

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER:</b> SD-12-10	<b>2. STATE:</b> South Dakota
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>4. PROPOSED EFFECTIVE DATE</b> July 1, 2012	

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, 447.321, and 447.256 - 447.272	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2012: \$1,009,174 b. FFY 2013: <del>\$40,036,674</del> \$4,036,694 <i>tyf</i>
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Attachment 4.19-B, Pages 1a, 1b, 4, 6, 15, 16, 21, and 22	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 4.19-B, Pages 1a, 1b, 4, 6, 15, 16, 21, and 22

10. SUBJECT OF AMENDMENT:

This State Plan Amendment removes obsolete language pertaining to reimbursement cuts in outpatient hospital reimbursement methodology replacing it with language to implement an inflationary increase in reimbursement calculations, and updates effective dates for reimbursements to other outpatient services providers.

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-Rysdon</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> 8/3/12	

FOR REGIONAL OFFICE USE ONLY

<b>17. DATE RECEIVED:</b> 8/3/12	<b>18. DATE APPROVED:</b> 10/10/12
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PLAN APPROVED - ONE COPY ATTACHED

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> 7/1/12	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> <i>[Signature]</i>
<b>21. TYPED NAME:</b> RICHARD C. ALLEN	<b>22. TITLE:</b> ARA, DRUCHO

23. REMARKS: Pen & ink change to box 7 done by request of Mark Zickvick via email / tyf