

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: SOUTH DAKOTA

SECTION 2. COVERAGE AND ELIGIBILITY

Citation 2.6 Financial Eligibility

42 CFR 435.10 and
Subparts G and H
Sections

1902(a)(10)(A)(i)(III),
(IV), (V), (VI), and (VII),
1902(a)(10)(A)(ii)(IX),
1902(a)(10)(A)(ii)(X),
1902(a)(10)(c), 1902(f),
1902(l) and (m), 1905(p)
and (s), 1902(r)(2), and
1920

- (a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in **ATTACHMENT 2.6-A**.