

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 11-8	2. STATE South Dakota
	3. PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
10. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <del>October 1, 2010</del> 7/1/11 <i>rgt</i>	
5. TYPE OF PLAN MATERIAL (Check One)		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  Affordable Care Act section 4107-1905(a)(4) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$0 b. FFY 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3 1-A p 2 Supplement to Attachment 3 1-A pp <del>50 and</del> 20a <i>rgt</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 3 1-A p 2 Supplement to Attachment 3 1-A pp <del>50 and</del> 20a <i>rgt</i>

10. SUBJECT OF AMENDMENT  
  
This State Plan Amendment clarifies coverage of tobacco cessation counseling services for pregnant women

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 <i>Kim Malsam-Rydon</i>	16. RETURN TO  DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME  KIM MALSAM-RYSDON	
14. TITLE Department Secretary	
15. DATE SUBMITTED  9/30/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED  9/30/11	18. DATE APPROVED  11/10/11
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL  7/1/11	20. SIGNATURE OF REGIONAL OFFICIAL <i>Richard C. Allen</i>
21. TYPED NAME  Richard C. ALLEN	22. TITLE ARA, DMCHO

23. REMARKS

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



Region VIII

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November 10, 2011

Kim Malsam-Rysdon, Secretary  
Department of Social Services  
Richard F Kneip Building  
700 Governors Drive  
Pierre, SD 57501-2291

RE South Dakota #11-008

Dear Ms Malsam-Rysdon

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-008. This State Plan Amendment adds the tobacco cessation language required by section 4107 of the Patient Protection and Affordable Care Act, P L 111-148 to provide comprehensive tobacco cessation services to pregnant women, including counseling services and pharmacotherapy.

Please be informed that this State Plan Amendment is approved effective July 1, 2011. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Betty Strecker at (303) 844-7028.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Allen".

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

CC Brenda Tidwell-Zeltinger  
Mark Zickrick

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations\*

Not provided.

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

- c. Family planning services and supplies for individuals of child-bearing age.

Provided:  No limitations  With limitations\*

Not provided.

- d. 1. Face-to-face tobacco cessation counseling services for pregnant women.

(i) Provided by or under supervision of a physician;

(ii) Provided by any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Provided by any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time.)

2. Face-to-face tobacco cessation counseling services benefit package for pregnant women.

Provided:  No limitations  With limitations\*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided:  No limitations  With limitations\*

Not provided.

- b. Medical and surgical services furnished by a dentist (in accordance with Section 1905(a)(5)(B) of the Act).

Provided:  No limitations  With limitations\*

Not provided.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided:  No limitations  With limitations\*

Not provided.

\*Description provided in Supplement to this Attachment.