

**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.