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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: SD-09-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



Region VIII

December 17, 2009

Deborah K. Bowman, Secretary
Department of Social Services
Richard F. Kneip Building
700 Governors Drive
Pierre, SD 57501-2291

RE: South Dakota #09-010

Dear Ms. Bowman:

This is your official notification that South Dakota State Plan amendment 09-010 has been approved effective July 1, 2009. This SPA updates the Income Standards of Optional SSI Payments.

We want to take this opportunity to thank your staff for the hard and diligent work accomplishing this effort.

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

Sincerely,

/s/

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

CC: Larry Iversen, Medicaid Director
Mark Zickrick

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

09-10

2. STATE

SOUTH DAKOTA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.230 and 435.1006

7. FEDERAL BUDGET IMPACT:

a. FFY09--\$0

b. FFY10--\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Supplement 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, Supplement 6

10. SUBJECT OF AMENDMENT:

This State Plan Amendment updates the income standards for optional SSI payments.

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 SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Deborah K. Bowman

14. TITLE:

Department Secretary

15. DATE SUBMITTED:

9/18/09

16. RETURN TO:

**Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre SD 57501-2291**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/18/09

18. DATE APPROVED:

12/17/09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/09

20. REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Revision: HCFA-AT-85-3
FEBRUARY 1985

Supplement 6 to Attachment 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Dakota

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category (Reasonable Classification)	Administered by		<u>Income Level</u>				Income Disregards Employed
	Federal	State	<u>Gross</u>		<u>Net</u>		
			<u>1 person</u>	<u>Couple</u>	<u>1 person</u>	<u>Couple</u>	
Aged, Blind, & Disabled							
Adult Foster Care		State	\$2,022	\$3,033	\$1,002	\$2,004	None
Domiciliary		State	\$2,022	\$3,033	\$1,379	\$2,758	None

TN # 09-10
Supersedes
TN # 92-30

Approval Date 12/17/09

Effective Date 7/1/09