ENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE: 11 - 11 South Dakota
STATE PLAN MATERIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION; TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	-denuary 1, 2012 3/1/12 th
5. TYPE OF PLAN MATERIAL (Check One):	
INEW STATE PLAN AMENDMENT TO BE C	CONSIDERED AS NEW PLAN
OMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate	e Transmittai for each amenáment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a FFY 2011; \$0
Affordable Care Act, Section 2301	b FFY 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN
Attachment 3.1-A, Page 11, Supplement to Attachment 3 1-A, Page 44, and	SECTION OR ATTACHMENT (If Applicable):
Attachment 3.194, Fage 11, Supplement to Attachment 5 1-A, Fage 44, and Attachment 4 19-B, Page 39.	
0. SUBJECT OF AMENDMENT:	
This State Plan Amendment provides documentation of compliance w	th the Affordable Care Act. section 2301, which ensures Medicard
<ul> <li>coverage and separate payments for freestanding birth center facility s</li> </ul>	ervices and services rendered by certain professionals providing
services in freestanding birth centers, to the extent the State license or	
	otherwise recognizes these providers under State law
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II. GOVERNOR'S REVIEW (Check One)	otherwise recognizes these providers under State law
	OTHER, AS SPECIFIED:
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FORM CMS-179 (07-92)

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