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State/Territory Name: Uqwj 'F cnqv

State Plan Amendment (SPA) #: UF/47/2236

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

September 4, 2025

Heather Petermann
Division Director
Department of Social Services
700 Governors Drive Kneip Building
Pierre, SD 57501-2291

Dear Director Petermann:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) SD-25-0014, submitted on June 27, 2025, has been approved. Through this SPA, South Dakota adds coverage for pregnancy-related doula services, community health worker services, and peer support services to its CHIP state plan to align these services with Medicaid. This SPA has an effective date of January 1, 2025.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Joyce.Jordan@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Alice Weiss/

Alice Weiss
Acting Director
on Behalf of Sarah DeLone, Director

OMB #: 0938-0707

Exp. Date:

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

Form CMS-R-211

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: South Dakota
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

James W. Ellenbecker
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Damian L Prunty	Position/Title: Program Administrator
Name: Larry Iversen	Position/Title: Assistant Program Administrator
Name: Rick LaBrie	Position/Title: Program Manager

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, N2-14-26, Baltimore, Maryland 21244.

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

- 1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**
- 1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**
- 1.1.3. ☒ A combination of both of the above.

Since July 1, 1998 South Dakota has provided SCHIP benefits to uninsured children by providing expanded eligibility under the State's Medicaid plan. The original SCHIP plan included children age 6 through 18 from 100% to 133% of the Federal Poverty Level (FPL). The initial SCHIP program was approved on August 5, 1998, and a subsequent eligibility expansion with Medicaid occurred on April 1, 1999 that increased eligibility from 133% FPL to 140% FPL for children from birth to age 19 for both Medicaid and SCHIP program. South Dakota refers to its original SCHIP program, with subsequent expansion as M-SCHIP.

Subsequently, in July 2000, South Dakota added a State operated SCHIP program for targeted uninsured children from families with income levels higher than previously approved SCHIP eligibility levels. The new eligibility level, active outreach and beneficiary enrollment began on July 1, 2000. There was no corresponding amendment to the Medicaid State Plan submitted in conjunction with the SCHIP expansion at that time as Medicaid eligibility income levels remained unchanged. South Dakota refers to its separate child health program as CHIP-NM. Collectively, M-SCHIP and CHIP-NM are referred to throughout this document as SCHIP.

This State Plan Amendment does not seek to replace the approved SCHIP State Plan materials, but will add the appropriate information describing the additional requirements and assurances mandated as a result of the final SCHIP federal regulations. This State Plan Amendment will also update the existing pages of the current SCHIP State Plan.

The Secretary of the Department of Social Services is the authorized State Official signing and submitting this State Plan Amendment. The Official responsible for program administration and financial oversight is Damian Prunty, Administrator, Office of Medical Services, South Dakota Department of Social Services, 700 Governors Drive, Pierre, South Dakota 57501 2291.

South Dakota Children's Health Insurance Program State Plan

- 1.2 ☐ Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. **(42 CFR 457.40(d))**

The State assures specific legislative authority to operate an expansion of the SCHIP program under Title XXI of the Social Security Act was granted by Act of the South Dakota Legislature and signed into law by the Governor of South Dakota.

The authority for M-SCHIP was granted by Act of the South Dakota Legislature and signed into law by the Governor of South Dakota, effective July 1, 1998. No expenditures for child health assistance were claimed for M-SCHIP prior to July 1, 1998.

The authority for CHIP-NM was granted by Act of the South Dakota Legislature and signed into law by the Governor of South Dakota, effective July 1, 2000. No expenditures for child health assistance were claimed for CHIP-NM prior to July 1, 2000.

- 1.3 ☐ Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. **(42CFR 457.130)**

With this State Plan submission the State assures that it will comply with all civil rights requirements including Title VI of the Civil Rights Act of 1964, Title II of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35.

- 1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment **(42 CFR 457.65)**:

Effective date: M-SCHIP became effective July 1, 1998 / CHIP-NM became effective July 1, 2000

Implementation date: M-SCHIP was implemented July 1, 1998 / CHIP-NM was implemented July 1, 2000

SPA# SD-16-0002: This state plan amendment establishes coverage for unborn children from conception to birth when the mother is not eligible for Medicaid.

South Dakota Children's Health Insurance Program State Plan

Effective Date: July 1, 2016

SPA# SD-16-0006: This state plan amendment provides proposed program specifics to the state's CHIP state plan for unborn children from conception to birth.

Effective Date: July 1, 2016

SPA# SD-16-0007: This state plan amendment updates the state's exemptions from its waiting period to include coverage for unborn children.

Effective Date: July 1, 2016

SPA# SD-17-0009: This state plan amendment clarifies that the Mental Health Parity and Addiction Equity Act requirements are satisfied through the EPSDT benefit.

Effective Date: October 1, 2017

SPA# SD-20-0004: This state plan amendment provides assurances that the state is in compliance with section 5022 of the SUPPORT Act, which made behavioral health services a required benefit for CHIP.

Effective Date: October 24, 2019

SPA# SD-22-0003: The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Effective Date: March 11, 2021

SPA# SD-23-0020: The State is assuring that it covers age-appropriate vaccines and their administration, without cost sharing.

Effective: October 1, 2023.

SPA# SD-25-0004: This amendment establishes targeted case management services for eligible juveniles up to 19 years of age to improve health care transitions upon reentry to the community from a carceral setting as required by Section 5121 of the Consolidated Appropriations Act, 2023.

Effective: January 1, 2025

SPA# SD-25-0014: This amendment establishes coverage of doula, community health worker, and peer support services.

Effective: January 1, 2025

1.4-TC

SPA# SD-22-0003: The State conducted Tribal Consultation beginning with notification on July 18, 2022. Notification was sent via email to the Tribal Consultation Listserv with a 30-day comment period.

Effective Date: March 11, 2021

South Dakota Children's Health Insurance Program State Plan

SPA# SD-23-0020: The State conducted Tribal Consultation beginning with notification on November 6, 2023. Notification was sent via email to the Tribal Consultation Listserv with a 30-day comment period.
Effective Date: October 1, 2023.

SPA# SD-25-0004: The State conducted Tribal Consultation beginning with notification on December 2, 2024. Notification was sent via email to the Tribal Consultation Listserv with a 30-day comment period.
Effective Date: January 1, 2025.

SPA# SD-25-0014: The State conducted Tribal Consultation beginning with notification on June 23, 2025. Notification was sent via email to the Tribal Consultation Listserv with a 30-day comment period.
Effective Date: January 1, 2025.

correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services whether or not such services are covered under this State plan. Medically necessary services not specifically covered under the state plan can be accessed by requesting coverage of the service and receiving prior authorization from the department.

Payment will also be allowed under EPSDT for the following medically necessary services:

- 1. Nutrition items, prior authorization required for total parenteral nutrition.*
- 2. Orthodontic services, prior authorization required.*
- 3. Private duty nursing services, prior authorization required.*

Payment will also be made for any medically necessary services provided to children less than 21 years of age in excess of service limitations applicable to adult Medicaid recipients.

6.2.22.1 ☒ The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.

- 6.2.23. ☒ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))

Other medical services included in the plan are Chiropractic Services, Podiatry Services, Nutritional Services, Nursing Facility Services, Diabetes Self-management training programs, Vaccination Services- ~~and~~, certain Organ Transplant Services, Doula Services, and Community Health Worker Services.

Chiropractic services are limited to examinations and manual manipulations required to correct a subluxation of the spine. Services are outside of the PCCM program and limited to no more than one visit per day and thirty visits in a twelve-month period.

Podiatry services include the surgical and non-surgical diagnosis and treatment of conditions of the feet and lower extremities, excluding routine foot care. Services are outside of the PCCM program. There is no limit on the number of services provided.

Nutritional services are covered for children not able to obtain

necessary nutrition through oral means. Enteral and perenteral nutrition are covered services. Perenteral nutrition services are prior authorized. Nutritional supplements are covered when physician ordered for conditions that exceed normal nutritional requirements.

Nursing Facility services are covered when medically necessary and individuals meet level of care and financial eligibility criteria for long term care. Nursing facility services are prior authorized.

Immunization services include all recommended vaccinations and are covered under Section 6.2.6, prescription drugs.

Organ transplant services include Kidney, Cornea, Bone Marrow, Liver and Heart Transplants. All transplant services are covered only when all other medical and surgical treatments have been exhausted, patients are free from adverse factors and there is likelihood of success or survival. Transplants are limited to the transplantation of human organs. With the exception of kidney and cornea transplants, transplant procedures are prior authorized.

Doula services provide support for pregnant recipients throughout the prenatal and postpartum periods. Doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.

Doula services are covered for pregnant recipients with a pregnancy confirmed by a medical provider. Services are covered through the postpartum period. Postpartum doula services may be provided up to 365 days after the end of the pregnancy contingent upon the recipient maintaining eligibility.

Covered Doula services include:

- a. Prenatal and postpartum counseling, education, and support including providing information regarding self-care and infant care to help achieve positive health outcomes for the recipient and the baby. Services also include development of birth and postpartum plans;*
- b. Labor and delivery support; and*
- c. Care coordination to link the recipient to health care providers and community-based services and supports.*

Doula services are covered throughout the prenatal and postpartum periods. Doula services are limited to \$1,800 per pregnancy. This

limit may be exceeded if additional hours/units are prior authorized

Community Health Worker services are a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health.

Covered services include:

- a. Health System Navigation and Resource Coordination
- b. Health Promotion and Coaching
- c. Health Education

Community Health Worker Services are limited to 104 units of services in a plan year. Services limits may be exceeded with prior authorization.

6.2.24. ☐ Premiums for private health care insurance coverage (Section 2110(a)(25))

6.2.25. ☒ Medical transportation (Section 2110(a)(26))

Medical transportation includes medically necessary air ambulance, ground ambulance, wheelchair transportation and other medical transportation. Ambulance services are necessary when other forms of transportation may endanger a person's life or health. Ground ambulance includes advanced life support and basic life support services and attendants. Air ambulance includes fixed wing emergency transportation, rotary emergency transportation, and medical air transportation. Air ambulance must be medically necessary because of time, distance and emergency. Wheelchair transportation includes transportation services to persons that are confined to wheelchairs or stretchers to and from medical services.

Other transportation services are available to assist persons obtain necessary medical services. These services include reimbursement for the use of private automobiles, meals and lodging, community transportation providers, tribal transportation providers and commercial carriers.

6.2.26. ☒ Enabling services (such as transportation, translation, and outreach services (Section 2110(a)(27))

6.2.27. ☒ Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration, in accordance with the requirements of section 2103(c)(11)(A) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing, in accordance with the requirements of section 2103(c)(11)(B) of the Act.
- The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.
- The state assures that coverage includes all types of FDA authorized COVID-19 tests.

COVID-19 Treatment:

- The state assures that the following coverage of treatments for COVID-19 are provided without amount, duration, or scope limitations, in accordance with requirements of section 2103(c)(11)(B) of the Act:
 - The state provides coverage of treatments for COVID-19 including specialized equipment and therapies (including preventive therapies);
 - The state provides coverage of any non-pharmacological item or service described in section 2110(a) of the Act, that is medically necessary for treatment of COVID-19; and
 - The state provides coverage of any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat

or prevent COVID-19, consistent with the applicable authorizations.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without amount, duration, or scope limitations, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- ☐ State-developed schedule
- ☒ American Academy of Pediatrics/ Bright Futures
- ☐ Other Nationally recognized periodicity schedule (please specify:)
- ☒ Other (please describe: *For pregnant women South Dakota covers AAP/Bright Futures and USPSTF A and B graded recommended behavioral health screenings and behavioral health preventive services.*)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

6.3.1- BH ☒ Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH ☒ The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the

CHIP benefit package, as appropriate for the covered populations.

6.3.1.2- BH ☒ The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

South Dakota's strategy to facilitate the use of age appropriate validated behavioral health screening tools will include adding a requirement to the PCCM addendum to the provider agreement that PCCMs use tools recommended by the AAP, USPSTF, or tools otherwise considered a validated behavioral health screening tool. South Dakota also added information regarding the utilization of validated tools to its providers manuals to facilitate the use of these tools in primary care settings and provided links to the AAP and USPSTF websites. In addition, the state also communicated information to providers regarding utilizing validated tools in our Summer 2020 Provider Newsletter, which was sent to South Dakota's listserv and posted on our website.

6.3.2- BH ☒ Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

6.3.2.1- BH ☒ Psychosocial treatment
Provided for: ☒ Mental Health ☒ Substance Use Disorder

6.3.2.2- BH ☒ Tobacco cessation
Provided for: ☒ Substance Use Disorder

6.3.2.3- BH ☒ Medication Assisted Treatment
Provided for: ☒ Substance Use Disorder

6.3.2.3.1- BH ☒ Opioid Use Disorder

6.3.2.3.2- BH ☒ Alcohol Use Disorder

6.3.2.3.3- BH ☐ Other

6.3.2.4- BH ☐☒ Peer Support
Provided for: ☐☒ Mental Health ☐☒ Substance Use Disorder

6.3.2.5- BH ☐ Caregiver Support
Provided for: ☐ Mental Health ☐ Substance Use Disorder

6.3.2.6- BH ☐ Respite Care
Provided for: ☐ Mental Health ☐ Substance Use Disorder

2107(c)) (42CFR 457.120(c))

Consultation meetings have been held between the State and Tribal Government and Tribal Health officials. In addition, the Department has invited both Tribal Government and the IHS to be represented on the Medicaid Advisory Committee that assists in the monitoring of the Medicaid and SCHIP programs, and both entities are participating.

Some Tribal health departments have requested specific training of the their Community Health Representative staff in the SCHIP program and this training was provided by Department eligibility staff. One reservation even adapted the SCHIP radio ad to use in reaching the Indian population on their reservation.

Outreach brochures, posters and logos for SCHIP were designed with a culturally sensitive logo depicting children of varying ethnic backgrounds in an effort to convey that the program is intended for all races of children.

- 9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in 457.65(b) through (d).
- 9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140):
- Planned use of funds, including --
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
 - Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.

All of the funds used to operate the CHIP program by matching the federal funds have been allocated from the State's General fund, as part of the General Appropriation bill. The appropriation was based on an average cost per child of \$3,460 for FFY 2025. The State assures no general funds have been raised from impermissible provider taxes or donations, and that the State is in compliance with Section 1903 (w) of the Social Security Act.

Through State Plan Amendment 25-0004, Targeted Case Management services were amended. The total CHIP (CHIP-NM, S-CHIP, and M-SCHIP) budget for targeted case management services is \$17,901 in Federal Fiscal Year 2025 and \$23,868 in Federal Fiscal Year 2026.

South Dakota Children's Health Insurance Program State Plan

CHIP Budget

STATE:	FFY25 Budget	FFY26 Budget
Federal Fiscal Year		
State's enhanced FMAP rate	67.15%	65.71%
Benefit Costs		
Insurance payments		
Managed care	\$295,000	\$339,250
<u>per member/per month rate</u>		
Fee for Service	\$55, 976,759 <u>994,660</u>	\$64, 373,272 <u>397,140</u>
Total Benefit Costs	\$56,271,759<u>289,660</u>	\$64,712,522<u>736,390</u>
(Offsetting beneficiary cost sharing payments)		
Net Benefit Costs		
Cost of Proposed SPA Changes – Benefit	\$17,901	\$23,868
Administration Costs		
Personnel		
General administration		
Contractors/Brokers	\$286,802	\$387,183
Claims Processing		
Outreach/marketing costs		
Health Services Initiatives		
Other	\$336,852	\$454,750
Total Administration Costs	\$623,654	\$841,933
10% Administrative Cap		
Cost of Proposed SPA Changes - Administration		
Federal Share	\$38, 217,290 <u>382,108</u>	\$43, 091,516 <u>306,561</u>
State Share	\$18, 696,024 <u>776,653</u>	\$22, 486,807 <u>599,025</u>
Total Costs of Approved CHIP Plan	\$56,913,314<u>57,157,761</u>	\$65,578,323<u>905,586</u>

NOTE: Include the costs associated with the current SPA.

The Source of State Share Funds: State appropriations