

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	<b>1. TRANSMITTAL NUMBER:</b> 11 - 13	<b>2. STATE:</b> South Dakota
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>4. PROPOSED EFFECTIVE DATE</b> December 19, 2011	
<b>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE &amp; MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		

**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 AMENDMENT (Separate Transmittal for each amendment)**

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>  42 CFR 430 10 and 447 321 and 447 256-447.272	<b>7. FEDERAL BUDGET IMPACT:</b>  a. FFY 2011: \$0 b. FFY 2012: \$0
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</b>  Attachment 4.19-B, Page 1b	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 4.19-B, Page 1b

**10. SUBJECT OF AMENDMENT:**  
This is a State Plan Amendment to clarify outpatient hospital reimbursement methodology with regard to hospital classifications.

**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

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

**17. DATE RECEIVED:** 12/16/11      **18. DATE APPROVED:** 3/6/12

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> 12/19/11	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> <i>Richard C. Allen</i>
<b>21. TYPED NAME:</b> RICHARD C ALLEN	<b>22. TITLE:</b> ARA, DMICHO

**23. REMARKS:**