

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

In addition to the personal needs allowance of \$60.00/\$120.00, the personal needs allowance will include the following:

For institutionalized individuals with earned income, the personal needs allowance will also be the gross earnings up to \$75.00.

For individuals paying court ordered child or spousal support, the personal needs allowance will also be the amount actually paid out for the support payment, up to the court ordered amount.

For individuals with a trust, the personal needs allowance will also be the amount paid for attorney, guardian or conservator fees to maintain the trust up to the amount specified by the courts; or, if the court does not specify an amount, up to an amount considered reasonable by the State Medicaid agency.

Disclosure Statement for Post-Eligibility Preprint

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 #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, MD, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC, 20503.

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SUPERSEDES  
TN # New

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTAELIGIBILITY UNDER SECTION 1925 OF THE ACT  
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low income families and children for Transitional Medical Assistance (TMA) under Section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under Section 1931 of the Act due to increased income, or working hours, from the caretaker relative's employment, or due to the loss of a time limited earned income disregard. (42 CFR 435.112, Sections 1902(a)(52), 1902(e)(1), and 1925 of the Act)

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under Section 1931 of the Act (months of retroactive eligibility may be used to meet this requirement):

- During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under Section 1931.
- For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under Section 1931 specify:

The State extends Medicaid eligibility under TMA for an initial period of:

- 6 months. For TMA eligibility to continue into a second 6 month extension period the technical family must meet the reporting and income eligibility requirements specified at Section 1925(b) of the Act.
- 12 months. Section 1925(b) does not apply for a second 6 month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by Section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

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