

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

October 18, 2024

Heather Petermann
Medicaid Director
South Dakota Department of Social Services
700 Governors Drive
Pierre, South Dakota 57501-2291

Re: South Dakota State Plan Amendment (SPA) 24-0012-A

Dear Director Petermann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0012-A. This amendment eliminates cost sharing for medical services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and the implementing regulations 42 CFR 447.50 through 447.57 (excluding 447.55). This letter is to inform you that South Dakota Medicaid SPA 24-0012-A was approved on October 17, 2024, with an effective date of July 1, 2024.

With the approval and implementation of SPA 24-0012-A, the issue raised in companion letter to SPA 22-0014 dated April 25, 2023, is resolved. A system to track cost sharing payments prior to reaching the household aggregate cap is no longer necessary with the elimination of cost sharing for medical assistance.

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

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Matthew Ballard, South Dakota Medicaid

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **South Dakota**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

SD-24-0012-A

Proposed Effective Date

07/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1916 and 1916A of the Social Security Act and 42 CFR 447.50-.57

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 258857.00
Second Year	2025	\$ 1035427.00

Subject of Amendment

Elimination of cost sharing from medical services.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Matthew Ballard**

Last Revision Date: **Sep 27, 2024**

Submit Date: **Aug 6, 2024**



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: SD - 24 - 0012

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

PRA Disclosure Statement

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 09381148. The time required to complete this information collection is estimated to average 40 hours per response, 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 C42605, Baltimore, Maryland 212441850.

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