

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 11-8	2. STATE South Dakota
	3. PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
10. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2010 7/1/11 <i>tyt</i>	
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 Affordable Care Act section 4107-1905(a)(4) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$0 b. FFY 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3 1-A p 2 Supplement to Attachment 3 1-A pp 50 and 20a <i>tyt</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3 1-A p 2 Supplement to Attachment 3 1-A pp 50 and 20a <i>tyt</i>

10. SUBJECT OF AMENDMENT

This State Plan Amendment clarifies coverage of tobacco cessation counseling services for pregnant women

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>Kim Malsam-Rysdon</i>	16. RETURN TO DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME KIM MALSAM-RYSDON	
14. TITLE Department Secretary	
15. DATE SUBMITTED 9/30/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 9/30/11	18. DATE APPROVED 11/10/11
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/11	20. SIGNATURE OF REGIONAL OFFICIAL <i>Richard C. Allen</i>
21. TYPED NAME Richard C. ALLEN	22. TITLE ARA, DMCHO

23. REMARKS