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**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: 23-0019**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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January 24, 2024

Brenda Tidball-Zeltinger  
Department of Social Services  
700 Governors Drive  
Pierre, South Dakota 57501-2291

Re: South Dakota State Plan Amendment (SPA) 23-0019

Dear Brenda Tidball-Zeltinger:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0019. This amendment proposes coverage for adult vaccinations and their administration without cost sharing.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and Section 11405 of the Inflation Reduction Act. This letter is to inform you that South Dakota Medicaid SPA 23-0019 was approved on January 24, 2024, with an effective date of October 1, 2023.

If you have any questions, please contact Tyler Deines at 202-571-8533 or via email at [tyler.deines@cms.hhs.gov](mailto:tyler.deines@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned to the left of the digital signature information.

Digitally signed by James  
G. Scott -S  
Date: 2024.01.24 18:58:46  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures


cc: Matthew Ballard, South Dakota Medicaid

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 1 9</u>	2. STATE <u>SD</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>October 1, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>Section 11405 of the Inflation Reduction Act (IRA)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ <u>1,050</u> b FFY <u>2024</u> \$ <u>1,050</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A Page 26c</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT  
**The SPA assures coverage of vaccines and their administration for adults without cost sharing.**

10. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL  12. TYPED NAME Brenda Tidball-Zeltinger 13. TITLE Deputy Cabinet Secretary 14. DATE SUBMITTED November 6, 2023	15. RETURN TO DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
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**FOR CMS USE ONLY**

16. DATE RECEIVED November 6, 2023	17. DATE APPROVED January 24, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.01.24 18:59:16 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

### 3. Vaccines and Vaccine Administration

Vaccines and vaccine administration are covered without cost-sharing as described in section 1905(a)(13)(B) of the Act. Coverage and billing code changes are made on a quarterly basis to comply with the Advisory Committee on Immunization Practices (ACIP) recommendations.