

## **Table of Contents**

**State/Territory Name: South Dakota (SD)**

**State Plan Amendment (SPA) #: SD-23-0022**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Managed Care Group**

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February 26, 2024

Brenda Tidball-Zeltinger  
Deputy Cabinet Secretary  
Department of Social Services  
700 Governors Drive  
Pierre, South Dakota 57505

Re: South Dakota State Plan Amendment (SPA) 23-0022

Dear Deputy Cabinet Secretary Tidball-Zeltinger:

The Centers for Medicare & Medicaid Services (CMS) reviewed South Dakota's State Plan Amendment (SPA) submitted under transmittal number 23-0022. This amendment proposes to exempt children with non-Title IV-E adoption assistance under age 21 and individuals under age 21 with an income above 133% of the federal poverty level from the PCCM program.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that South Dakota Medicaid SPA Transmittal Number 23-0022 was approved on February 26, 2024, with an effective date of November 1, 2023.

If you have any questions, please contact Carleta Belton at 667-414-0685 or via email at [carleta.belton@cms.hhs.gov](mailto:carleta.belton@cms.hhs.gov)

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks  
Director  
Division of Managed Care Operations

cc: Tyler Deines  
Aimee Campbell-OConnor


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 2 2</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>November 1, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>1932(a) of the Social Security Act</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-F, pages 6 and 8</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 3.1-F, pages 6 and 8 (TN#23-0005).</b>	

9. SUBJECT OF AMENDMENT  
**To exempt children with non-Title IV-E adoption assistance under age 21 and individuals under age 65 with an income above 133% of the federal poverty level from the PCCM program.**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

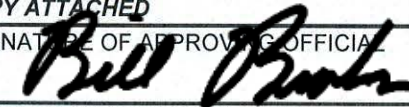
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
12. TYPED NAME Brenda Tidball-Zeltinger	
13. TITLE Deputy Cabinet Secretary	
14. DATE SUBMITTED December 1, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>12/1/2023</b>	17. DATE APPROVED <b>2/26/2024</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>11/1/2023</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Bill Brooks</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Managed Care Operations</b>

22. REMARKS

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FORM CMS-179 (09/24) **Instructions on Back**

State: South Dakota

Citation Condition or Requirement

**A. Optional Eligibility Groups**  
**1. Family/Adult**

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Optional Parents and Other Caretaker Relatives	§435.220					N/A
2. Optional Targeted Low-Income Children	§435.229	X			Statewide	
3. Independent Foster Care Adolescents Under Age 21	§435.226			X	Statewide	
4. Individuals Under Age 65 with Income Over 133%	§435.218			X	Statewide	
5. Optional Reasonable Classifications of Children Under Age 21	§435.222			X	Statewide	
6. Individuals Electing COBRA Continuation Coverage	1902(a)(10)(F) of SSA					N/A

**2. Aged/Blind/Disabled Individuals**

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230			X	Statewide	
8. Individuals eligible for Cash except for Institutionalized Status	§435.211					N/A
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217			X	Statewide	
10. Optional State Supplement Recipients - 1634 and SSI Criteria States – with 1616 Agreements	§435.232			X	Statewide	
11. Optional State Supplemental Recipients- 209(b) States and SSI criteria States without 1616 Agreements	§435.234					N/A
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236			X	Statewide	
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA					N/A
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii) (VII) and 1905(o) of the SSA					N/A
15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii) (X) and 1902(m)(1) of the SSA					N/A
16. Work Incentive Group	1902(a)(10)(A)(ii) (XIII) of the SSA			X	Statewide	

State: South Dakota

Citation Condition or Requirement

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
<b>“Dual Eligibles” not described under Medicare Savings Program</b> - Medicaid beneficiaries enrolled in an eligibility group other than one of the Medicare Savings Program groups who are also eligible for Medicare			X	Statewide	
<b>American Indian/Alaskan Native</b> — Medicaid beneficiaries who are American Indians or Alaskan Natives and members of federally recognized tribes	§438.14			Statewide	Mandatory population – South Dakota contracts with every IHS, Urban Indian Health clinic, and tribal clinic within the state that meet the definition of an Indian Managed Care Entity in 42 CFR 438.14 as an enrolled Primary Care Provider (PCP). American Indians are free to choose one of these entities as their PCP but may also see any IHS or tribal provider without a referral from their chosen PCP.
<b>Children Receiving SSI who are Under Age 19</b> - Children under 19 years of age who are eligible for SSI under title XVI	§435.120		X	Statewide	
<b>Qualified Disabled Children Under Age 19</b> - Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution.	§435.225 1902(e)(3) of the SSA		X	Statewide	
<b>Title IV-E Children</b> - Children receiving foster care, adoption assistance, or kinship guardianship assistance under title IV-E *	§435.145		X	Statewide	
<b>Non-Title IV-E Adoption Assistance Under Age 21*</b>	§435.227		X	Statewide	
<b>Children with Special Health Care Needs</b> - Receiving services through a family-centered, community-based, coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V, and is defined by the State in terms of either program participation or special health care needs.			X	Statewide	

\* = Note – Individuals in these two Eligibility Groups who are age 19 and 20 can have mandatory enrollment in managed care, while those under age 19 cannot have mandatory enrollment. Use the Notes column to indicate if you plan to mandatorily enroll 19 and 20 year olds in these Eligibility Groups.