

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Page 1 is superseded by SD 13-15.

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

<u>Citation</u>	<u>Groups Covered</u>
	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u>
	2. Deemed Recipients of AFDC (continued)
1902(a)(10)(A)(i)(I) of the Act	b. This section is superseded by SD-13-15.
402(a)(22)(A) of the Act	c. This section is superseded by SD-13-15.
406(h) and 1902(a)(10)(A)(i)(I) of the Act	d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.
1902(a) of the Act	e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

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Groups Covered

(A) Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)

IV-A
407(b), 1902(a)(10)(A)(i)
and 1905(m)(1) of the
Act

3. This section is superseded by SD-13-15.

IV-A
1902(a)(52) and 1925 of
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

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(A) Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)

10. This section is superseded by SD-13-15.

11.

IV-A
Section 1902(e)(5) of the
Act

a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

IV-A
Section 1902(e)(6) of the
Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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<u>Citation</u>	<u>Groups Covered</u>
	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u>
IV-A Sections 1902(e)(4) of the Act	12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
SSI 42 CFR 435.120	13. Aged, blind, and disabled individuals receiving cash assistance. <u>X</u> a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the act. <u>X</u> Aged <u>X</u> Blind <u>X</u> Disabled

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<u>Citation</u>	<u>Groups Covered</u>
	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u>
42 CFR 435.121	13. Aged, blind, and disabled individuals receiving cash assistance (continued).
Section 1619(b)(1) of the Act	<p>___ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)</p> <p>___ Aged</p> <p>___ Blind</p> <p>___ Disabled</p> <p>The more restrictive categorical eligibility criteria are described below:</p> <p>(Financial criteria are described in <u>ATTACHMENT 2.6-A</u>.)</p>

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SSI Section 1902(a)(10)(A) (i)(II) and 1905(q) of the Act	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u> 14. Qualified severely impaired blind and disabled individuals under age 65, who— a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must— i. Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled; ii. Except for earnings, continue to meet all non- disability-related requirements for eligibility for SSI benefits; iii. Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

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(A) Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)

14. Qualified severely impaired blind and disabled individuals under age 65, who— (continued)

b. (continued)

- iv. Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
- v. Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

— Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

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Groups Covered

(A) Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)

Section 1619(b)(3) of the Act

___ The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

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<u>Citation</u>	<u>Groups Covered</u>
	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u>
IV-A Section 1634(c) of the Act	15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who— a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. ___ c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. ___ d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
IV-A 42 CFR 435.122	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under 42 CFR 435.230), because of requirements that do not apply under title XIX of the Act.
IV-A 42 CFR 435.130	17. Individuals receiving mandatory State supplements.

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(A) Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)

I

42 CFR 435.131

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following groups:

Aged

Blind

Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

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	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u>
IV-A 42 CFR 435.132	19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they— <ol style="list-style-type: none">Continue to meet the December 1973 Medicaid State plan eligibility requirements; andRemain institutionalized; andContinue to need institutional care.
IV-A 42 CFR 435.133	20. Blind and disabled individuals who— <ol style="list-style-type: none">Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; andWere eligible for Medicaid in December 1973 as blind or disabled; andFor each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

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IV-A 42 CFR 435.134	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u> 21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under P.L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. ____ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). ____ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). ____ Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

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IV-A 42 CFR 435.135	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u> 22. Individuals who— a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income. ____ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients. ____ Not applicable because the State applies more restrictive eligibility requirements than those under SSI. ____ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

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<u>Citation</u>	<u>Groups Covered</u>
	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u>
IV-A Section 1634 of the Act	23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of P.L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act. ____ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. ____ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

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<u>Citation</u>	<u>Groups Covered</u>
IV-A Section 1634(d) of the Act	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u> 24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A. ____ The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program. ____ In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in section 1634(d)(1)(A) of the Act in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard. ____ In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in section 1634(d)(1)(A) of the Act in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to be disregarded is specified in <u>SUPPLEMENT 4 to ATTACHMENT 2.6-A</u> . ____ In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in section 1634(d)(1)(A) of the Act in determining the income of the individual.

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	(A) <u>Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)</u>
Sections 1902(a)(10)(E)(i), 1905(p), and 1860D-14(a)(3)(D) of the Act	<p>25. Qualified Medicare Beneficiaries—</p> <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)</p>
Sections 1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), 1905(p), 1905(s), and 1860D-14(a)(3)(D) of the Act	<p>26. Qualified Disabled and Working Individuals—</p> <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; c. Whose resources do not exceed twice the maximum standard under SSI; and d. Who are not otherwise eligible for medical assistance under title XIX of the Act. <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)</p>

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(A) Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)

Sections 1902(a)(10)
(E)(iii), 1905(p)(3)(A)(ii),
and 1860D-14(a)(3)(D) of
the Act

27. Specified Low-Income Medicare Beneficiaries—

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act)

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Groups Covered

(A) Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)

Section 1634(e) of the
Act

28. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (V) of section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.

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(A) Mandatory Coverage—Categorically Needy and Other Required Special Groups (continued)

Sections 1902(a)(10)
(E)(iv), 1905(p)(3)(A)(ii),
and 1860D-14(a)(3)(D) of
the Act

29. Qualifying Individuals—

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

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Groups Covered

(B) Optional Groups Other Than the Medically Needy

42 CFR 435.210
Sections 1902(a)(10)
(A)(ii) and 1905(a) of the
Act

1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

Aged

Blind

Disabled

IV-A
42 CFR 435.211

2. Individuals who would be eligible for AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

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Groups Covered

(B) Optional Groups Other Than the Medically Needy (continued)

42 CFR 435.212 and
Section 1902(e)(2) of the
Act, P.L. 99-272 (section
9517), P.L. 101-508
(section 4732)

___ 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(iii), (E) or (G) of the Act, or a competitive medical plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

___ The State elects not to guarantee eligibility.

___ The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed 6).

The State measures the minimum enrollment period from:

___ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

___ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

___ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

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Groups Covered

(B) Optional Groups Other Than the Medically Needy (continued)

___ 3. (Continued)

Section 1903(m)(2)(F) of the Act, P.L. 98-369 (section 2364), P.L. 99-272 (section 9517), P.L. 101-508 (section 4732)

The Medicaid agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, competitive medical plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

___ Disenrollment rights are restricted for a period of ___ months (not to exceed 6 months).

During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

___ No restrictions upon disenrollment rights.

Sections 1903(m)(2)(H) and 1902(a)(52) of the Act, P.L. 101-508 (section 4732)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under the section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

___ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

___ The agency elects not to reenroll the above individuals into the same entity in which they were previously enrolled.

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(B) Optional Groups Other Than the Medically Needy (continued)

IV-A
42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G, would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

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Groups Covered

IV-A
42 CFR 435.217

(B) Optional Groups Other Than the Medically Needy (continued)

___ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

___ The State covers all individuals as described above.

___ The State covers only the following group or groups of individuals:

___ Aged

___ Blind

___ Disabled

___ Individuals under the age of—

___ 21

___ 20

___ 19

___ 18

___ Caretaker relatives

___ Pregnant women

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

IV-A
42 CFR 435.230

(B) Optional Groups Other Than the Medically Needy (continued)

X 10. States Using SSI Criteria With Agreements Under Sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income:
 - ___ All aged individuals
 - ___ All blind individuals
 - ___ All disabled individuals

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<u>Citation</u>	<u>Groups Covered</u>
	(B) <u>Optional Groups Other Than the Medically Needy (continued)</u>
IV-A 42 CFR 435.230	<input checked="" type="checkbox"/> 10. <u>States Using SSI Criteria With Agreements Under Sections 1616 and 1634 of the Act (continued).</u>
	d. (continued):
	<input checked="" type="checkbox"/> Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI
	<input checked="" type="checkbox"/> Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI
	<input checked="" type="checkbox"/> Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI
	<input type="checkbox"/> Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230
	<input type="checkbox"/> Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230
	<input type="checkbox"/> Individuals in additional classifications approved by the Secretary as follows:

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(B) Optional Groups Other Than the Medically Needy (continued)

X 10. States Using SSI Criteria With Agreements Under Sections 1616 and 1634 of the Act (continued).

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in **SUPPLEMENT 6 of ATTACHMENT 2.6-A.**

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

<u>Citation</u>	<u>Groups Covered</u>
IV-A 42 CFR 435.230 42 CFR 435.121 Section 1902(a)(10) (A)(ii)(XI) of the Act	<p>(B) <u>Optional Groups Other Than the Medically Needy (continued)</u></p> <p>___ 11. <u>Section 1902(f) States and SSI Criteria States Without Agreements Under Section 1616 or 1634 of the Act.</u></p> <p>The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is—</p> <ul style="list-style-type: none">a. Based on need and paid in cash on a regular basis.b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.c. Available to all individuals in each classification and available on a statewide basis.d. Paid to one or more of the classifications of individuals listed below:<ul style="list-style-type: none">___ All aged individuals___ All blind individuals___ All disabled individuals

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

<u>Citation</u>	<u>Groups Covered</u>
	(B) <u>Optional Groups Other Than the Medically Needy (continued)</u>
IV-A 42 CFR 435.230 42 CFR 435.121 Section 1902(a)(10) (A)(ii)(XI) of the Act	___ 11. <u>Section 1902(f) States and SSI Criteria States Without Agreements Under Section 1616 or 1634 of the Act (continued).</u> The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is— d. (continued): ___ Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI ___ Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI ___ Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI ___ Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230 ___ Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230 ___ Individuals in additional classifications approved by the Secretary as follows:

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(B) Optional Groups Other Than the Medically Needy (continued)

___ 11. Section 1902(f) States and SSI Criteria States Without Agreements Under Sections 1616 or 1634 of the Act (continued).

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

___ Yes

___ No

The standards for optional State supplementary payments are listed in **SUPPLEMENT 6 of ATTACHMENT 2.6-A.**

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(B) Optional Groups Other Than the Medically Needy (continued)

IV-A
42 CFR 435.231
Section 1902(a)(10)
(A)(ii)(V) of the Act

X 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in **SUPPLEMENT 1 to ATTACHMENT 2.6-A**.

 The State covers all individuals as described above.

X The State covers only the following group or groups of individuals:

Sections 1902(a)(10)
(A)(ii) and 1905(a) of the
Act

X Aged

X Blind

X Disabled

X Individuals under the age of—

X 21

 20

 19

 18

 Caretaker relatives

 Pregnant women

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(B) Optional Groups Other Than the Medically Needy (continued)

IV-A
Section 1902(e)(3) of the
Act

X 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

SUPPLEMENT 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

Sections 1902(a)(10)
(A)(ii)(IX) and 1902(l) of
the Act

___ 14. This section is superseded by SD 13-15.

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Page 21 is superseded by SD 13-15.

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State/Territory: SOUTH DAKOTA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

IV-A
Sections 1902(a)(ii)(X)
and 1902(m)(1) and (3)
of the Act

(B) Optional Groups Other Than the Medically Needy (continued)

___ 16. Individuals—

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in **SUPPLEMENT 1 to ATTACHMENT 2.6-A** for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in **ATTACHMENT 2.6-A**.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Page 23 is superseded by SD 13-15.

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State/Territory: SOUTH DAKOTA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(B) Optional Groups Other Than the Medically Needy (continued)

Section 1906 of the Act

___ 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of ___ months.

Sections 1902(a)(10)(F) and 1920(u)(1) of the Act

___ 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See **SUPPLEMENT 11 to ATTACHMENT 2.6-A.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(B) Optional Groups Other Than the Medically Needy (continued)

Section 1902 (a)(10)
(A)(ii)(XVIII) of the Act

X 20. Women who—

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of the Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained the age of 65.

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Page 23c is superseded by SD 13-15.

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

<u>Citation</u>	<u>Groups Covered</u>
	(B) <u>Optional Groups Other Than the Medically Needy (continued)</u>
Section 1902 (a)(10) (A)(ii)(XIII) of the Act	<u>X</u> 23. BBA Work Incentive Eligibility Group—Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of <u>ATTACHMENT 2.6-A</u> .
Section 1902 (a)(10) (A)(ii)(XV) of the Act	___ 24. TWWIIA Basic Coverage Group—Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of <u>ATTACHMENT 2.6-A</u> .
Section 1902 (a)(10) (A)(ii)(XVI) of the Act	___ 25. TWWIIA Medical Improvement Group—Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of ATTACHMENT 2.6-A.

NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

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State/Territory: SOUTH DAKOTA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

<u>Citation</u>	<u>Groups Covered</u>
	(C) <u>Optional Coverage of the Medically Needy</u>
42 CFR 435.30	This plan includes the medically needy. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. This plan covers: <ol style="list-style-type: none">1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
Section 1902(e) of the Act	<ol style="list-style-type: none">2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning under the plan for a 60-day period, beginning with the date the pregnancy end, and any remaining days in the month in which the 60th day falls.
Section 1902(a)(10)(C)(ii)(I) of the Act	<ol style="list-style-type: none">3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(C) Optional Coverage of the Medically Needy (continued)

Section 1902(e)(4) of the
Act

4. This section is superseded by SD 13-15.

42 CFR 435.308

5.

___ a. Financially eligible individuals who are not described in section C(3) above and who are under the age of—

___ 21

___ 20

___ 19

___ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

___ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

___ i. Individuals for whom public agencies are assuming full or partial financial responsibility and who are—

___ I. In foster homes (and are under the age of ___).

___ II. In private institutions (and are under the age of ___).

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State/Territory: SOUTH DAKOTA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(C) Optional Coverage of the Medically Needy (continued)

- ___ III. In addition to the group under b(i)(I) and (II), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___).
- ___ ii. Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ___).
- ___ iii. Individuals in NFs (who are under the age of ___). NF services are provided under this plan.
- ___ iv. In addition to the group under (b)(iii), individuals in ICF/MRs (who are under the age of ___).
- ___ v. Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ___). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- ___ vi. Other defined groups (and ages), as specified in **ATTACHMENT 2.2-A**.

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(C) Optional Coverage of the Medically Needy (continued)

42 CFR 435.310	___ vi. Caretaker relatives.
42 CFR 435.320 and 435.330	___ vii. Aged individuals.
42 CFR 435.322 and 435.330	___ viii. Blind individuals.
42 CFR 435.324 and 435.330	___ ix. Disabled individuals.
42 CFR 435.326	___ x. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
42 CFR 435.340	___ xi. Blind and disabled individuals who— ___ I. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; ___ II. Were eligible as medically needy in December 1973 as blind or disabled; and ___ III. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation

Groups Covered

(C) Optional Coverage of the Medically Needy (continued)

Section 1906 of the Act

- ___ xii. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of ___ months.

N/A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTAREQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

<u>Citation</u>	<u>Groups Covered</u>
Sections 1935(a) and 1902(a)(66) of the Act	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under section 1935(a) of the Social Security Act.
42 CFR 423.774 and 423.904	<ol style="list-style-type: none"> 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.

TN No. 05-9
Supersedes
TN No. New

Approval Date 11/03/05Effective Date 7/01/05