Table of Contents

State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 23-0008

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS Form 179
3) Approved SPA Pages
Package Information

Package ID: SD2023MS0001O
Program Name: N/A
SPA ID: SD-23-0008
Version Number: 3
Submitted By: Renae Hericks
Package Disposition: 
Priority Code: P2
Lead Division: DMEP

Submission Type: Official
State: SD
Region: Denver, CO
Package Status: Approved
Submission Date: 3/15/2023
Approval Date: 6/5/2023 4:03 PM EDT
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.

Sincerely,

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

State Information

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

Submission Component

- State Plan Amendment
- Medicaid
- CHIP
## Submission - Summary

**Package Header**

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<tr>
<th>Package ID</th>
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### SPA ID and Effective Date

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<th>Reviewable Unit</th>
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<tr>
<td>Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage</td>
<td>7/1/2023</td>
<td>NEW</td>
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Page Number of the Superseded Plan Section or Attachment (If Applicable):
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | SD2023M50001O | SD-23-0008

Package Header

Package ID SD2023M50001O
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Superseded SPA ID N/A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

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

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<tr>
<td>Second 2024</td>
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Federal Statute / Regulation Citation
PL 117-2, Sec 9812

Supporting documentation of budget impact is uploaded (optional).

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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

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

Superseded SPA ID: 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

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#### 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
- [ ] Public Hearing or Meeting
- [ ] Other method

#### 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](https://dss.sd.gov/medicaid/medicaidstateplan.aspx)

- [ ] Website for State Regulations
- [ ] Other

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

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

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#### 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 | SD2023MS0001O | SD-23-0008**

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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

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**

- **Date of solicitation/consultation:** 2/6/2023
- **Method of solicitation/consultation:** Email notification

**All Urban Indian Organizations**

- **Date of solicitation/consultation:** 3/6/2023
- **Method of solicitation/consultation:** 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**

- **Date of consultation:** 3/6/2023
- **Method of consultation:** 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.

<table>
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**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
Medicaid State Plan Eligibility
Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

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).

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