

Children's Health Insurance Program Eligibility

Children's Health Insurance Program Eligibility: General Information

State/Territory name: **South Dakota**
 Transmittal Number: **SD-24-0015**
 General Information:
 Submission Title: **24-0015 CHIP Eligibility - Substitution of Coverage**
short (under 100 characters) label used to identify this submission in the web application

Children's Health Insurance Program Eligibility: File Management Summary

State/Territory name: **South Dakota**
 Transmittal Number: **SD-24-0015**

Type of SPA	Form Code	Form Name	Uploaded?
MAGI Eligibility & Methods	CS7	Eligibility - Targeted Low-Income Children	no
MAGI Eligibility & Methods	CS8	Eligibility - Targeted Low-Income Pregnant Women	no
MAGI Eligibility & Methods	CS9	Eligibility - Coverage From Conception to Birth	no
MAGI Eligibility & Methods	CS10	Eligibility - Children Who Have Access to Public Employee Coverage	no
MAGI Eligibility & Methods	CS11	Eligibility - Pregnant Women Who Have Access to Public Employee Coverage	no
MAGI Eligibility & Methods	CS12	Eligibility - Dental Only Supplemental Coverage	no
MAGI Eligibility & Methods	CS13	Eligibility - Deemed Newborns	no
MAGI Eligibility & Methods	CS15	MAGI-Based Income Methodologies	no
MAGI Eligibility & Methods	CS16	Other Eligibility Criteria - Spenddowns	no
MAGI Eligibility & Methods	CS3	Eligibility for Medicaid Expansion Program	no
Establish 210(D) Group	CS14	Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	no
Eligibility Processing	CS24	General Eligibility - Eligibility Processing	no
Non-Financial Eligibility	CS17	Non-Financial Eligibility - Residency	no
Non-Financial Eligibility	CS18	Non-Financial Eligibility - Citizenship	no
Non-Financial Eligibility	CS19	Non-Financial Eligibility - Social Security Number	no
Non-Financial Eligibility	CS20	Non-Financial Eligibility - Substitution of Coverage	yes
Non-Financial Eligibility	CS21	Non-Financial Eligibility - Non-Payment of Premiums	no
Non-Financial Eligibility	CS23	Non-Financial Requirements - Other Eligibility Standards	no
Non-Financial Eligibility	CS27	General Eligibility - Continuous Eligibility	no
Non-Financial Eligibility	CS28	General Eligibility - Presumptive Eligibility for Children	no
Non-Financial Eligibility	CS29	General Eligibility - Presumptive Eligibility for Pregnant Women	no
Marriage Policy	CS18a	CHIP Eligibility Marriage Policy	no

Children's Health Insurance Program Eligibility: File Management Detail

Form CS7: Eligibility - Targeted Low-Income Children

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS8: Eligibility - Targeted Low-Income Pregnant Women

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS9: Eligibility - Coverage From Conception to Birth

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS10: Eligibility - Children Who Have Access to Public Employee Coverage

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS11: Eligibility - Pregnant Women Who Have Access to Public Employee Coverage

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS12: Eligibility - Dental Only Supplemental Coverage

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS13: Eligibility - Deemed Newborns

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS15: MAGI-Based Income Methodologies

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS16: Other Eligibility Criteria - Spenddowns

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form CS3: Eligibility for Medicaid Expansion Program

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Document	
Form CS14: Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS24: General Eligibility - Eligibility Processing	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS17: Non-Financial Eligibility - Residency	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS18: Non-Financial Eligibility - Citizenship	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS19: Non-Financial Eligibility - Social Security Number	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS20: Non-Financial Eligibility - Substitution of Coverage	
Form Description:	Separate Child Health Insurance Program Non-Financial Eligibility - Substitution of Coverage
Uploaded Form:	Updated CS20.pdf Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS21: Non-Financial Eligibility - Non-Payment of Premiums	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS23: Non-Financial Requirements - Other Eligibility Standards	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS27: General Eligibility - Continuous Eligibility	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS28: General Eligibility - Presumptive Eligibility for Children	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS29: General Eligibility - Presumptive Eligibility for Pregnant Women	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	
Form CS15a: CHIP Eligibility Marriage Policy	
Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/> Date Uploaded:
Support Documents	<input type="text"/>
Document	

Children's Health Insurance Program Eligibility: Tribal Input

State/Territory name: South Dakota
 Transmittal Number: SD-24-0015

- One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.
- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:
 Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

<input type="checkbox"/> Indian Tribes	<input type="text"/>
<input type="checkbox"/> Indian Health Programs	<input type="text"/>
<input type="checkbox"/> Urban Indian Organization	<input type="text"/>
<input type="checkbox"/> Urban Indian Organizations	<input type="text"/>

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document	
Please provide a short description of this support document: Tribal Consultation Email	
Uploaded Document Name:	Date Uploaded:
Tribal Consultation Email.pdf	
Please provide a short description of this support document: Tribal Consultation Email Attachment	
Uploaded Document Name:	Date Uploaded:
SD-24-0015 Notice Package.pdf	

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

Summarize Response

Other Issue

Children's Health Insurance Program Eligibility: Summary Page

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-24-0015

Type of SPA:

MAGI Eligibility & Methods

XXI Medicaid Expansion

Establish 21041D Group

Eligibility Processing

Non-Financial Eligibility

Proposed Effective Date
07/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation
42 CFR 457.805(b)

Federal Budget Impact

This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.
Removes the 90-day waiting period prior to CHIP enrollment for substitution of coverage.

Signature of State Agency Official

Submitted By: **Matthew Ballard**

Last Revision Date: **Sep 25, 2024**

Submit Date: **Sep 25, 2024**



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: SD - 24 - 0015

Separate Child Health Insurance Program **CS20**
Non-Financial Eligibility - Substitution of Coverage

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

Substitution of coverage prevention strategy:

Add	Name of policy	Description	Remove
Add	Substitution of Coverage Prevention Strategy	<p>The CHIP Agency has specific methods and policies to prevent the program from substituting for coverage under group health plans. Persons covered by insurance providing hospital and medical services or HMO's are not eligible for benefits under SCHIP. The Department has adopted a definition of "group health plan" that includes employers, self-employed plans, employee organizations, and self insured plans that provide health care directly or otherwise.</p> <p>The Department requires that insurance information on the persons seeking medical assistance coverage be provided on the application for SCHIP as a measure to avoid substitution for group health coverage. The Department also requires that members of the SCHIP unit cooperate with the Department to determine the availability of coverage. Failure to cooperate may result in loss of eligibility for the unit.</p> <p>The Department also maintains a database on persons with insurance coverage for persons applying for or receiving medical assistance from the Department under Medicaid, M-SCHIP or CHIP- NM. The database includes type of coverage, name and address of carrier, policy numbers, plan sponsor, premium payer, and dates of coverage. Information from this database is available to benefits specialists to explore potential group health coverage. Benefits specialists also have the opportunity to update the information on this database to keep the information up to date.</p> <p>Targeted, low-income children belonging to employees of State government in South Dakota will not be eligible for SCHIP coverage since the State provides indirect assistance for the coverage of dependents in excess of the cost to cover the employee alone, regardless of the coverage choices made by the family.</p>	Remove

A waiting period during which an individual is ineligible due to having dropped group health coverage.

If the state elects to offer dental only supplemental coverage, the following assurances apply:



CHIP Eligibility

- The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.
- The waiting period does not apply to children eligible for dental only supplemental coverage.

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 0938-1148. The time required to complete this information collection is estimated to average 50 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 C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119

Hericks, Renae

From: DSS Medical Services <DSSMedicalServices@STATE.SD.US>
Sent: Monday, August 26, 2024 9:55 AM
To: DSSMEDICAIDTRIBAL@LISTSERV.SD.GOV
Subject: State Plan Amendment
Attachments: SD-24-0015 Notice Package.pdf

Good morning,

The South Dakota Department of Social Services intends to amend the South Dakota CHIP State Plan regarding substitution of coverage. As required by the Centers for Medicare & Medicaid Services (CMS) April 2, 2024 final rule (CMS-2421-FS) to remove barriers to children's coverage, the state plan amendment (SPA) removes the 90-day waiting period prior to CHIP enrollment for substitution of coverage.

The SPA amends the CHIP Plan Eligibility template pages for CS20: Non-Financial Eligibility – Substitution of Coverage. The Department intends to make this SPA effective July 1, 2024.

The Department estimates there will be no fiscal impact in Federal Fiscal Year 2024 and Federal Fiscal Year 2025 as the State has historically not needed to impose the enrollment waiting period.

The SPAs are available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

DIVISION OF MEDICAL SERVICES
DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start August 26, 2024 and end September 25, 2024.

Sincerely,

South Dakota Medicaid

Department of Social Services
700 Governors Drive
Pierre, SD 57501
In-State: 1-800-452-7691
Out-of-State 605-945-5006



This message is being sent by or on behalf of the South Dakota Department of Social Services. It is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, attorney-client privileged, confidential, or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy, or

disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by telephone at (605) 773-3495 or by reply transmission by e-mail, and delete all copies of the message.

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

[Access the DSSMEDICAIDTRIBAL Home Page and Archives](#)

[Unsubscribe from the DSSMEDICAIDTRIBAL List](#)



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

700 GOVERNORS DRIVE

PIERRE, SD 57501-2291

PHONE: 605.773.3495

FAX: 605.773.5246

WEB: dss.sd.gov

August 26, 2024

RE: South Dakota CHIP Plan Amendment # SD-24-0015

The South Dakota Department of Social Services intends to amend the South Dakota CHIP State Plan regarding substitution of coverage. As required by the Centers for Medicare & Medicaid Services (CMS) April 2, 2024 final rule (CMS-2421-FS) to remove barriers to children's coverage, the state plan amendment (SPA) removes the 90-day waiting period prior to CHIP enrollment for substitution of coverage.

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PIERRE, SD 57501-2291

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Sincerely,

Matt Ballard

Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Heather Petermann, Director

CHIP State Plan Amendment Proposal

Transmittal Number: SD-24-0015

Effective Date: 7/1/2024

Brief Description: Removes the 90-day waiting period prior to CHIP enrollment for substitution of coverage.

Area of State Plan Affected: CS20: Non-Financial Eligibility – Substitution of Coverage.

Page(s) of State Plan Affected: CS20: Non-Financial Eligibility – Substitution of Coverage.

Estimate of Fiscal Impact, if Any: FFY24: \$0
FFY25: \$0

Reason for Amendment: Comply with federal regulations.

Anticipated Impact to Tribes: None due to the scenario this change addresses being rare or non-existent. To the extent the provision has applied to a tribal member in the past, this change is beneficial and eliminates the waiting period.

Comment Period: August 26, 2024 to September 25, 2024.

PUBLIC NOTICE

South Dakota Medicaid Program

Notice is hereby given that the South Dakota Department of Social Services intends to amend the South Dakota CHIP State Plan regarding substitution of coverage. As required by the Centers for Medicare & Medicaid Services (CMS) April 2, 2024 final rule (CMS-2421-FS) to remove barriers to children's coverage, the state plan amendment (SPA) removes the 90-day waiting period prior to CHIP enrollment for substitution of coverage.

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