

## **Table of Contents**

**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: 23-0003**

This file contains the following documents in the order listed:

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

[Records](#) / [Submission Packages - View All](#)

# SD - Submission Package - SD2022MS00040 - (SD-23-0003) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#)

[Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	SD2022MS00040	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	SD
<b>SPA ID</b>	SD-23-0003	<b>Region</b>	Denver, CO
<b>Version Number</b>	4	<b>Package Status</b>	Approved
<b>Submitted By</b>	Renae Hericks	<b>Submission Date</b>	2/24/2023
<b>Package Disposition</b>		<b>Approval Date</b>	5/23/2023 2:45 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

May 23, 2023

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

Re: Approval of State Plan Amendment SD-23-0003

Dear Sarah Aker,

On February 24, 2023, the Centers for Medicare & Medicaid Services (CMS) received South Dakota State Plan Amendment (SPA) SD-23-0003, in which the state proposed to adopt the the eligibility group serving individuals under age 65 with incomes at or below 133% of the federal poverty level (FPL), as described in section 1902(a)(10)(A)(VIII) of the Social Security Act.

We approve South Dakota State Plan Amendment (SPA) SD-23-0003 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,  
James G. Scott  
Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<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Superseded SPA ID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 | SD2022MS00040 | SD-23-0003

### Package Header

**Package ID** SD2022MS00040

**SPA ID** SD-23-0003

**Submission Type** Official

**Initial Submission Date** 2/24/2023

**Approval Date** 5/23/2023

**Effective Date** N/A

**Superseded SPA ID** N/A

### SPA ID and Effective Date

**SPA ID** SD-23-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2023	SD-20-0001
Pregnant Women	7/1/2023	SD-13-0015
Adult Group	7/1/2023	New

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

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Implement adult group eligibility and full coverage for pregnant women.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

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

#### Federal Statute / Regulation Citation

1902(a)(10)(A)(i)(VIII)  
42 CFR 435.119

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

## Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<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:** Jan 9, 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="#">Public Notice</a>	2/9/2023 5:02 PM EST	

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

Name	Date Created	
<a href="#">Expansion Public Comment</a>	2/23/2023 4:30 PM EST	

### 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 | SD2022MS0004O | SD-23-0003

## Package Header

<b>Package ID</b>	SD2022MS0004O	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<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

Date of solicitation/consultation:	Method of solicitation/consultation:
1/9/2023	Email notification
1/24/2023	Tribal Consultation Meeting

All Urban Indian Organizations




Date of solicitation/consultation:	Method of solicitation/consultation:
1/9/2023	Email notification
1/24/2023	Tribal Consultation Meeting

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:	Method of consultation:
1/9/2023	Email notification
1/24/2023	Tribal Consultation Meeting

**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>	2/9/2023 5:14 PM EST	
<a href="#">Tribal Consultation Meeting Minutes</a>	2/23/2023 4:38 PM EST	
<a href="#">Tribal Consultation Presentation - Medicaid Expansion and Unwinding</a>	2/23/2023 4:38 PM EST	



Name	Date Created
------	--------------

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

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

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	SD-20-0001		
	System-Derived		

### Mandatory Coverage





A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003




## Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	SD-20-0001		
	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

### 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

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	SD-13-0015		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

### A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- Yes
- No

### 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. Income Standard Used

The state uses the following income standard for this group:

**FPL** 133.00%

## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	SD-13-0015		
	System-Derived		

### D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

## Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	SD-13-0015		
	System-Derived		

## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
- No

b. The minimum income standard for this eligibility group is 133% FPL.

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

#### b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

## G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Adult Group

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	New User-Entered		

The state covers the Adult Group in accordance with the following provisions:

### A. Characteristics

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

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

### 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. Income Standard Used

The amount of the income standard for this group is 133% FPL.

### D. 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:



MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### E. Additional Information (optional)

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 5/23/2023 3:11 PM EDT*