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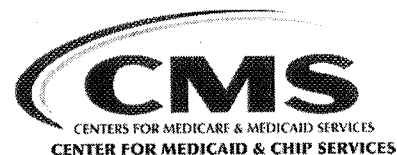
State/Territory Name: South Dakota

State Plan Amendment (SPA) #: SD-14-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

June 10, 2014

Lynne A. Valenti
Cabinet Secretary
Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre, SD, 57501-2291

Dear Ms. Valenti,

We have reviewed South Dakota's State Plan Amendment (SPA) 14-004 received in the Denver regional office on May 13, 2014. This amendment proposed a removal of the optional coverage of benzodiazepines, barbiturates and smoking cessation medications from the excludable drug category. This change would make these drug categories covered for South Dakota's Medicaid beneficiaries.

We are pleased to inform you that the amendment is approved with an effective date of April 1, 2014. A copy of the CMS-179 form, as well as the page(s) approved for incorporation into the South Dakota state plan, will be forwarded to you by the Denver regional office. If you have any questions regarding this amendment, please contact Emeka Egwim at (410) 786-1092.

Sincerely,

/s/

Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Brenda Tidball-Zeltinger, Deputy Secretary, Department of Social Services
Kirby L. Stone, Director, Division of Medical Services
Richard Allen, ARA, CMS Denver Regional Office
Rebecca Burch Mach, CMS Denver Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: SD-14-04	2. STATE: South Dakota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2014	

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)


6. FEDERAL STATUTE/REGULATION CITATION: 1927(d)(7) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014: \$0.00 b. FFY 2015: \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 1

10. SUBJECT OF AMENDMENT:

This State Plan Amendment removes barbiturates, benzodiazepines, and agents used for smoking cessation from the list of excluded or otherwise restricted drugs.

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: 	16. RETURN TO: DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME: Lynne A. Valenti	
14. TITLE: Cabinet Secretary	
15. DATE SUBMITTED: 5/12/14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 5/12/14	18. DATE APPROVED: 6/10/14
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/14	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard C. Allen	22. TITLE: ARA, DMCHO

23. REMARKS:

FORM CMS-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: South Dakota

REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
CATEGORICALLY NEEDY

Citation(s)	Provision(s)
Section 1935(d)(1) of the Act	The Medicaid agency does not cover any Part D drug for full-benefit, dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
Sections 1927(d)(2) and 1935(d)(2)	<p>The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full-benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit—Part D.</p> <p>The following excluded drugs are covered:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> (a) Agents when used for anorexia, weight loss, or weight gain, with limitations;<input type="checkbox"/> (b) Agents when used to promote fertility;<input type="checkbox"/> (c) Agents when used for cosmetic purposes or hair growth;<input checked="" type="checkbox"/> (d) Agents when used for the symptomatic relief of cough and colds;<input checked="" type="checkbox"/> (e) Prescription vitamins and mineral products, except prenatal vitamins and fluoride;<input checked="" type="checkbox"/> (f) Non-prescription drugs, with limitations;<input type="checkbox"/> (g) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below);