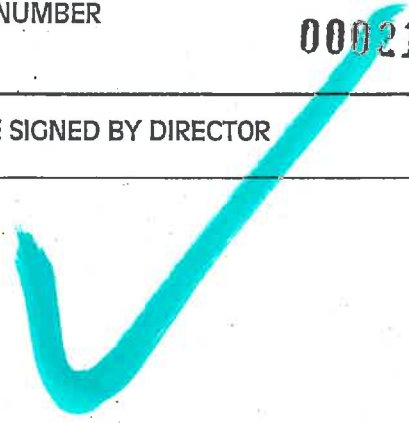


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|-------------------------|
| TO <i>Hutto</i> | DATE <i>12-31-13</i> |
|--------------------|-------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|---|
| 1. LOG NUMBER <i>000217</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR _____ | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ |
|  | <input type="checkbox"/> FOIA DATE DUE _____ |
| | <input checked="" type="checkbox"/> Necessary Action |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|---|---------|--|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Brenda James

From: Jan Polatty
Sent: Friday, December 20, 2013 4:20 PM
To: Beth Hutto
Cc: Lauren Young; Brenda James
Subject: FW: Tobacco Cessation Quitline Expenditures Request

Importance: High

RECEIVED

DEC 20 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Hey, Beth. Please complete this for us. Brenda will log for documentation. Thanks, Jan.

Jan Polatty
Administrative Coordinator II
POLATTYJ@scdhhs.gov
803.898.2504
cell: 803-351-6126
1801 Main Street
Columbia, SC - 29201
www.scdhhs.gov

SOUTH CAROLINA
Healthy Connections
MEDICAID 



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From: Anthony Keck
Sent: Friday, December 20, 2013 4:00 PM
To: Jan Polatty
Subject: Re: Tobacco Cessation Quitline Expenditures Request

Yes

Sent from my iPad

On Dec 20, 2013, at 15:52, "Jan Polatty" <POLATTYJ@scdhhs.gov> wrote:

Shall I have Beth complete/respond?

Jan Polatty
Administrative Coordinator II
POLATTYJ@scdhhs.gov
803.898.2504

<image004.jpg>

cell: 803-351-6126
1801 Main Street
Columbia, SC - 29201
www.scdhhs.gov
<image001.jpg><image002.jpg><image003.jpg>

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From: Glaze, Jackie L. (CMS/CMCHO) [<mailto:Jackie.Glaze@cms.hhs.gov>]
Sent: Friday, December 20, 2013 3:48 PM
To: Azar, Stephanie (Stephanie.Azar@medicaid.alabama.gov); Senior, Justin (Justin.Senior@ahca.myflorida.com); Jerry Dubberly (jdubberly@dch.ga.gov); Kissner, Lawrence (CHFS DMS) (Lawrence.Kissner@ky.gov); Hudson, Kathleen (Kandy) (Kathleen.Hudson@medicaid.alabama.gov); Bush, Becky (Becky.Bush@ahca.myflorida.com); Jacqueline Foster (jfoster@dch.ga.gov); Dawnal.Clark@ky.gov; David.Dzielak@medicaid.ms.gov; patricia.powers@medicaid.ms.gov; sandra.terrell@dhhs.nc.gov; laura.whitaker@dhhs.nc.gov; Anthony Keck; Jan Polatty; Darin J. Gordon (darin.j.gordon@tn.gov); Cris McCoy (Cris.McCoy@tn.gov)
Cc: Roberts, Shantrina D. (CMS/CMCHO); Kimble, Davida R. (CMS/CMCHO); Arnold, Charlie (CMS/CMCHO); Hogan, Alice (CMS/CMCHO)
Subject: Tobacco Cessation Quitline Expenditures Request

Dear State Medicaid Directors:

On June 24, 2011, CMS issued a State Medicaid Director Letter on tobacco cessation services that announced a new policy allowing costs related to "tobacco telephone quitline" activities that are provided to Medicaid beneficiaries to be claimed as an administrative expenditure. We are requesting states to voluntarily report information regarding tobacco cessation quitline expenditures claimed during Federal Fiscal Year (FFY) 2012.

The Department has included among its High Priority Performance Goals for the current budget year a contextual measure that would identify the number of States voluntarily reporting participation in Medicaid administrative reimbursement for tobacco cessation quitline expenditures as of June 2012. CMS is a contributor to the Smoking Cessation Priority goal spearheaded by the Office of the Assistant Secretary of Health and we are committed to helping the Department achieve this goal.

Please complete the attached template and submit it to Sharon Brown, Sharon.Brown@cms.hhs.gov by January 20, 2014.

Thank you for your assistance.

Happy Holidays!

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations Region IV –Atlanta

404-562-7417 (office)

404-387-0121 (BB)

<Tobacco Cessation Quitline Expenditures Collection template12092013.docx>

Jan Polatty

From: Glaze, Jackie L. (CMS/CMCHO) <Jackie.Glaze@cms.hhs.gov>
Sent: Friday, December 20, 2013 3:48 PM
To: Azar, Stephanie (Stephanie.Azar@medicaid.alabama.gov); Senior, Justin (Justin.Senior@ahca.myflorida.com); Jerry Dubberly (jdubberly@dch.ga.gov); Kissner, Lawrence (CHFS DMS) (Lawrence.Kissner@ky.gov); Hudson, Kathleen (Kandy) (Kathleen.Hudson@medicaid.alabama.gov); Bush, Becky (Becky.Bush@ahca.myflorida.com); Jacqueline Foster (jfoster@dch.ga.gov); DawnaL.Clark@ky.gov; David.Dzielak@medicaid.ms.gov; patricia.powers@medicaid.ms.gov; sandra.terrell@dhhs.nc.gov; laura.whitaker@dhhs.nc.gov; Anthony Keck; Jan Polatty; Darin J. Gordon (darin.j.gordon@tn.gov); Cris McCoy (Cris.McCoy@tn.gov)
Cc: Roberts, Shantrina D. (CMS/CMCHO); Kimble, Davida R. (CMS/CMCHO); Arnold, Charlie (CMS/CMCHO); Hogan, Alice (CMS/CMCHO)
Subject: Tobacco Cessation Quitline Expenditures Request
Attachments: Tobacco Cessation Quitline Expenditures Collection template12092013.docx

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Happy Holidays!

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations Region IV –Atlanta
404-562-7417 (office)
404-387-0121 (BB)

**Tobacco Cessation Quitline Expenditures – Participation in Medicaid Administration
Federal Financial Participation (FFP)**

| | |
|----------------------------------|--|
| State/Territory: | |
| Submission Date: (MM/DD/YYYY) | |

| | | |
|---------------|----------------------------|--|
| State Contact | Name: | |
| | Title: | |
| | Office, Group or Division: | |
| | Telephone: | |
| | Email: | |

Has your state submitted any claims on the Form CMS-64.10 (State and Local Administration) for expenditures related to tobacco cessation telephone quitline activities during Federal Fiscal Year (FFY) 2012?

☐ Yes

☐ No

As of the federal fiscal quarter ending June 30, 2012, was your state claiming administrative FFP for tobacco cessation quitline expenditures?

☐ Yes

☐ No

What is the total amount (Total Computable) of all claims your state has submitted on the Form CMS-64.10 (State and Local Administration) for tobacco cessation telephone quitline expenditures during FFY 2012?

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.