

**SOUTH DAKOTA MEDICAID  
STATE PLAN AMENDMENTS**

Through October 8, 2014

<b>SPA #</b>	<b>Title</b>	<b>Effective Date</b>	<b>Date sent to Tribes for Consultation</b>	<b>Public Notice Published</b>	<b>Date Submitted to CMS</b>	<b>Date Approved</b>	<b>Status</b>
14-01	Breast and Cervical Cancer Cost Share Exemption	01/01/14	12/23/13	12/30/13	03/19/14		RAI Review
14-03	Telemedicine	10/01/14	06/11/14	06/16/14	07/14/14	09/03/14	Approved
14-05	Inpatient Hospital Reimbursement SFY15	07/01/14	05/12/14	05/19/14	06/23/14	08/15/14	Approved
14-06	Outpatient Hospital Reimbursement SFY15	07/01/14	05/12/14	05/19/14	06/23/14	09/02/14	Approved
14-07	ICF/IID Under 16 Beds	01/01/15					Draft
14-08	CHIP MAGI Methodology	01/01/14	06/18/14	06/23/14	06/25/14	09/22/14	Approved