CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB 8O, 9338-0133
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1 TRANSMITTAL NUMBER: 12 T 5	2. STATE. South Dakota
FOR: CENTERS FOR MEDICARE & MEDICAID SFRVICES	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 July 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):		
□NEW STATE PLAN □AMENDMENT TO BE C	ONSIDERED AS NEW PLAN	JAMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separ	ate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CTR 440.100	7 FEDERAL BUDGET IMPACT: a. FFY 2012. (\$78,279) b. FFY 2013: (\$313,115)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A, Page 16	9. PAGE NUMBER OF THE SUPERSCOED PLAN SECTION OR ATTACHMENT (IJ Applicable): Supplement to Attachment 3 1-A, Page 16	
-Attachment 4 19-B; Page 16- ty	Attachment 4.19 B, Page 16	
10. SUBJECT OF AMENDMENT:	A sussession of the sussession	
recipients of adult (age 21 and over only) dental services. 11 GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	[]OTHER, AS S	PECIFIED:
2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	DEPARTMENT OF SOCIAL SERVIC	TES
13. TYPED NAME.	DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291	
KIM MALSAM-RYSDON		
14. TTTLE Department Secretary		
15 DATE SUBMITTED 5/25/12		
FOR REGIONAL OFFI	CE USE ONLY	
17. DATE RECEIVED: 5/25/17	18. DATE APPROVED: 8/21/	12
PLAN APPROVED - ONE C	OPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: $7/1/1$	20. SIGNATURE OF REGIONAL OF	FICIAL:
21 TYPEDNAME: RICHARD C. ALLENI	22. TITLE: ARA, DMCHO	
23. REMARKS: Attachment 4.19-B page re by 5-take- mark Zickrick of FORM CMS-179 (107-92)	moved from SPA Su email 7/17/12.	bmis sio a