

## **SOUTH DAKOTA TITLE XXI PROGRAM FACT SHEET**

**Name of Plan:** **Children's Health Insurance Program, Non-Medicaid (CHIP-NM) and Medicaid Children's Health Insurance Program (M-CHIP)**

**Date State Plan Submitted:** June 5, 1998  
**Date State Plan Approved:** August 25, 1998  
**Date State Plan Effective:** July 1, 1998

**Date Amendment #1 Submitted:** June 28, 1999  
**Date Amendment #1 Approved:** October 28, 1999  
**Date Amendment #1 Effective:** April 1, 1999

**Date Amendment #2 Submitted:** September 1, 2000  
**Date Amendment #2 Approved:** November 30, 2000  
**Date Amendment #2 Effective:** July 1, 2000

**Date Amendment #3 Submitted:** September 1, 2000  
**Date Amendment #3 Approved:** December 27, 2000  
**Date Amendment #3 Effective:** July 1, 2000

**Date Amendment #4 Submitted:** July 1, 2002  
**Date Amendment #4 Approved:** September 19, 2002

### **Background**

- On June 5, 1998, South Dakota submitted a SCHIP Medicaid expansion proposal (M-CHIP). South Dakota's existing Medicaid program covered children ages 0-5 in families with incomes up to 133 percent of the Federal poverty level (FPL) and children ages 6-18 in families with incomes up to 100 percent of FPL.
- Through title XXI, the State expanded Medicaid eligibility to cover children ages 6-18 in families with incomes between 100 percent and 133 percent of the FPL. This resulted in seamless coverage for all children in families with incomes below 133 percent of the FPL.

### **Amendments**

- South Dakota submitted its first state plan amendment on June 28, 1999, to expand Medicaid eligibility to cover children through age 18 with family incomes up to 140 percent of the FPL.
- South Dakota submitted its second amendment on September 1, 2000, to eliminate cost sharing in M-CHIP for 18-year-olds.

- South Dakota submitted a third amendment on September 1, 2000, to establish a separate child health program called CHIP-NM (Children's Health Insurance Program, Non-Medicaid) effective July 1, 2000. CHIP-NM covers uninsured children from birth to age 19 with family incomes above 140 percent of the FPL and not exceeding 200 percent of the FPL.
- South Dakota submitted its fourth amendment on July 1, 2002. This amendment updates and amends the SCHIP state plan to indicate the State's compliance with the final SCHIP regulations.

### **Children Covered Under the Program**

- The State reported that 14,584 SCHIP children and 11,254 M-CHIP children were ever enrolled during Federal fiscal year 2006.

### **Administration**

- The Department of Social Services (DSS) is responsible for administering CHIP-NM as well as Medicaid and M-CHIP. Only DSS staff makes eligibility determinations.

### **Health Care Delivery System**

- Most individuals enrolled in Medicaid participate in PRIME, a primary care case management system operated under a section 1915(b) waiver that has been in effect since 1993. Each participating individual must choose a primary care provider who, in turn, ensures 24-hour access, gives referrals for specialty services, and provides case management. Rural health clinics, Federally Qualified Health Centers (FQHCs) and Indian Health Service (IHS) clinics participate as primary care providers. Certain services (including emergency room, family planning, dental, vision, chiropractic, nursing facility and other specialized services) are covered on a fee-for-service basis.
- Health care services for CHIP-NM are delivered using the existing Medicaid program delivery and payment systems.

### **Benefit Package**

- Medicaid PRIME waiver services include, but are not limited to the following: EPSDT, physician services, inpatient and outpatient hospital services, prescription drugs, mental health and other medical services. Other covered services, provided on a fee-for-service basis, include emergency room, family planning, dental, vision, chiropractic, nursing facility and other specialized services.
- The benefit package under CHIP-NM is the same as the SCHIP Medicaid expansion program package.

## **Cost Sharing**

- There is no cost sharing.

## **Coordination between SCHIP and Medicaid**

- Both Medicaid and SCHIP programs utilize the same application and eligibility determination process, and are administered by the same agency (DSS). Measures adopted by the State to simplify the enrollment of children in both programs include the development of a three-page application, dropping the requirement for face-to-face interviews, eliminating the assets test, reducing documentation requirements and directing DSS staff to actively participate in program outreach.

## **Crowd Out Strategy**

- An eligibility screening is completed to detect the presence of other insurance coverage. In the State's separate child health program, children are ineligible if they have been covered by a group health plan in the 3 months immediately preceding the application.
- The State monitors the number of SCHIP applicants who are denied, and the number of SCHIP cases closed, due to existing health insurance. This information describes the extent to which recipients are trying to substitute private health insurance for public assistance and is reported in the SCHIP annual report.

## **Outreach Activities**

- SCHIP outreach in South Dakota was built on the successful outreach strategies already in place for the State's medical assistance efforts. Outreach in South Dakota includes both statewide and local outreach strategies.
- Statewide outreach strategies include the participation of other programs offered by DSS, other State agencies, and the Indian Health Service. Statewide outreach relies on interagency agreements to facilitate referrals and automated systems for information sharing on potentially eligible children.
- DSS eligibility staff has effectively coordinated local outreach in communities and service areas by establishing connections with local resources to facilitate the identification and enrollment of children. Health care providers, schools, Tribal agencies, and many others, distribute materials, provide applications and information, and assist with enrollment.
- DSS has outreach efforts directed towards the Indian reservation areas of the state to help assure that SCHIP is provided to eligible Indian children. The Indian Health Service currently plays and will continue to play an important role in outreach to targeted, low income Indian children. Applications, enrollment assistance, and

program information for SCHIP is available at IHS, Tribal, and Urban Indian Health locations in South Dakota.

- South Dakota's joint Medicaid and SCHIP application has been widely distributed to outreach sites including other government agencies, schools, primary care and specialty health care providers, advocacy groups, tribal programs, and day care centers.

### **Financial Information**

Total FFY 2007 SCHIP Allotment -\$10,354,308  
FFY 2007 Enhanced Federal Matching Rate: 74.04%

*Date Last updated: April 26, 2007*