, Page 5a.1c		
0. SUBJECT OF AMENDMENT:		
Tobacco Cessation Counseling Services for Pregnant Women		
1. 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 SPEC	CIFIED:
2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159	
3. TAPED NAME: JERRY DUBBERLY		
4. TITLE: CHIEF, DIVISION OF MEDICAID		
5. DATE SUBMITTED:		
FOR REGIONAL O	FRICE USE ONLY	
7. DATE RECEIVED: / 山田	18. DATE APPROVED:	/26/12
PLAN APPROVED - OI	Constitution of the Consti	
9. EFFECTIVE DATE OF APPROVED MATERIAL: 01/31/12	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Admin Division of Medicaid & Cl	
23. REMARKS:		
Approved with the following changes to items as authorized by State A	gency on email dated 03/27, 04/04 and 04/18/12:	
Block# 4 changed to read; January 31, 2012.		
Block #6 changed to read; Section 1905 (a)(4)(D) of the Social Securi	ry Act, Section 4107 of Patient Protection Affordal	ole Care Act.
Block #8 changed to read; Attachment 3.1-A, pages 2, 2a-2 (new) 5a.	5a I and 5a Ia	

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