TRANSMITTAL AND NOTICE OF APPROVAL OF	1 TRANSMITTAL NUMBER	2 STATE
STATE PLAN MATERIAL	11-007	WYOMING
FOR: HEALTH CARE FINANCING ADMINISTRATION	3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO REGIONAL ADMINISTRATOR	4 PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 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 AME		amendment)
6 FEDERAL STATUTE/REGULATION CITATION	7 FEDERAL BUDGET IMPACT	
Section 1905 (a)(4)(D) of the Act	a FFY 2012 No impact b FFY 2013 No impact	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9 PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	
Attachment 3 I-A, Section 4 d Tobacco Cessation Counseling Services for Pregnant Women		
10 SUBJECT OF AMENDMENT Attachment 3 1-A, Section 4 d to update the coverage for Tobacco Cessation Counseling Services for Pregnant Women		
II. 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	IFIED
12 SIGNATURE OF STATE AGENCY OFFICIAL	16 RETURN TO	
12 SIGNATURE OF STATE AGENCY OFFICIAL	ILRI GREEN	
Ngreen	STATE MEDICAID AGENT	
13 TYPED NAME TERI GREEN	OFFICE OF HEALTH CARE FINANCING	
	6101 YELLOWSTONE ROAD SUITE 210 CHEYENNE, WY 82002	
14 TITLE STATE MEDICAID AGENT	CC Tammy Arnold, MANAGEMENT ASS	SISTANT
15 DATE SUBMITTED 08/29/2011	(SAME ADDRESS)	
FOR REGIONAL OFFICE USE ONLY		
17 DATE RECEIVED 8/29/11	18 DATE APPROVED /1/10/	11
PLAN APPROVED - ONI		
19 EFFECTIVE DATE OF APPROVED MATERIAL	20 SIGNATURE OF REGIONAL OFF	TICIAL
21 TYPED NAME Richard C. Allen	ARA DMCHO	
23 REMARKS	, <u> </u>	