

SOUTH DAKOTA MEDICAID
STATE PLAN AMENDMENTS
 Through July 11, 2019

| SPA # | Title | Effective Date | Date sent to Tribes for Consultation | Public Notice Published | Date Submitted to CMS | Date Approved | Status |
|--------------|---|-----------------------|---|--------------------------------|------------------------------|----------------------|---------------|
| 14-01 | Breast and Cervical Cancer Cost Share Exemption | 01/01/14 | 12/23/13 | 12/30/13 | 03/19/14 | | RAI Review |
| 18-007 | Dietician/Nutritionists and Independent Mental Health Practitioners | 12/01/18 | 10/22/18 | 10/22/18 | 12/21/18 | 05/30/19 | Approved |
| 19-001 | Durable Medical Equipment Coverage and Reimbursement | 01/01/19 | 11/19/18 | 11/19/18 | 01/16/19 | 05/31/19 | Approved |
| 19-002 | High Priority Healthcare Population Supplemental Payments | 01/01/19 | 12/10/18 | 12/10/18 | 02/08/19 | | RAI Review |
| 19-005 | Community Health Workers | 04/01/19 | 01/22/19 | 01/22/19 | 03/13/19 | 06/04/19 | Approved |
| 19-006 | Provider Inflation | 04/01/19 | 03/25/19 | 03/25/19 | 06/27/19 | | CMS Review |
| 19-007 | Disproportionate Share Hospitals | 05/01/19 | 04/08/19 | 04/08/19 | 05/16/19 | | CMS Review |
| 19-008 | Recovery Audit Contractor Exemption | 06/01/19 | 05/20/19 | 05/20/19 | 06/28/19 | 07/09/19 | Approved |