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**State/Territory Name:** South Dakota

**State Plan Amendment (SPA) #:** SD-09-011

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**

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December 16, 2009

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

RE: South Dakota #09-011

Dear Ms. Bowman:

This is your official notification that South Dakota State Plan amendment 09-011 has been approved effective July 1, 2009. This SPA implements the Transitional Medicaid Assistance option under the provisions of the American Recovery and Reinvestment Act..

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**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**09-11**

2. STATE

**SOUTH DAKOTA**

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  
**September 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**

*write in correction per phone call with Mark Zickert*  
**Section 1925 of the Social Security Act**

7. FEDERAL BUDGET IMPACT:

**a. FFY09--\$42,304 \$3,530.00**

**b. FFY10--\$47,843**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 2.6-A, Supplement 12, Page 2**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

**This State Plan Amendment implements Transitional Medicaid Assistance options under the American Recovery and Reinvestment Act.**

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ 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:

**12/16/09**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**9/1/09**

20. REGIONAL OFFICIAL:

21. TYPED NAME:

**Richard C. Allen**

22. TITLE:

**Associate Regional Administrator**

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Dakota

ELIGIBILITY UNDER SECTION 1925 OF THE ACT  
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low income families and children for Transitional Medical Assistance (TMA) under Section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under Section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time limited earned income disregard. (42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act)

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under Section 1931 of the Act (months of retroactive eligibility may be used to meet this requirement):

  X   During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under Section 1931.

       For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under Section 1931 specify:

The State extends Medicaid eligibility under TMA for an initial period of:

       6 months. For TMA eligibility to continue into a second 6 month extension period the technical family must meet the reporting and income eligibility requirements specified at section 1925(b) of the Act.

  X   12 months. Section 1925(b) does not apply for a second 6 month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.