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**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: 23-0008**

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# SD - Submission Package - SD2023MS0001O - (SD-23-0008) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	SD2023MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	SD
<b>SPA ID</b>	SD-23-0008	<b>Region</b>	Denver, CO
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	Renae Hericks	<b>Submission Date</b>	3/15/2023
<b>Package Disposition</b>		<b>Approval Date</b>	6/5/2023 4:03 PM EDT
<b>Priority Code</b>	P2		
<b>Lead Division</b>	DMEP		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

June 05, 2023

Sarah Aker  
Medicaid Director  
Department of Social Services  
700 Governors Drive  
Pierre, SD 57501

Re: Approval of State Plan Amendment SD-23-0008

Dear Sarah Aker,

On March 15, 2023, the Centers for Medicare & Medicaid Services (CMS) received South Dakota State Plan Amendment (SPA) SD-23-0008, in which the state proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve South Dakota State Plan Amendment (SPA) SD-23-0008 with an effective date(s) of July 01, 2023.

If you have any questions regarding this amendment, please contact Mandy Strom at [mandy.strom@cms.hhs.gov](mailto:mandy.strom@cms.hhs.gov)

Sincerely,  
Ruth A. Hughes  
Acting Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS00010 | SD-23-0008

### Package Header

<b>Package ID</b>	SD2023MS00010	<b>SPA ID</b>	SD-23-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/15/2023
<b>Approval Date</b>	6/5/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** South Dakota      **Medicaid Agency Name:** Department of Social Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS0001O | SD-23-0008

### Package Header

**Package ID** SD2023MS0001O  
**Submission Type** Official  
**Approval Date** 6/5/2023  
**Superseded SPA ID** N/A

**SPA ID** SD-23-0008  
**Initial Submission Date** 3/15/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** SD-23-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	7/1/2023	NEW

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS0001O | SD-23-0008

### Package Header

<b>Package ID</b>	SD2023MS0001O	<b>SPA ID</b>	SD-23-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/15/2023
<b>Approval Date</b>	6/5/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Implements Sec 9812 of the American Rescue Plan Act of 2021, expanding the postpartum coverage period from 60-days to 12-months.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

#### Federal Statute / Regulation Citation

PL 117-2, Sec 9812

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS0001O | SD-23-0008

### Package Header

**Package ID** SD2023MS0001O  
**Submission Type** Official  
**Approval Date** 6/5/2023  
**Superseded SPA ID** N/A

**SPA ID** SD-23-0008  
**Initial Submission Date** 3/15/2023  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS0001O | SD-23-0008

## Package Header

<b>Package ID</b>	SD2023MS0001O	<b>SPA ID</b>	SD-23-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/15/2023
<b>Approval Date</b>	6/5/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

### Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

### Select the type of website

- Website of the State Medicaid Agency or Responsible Agency


**Date of Posting:** Feb 6, 2023

**Website URL:** <https://dss.sd.gov/medicaid/medicaidstateplan.aspx>


- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

### Upload copies of public notices and other documents used

Name	Date Created	
<a href="#">Register</a>	4/26/2023 11:49 AM EDT	

### Upload with this application a written summary of public comments received (optional)

Name	Date Created	
<a href="#">23-0008 and 23-0009 Public Comments</a>	4/26/2023 11:50 AM EDT	

### Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS00010 | SD-23-0008

## Package Header

<b>Package ID</b> SD2023MS00010	<b>SPA ID</b> SD-23-0008
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 3/15/2023
<b>Approval Date</b> 6/5/2023	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
2/6/2023	Email notification

All Urban Indian Organizations


<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
3/6/2023	Email notification

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
3/6/2023	Email notification

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
<a href="#">Tribal Consultation Email</a>	3/9/2023 4:37 PM EST	

**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility



- Benefits
- Service delivery
- Other issue

# Medicaid State Plan Eligibility

## Eligibility and Enrollment Processes

### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS0001O | SD-23-0008

#### Package Header

<b>Package ID</b>	SD2023MS0001O	<b>SPA ID</b>	SD-23-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/15/2023
<b>Approval Date</b>	6/5/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

#### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
- No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - a. The individual requests voluntary termination of eligibility;
  - b. The individual ceases to be a resident of the state;
  - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - d. The individual dies.

#### C. Additional Information (optional)

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the durational limit of the option that is described in Section B. does not apply.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 6/5/2023 4:05 PM EDT*