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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 23-0021

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

SD - Submission Package - SD2020MS00040 - (SD-23-0021) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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

February 26, 2024

Heather Petermann
Medicaid Director
Department of Social Services
700 Governors Drive
Pierre, SD 57501

Re: Approval of State Plan Amendment SD-23-0021

Dear Director Petermann,

On December 01, 2023, the Centers for Medicare and Medicaid Services (CMS) received South Dakota State Plan Amendment (SPA) SD-23-0021, in which the state proposed to expand eligibility to individuals under age 21 who are under a state-only funded adoption assistance agreement, and to confirm the scope of coverage under the state plan for certain reasonable classifications of children.

We approve South Dakota State Plan Amendment (SPA) SD-23-0021 with an effective date(s) of November 01, 2023.

If you have any questions regarding this amendment, please contact Tyler Deines at tyler.deines@cms.hhs.gov

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

SD - Submission Package - SD2020MS00040 - (SD-23-0021) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS00040 | SD-23-0021

CMS-10434 OMB 0938-1188

Package Header

Package ID	SD2020MS00040	SPA ID	SD-23-0021
Submission Type	Official	Initial Submission Date	12/1/2023
Approval Date	02/26/2024	Effective Date	N/A
Superseded SPA ID	N/A		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 | SD2020MS00040 | SD-23-0021

Package Header

Package ID SD2020MS00040	SPA ID SD-23-0021
Submission Type Official	Initial Submission Date 12/1/2023
Approval Date 02/26/2024	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID SD-23-0021

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	11/1/2023	SD-20-0001
Children with Non-IV-E Adoption Assistance	11/1/2023	SD-13-0015
Individuals above 133% FPL under Age 65	11/1/2023	SD-13-0015

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS00040 | SD-23-0021

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The SPA clarifies the pages to ensure it is clear that children with non-IV-E adoption assistance under age 21 are eligible for Medicaid coverage. In addition, the SPA clarifies to ensure that it is clear that reasonable classifications of children under age 21 with an income above 133% of the federal poverty level are eligible for Medicaid coverage. The SPA reflects historical interpretation and no individuals will gain or lose Medicaid coverage due to this clarification.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 CFR 435.218 and 42 CFR 435.227

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS00040 | SD-23-0021

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Superseded SPA ID	N/A		

Governor's Office Review

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

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.

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SD - Submission Package - SD2020MS0004O - (SD-23-0021) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS0004O | SD-23-0021

CMS-10434 OMB 0938-1188

Package Header

Package ID	SD2020MS0004O	SPA ID	SD-23-0021
Submission Type	Official	Initial Submission Date	12/1/2023
Approval Date	02/26/2024	Effective Date	11/1/2023
Superseded SPA ID	SD-20-0001		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.



Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS00040 | SD-23-0021

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	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

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	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS0004O | SD-23-0021

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state .

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Superseded SPA ID	SD-13-0015		
	User-Entered		

The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21 or a lower age, as specified in C.
2. Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
3. The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or rehabilitative care.
4. Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
5. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Children with Non IV-E Adoption Assistance

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	User-Entered		

C. Individuals Covered

1. The state covers all children under a specified age limit for whom there is an adoption assistance agreement in place from any state.

- Yes
- No

a. The age of children covered under this eligibility group is.

- i. Under age 21
- ii. Under age 20
- iii. Under age 19
- iv. Under age 18

b. In addition, the state covers reasonable classifications of children.

- Yes
- No

Children with Non IV-E Adoption Assistance

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D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
- No

2. The state does not use an income standard or disregard all income for this group.

Children with Non IV-E Adoption Assistance

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS0004O | SD-23-0021

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

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Superseded SPA ID	SD-13-0015		
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The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes No

2. The state covers the following populations:

a. All children under a specified age limit:

b. Reasonable classifications of children

Name of population	Description
Adoption	Individuals under age 19 in adoptions subsidized in part or in full by a public agency.
DOC	All children under age 19 that are under the jurisdiction of the South Dakota Department of Corrections who are not inmates of a public institution under the provisions of 42 CFR 435.1008.
DSS Custody	All children under age 19 in the custody of the South Dakota Department of Social Services.
DSS Financial Responsibility	All children under age 19 that are in foster care and for whom the South Dakota Department of Social Services is assuming full or partial financial responsibility.
HSC Drug and Alcohol Dependency	Adjudicated children under age 19 that are under the guardianship of the South Dakota Human Services Center who are receiving inpatient treatment for drug and alcohol dependency.
HSC Inpatient Psychiatric	Adjudicated children under age 19 under the guardianship of the South Dakota Human Services Center who are receiving inpatient psychiatric treatment.

c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income

d. Pregnant women

e. Other

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes No

2. The income standard for this eligibility group is:

- a. Percentage of the federal poverty level.
- b. No income test (the income standard is infinite).

E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

F. Phase-In

The state elects to phase-in coverage to individuals in this group.

Yes No

G. Additional Information (optional)

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