



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
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September 28, 2026

RE: South Dakota CHIP and Medicaid State Plan Amendment # SD-26-0009 and SD-26-0010

The South Dakota Department of Social Services intends to update the South Dakota CHIP and Medicaid State Plans to comply with the statutory changes added by section 71109 of the Working Families Tax Cut (WFTC) Legislation (Public Law 119-21) also known as House Resolution 1 (HR1).

This SPA provides assurances that the State is complying with federal law regarding who is eligible for Medicaid and CHIP. Beginning October 1, 2026, the federal government's Medicaid and CHIP eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens. FFP-eligible qualified noncitizens are certain Lawful Permanent Residents (LPRs), Cuban and Haitian entrants, and Compact of Free Association (COFA) migrants. All qualified and FFP-eligible noncitizen statuses are lawfully residing.

The Department intends to make this SPA effective October 1, 2026. The SPA will amend the "Citizenship and Non-Citizen Eligibility" Medicaid SPA Reviewable Unit and the "CS 18: Non-Financial Eligibility-Citizenship" CHIP SPA templates provided by CMS.

The Department anticipates this change may result in an initial reduction in Medicaid and CHIP expenditures that we anticipate may be offset by an increase in expenditures for Emergency Medicaid coverage under section 1903(v)(3) of the Act resulting in no or a minimal overall change in annual Medicaid and CHIP expenditures.

The SPA is 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 September 28, 2026, and end October 28, 2026.

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

Medicaid and CHIP State Plan Amendment Proposal

Transmittal Number: SD-26-0009 and SD-26-0010

Effective Date: 10/01/2026

Brief Description: Updates the State Plan to comply with the statutory changes added by section 71109 of the Working Families Tax Cut (WFTC) Legislation (Public Law 119-21) also known as House Resolution 1 (HR1).

Area and Page(s) of State Plan Affected: "Citizenship and Non-Citizen Eligibility" Medicaid SPA Reviewable Unit and the "CS 18: Non-Financial Eligibility-Citizenship" CHIP SPA templates provided by CMS.

Estimate of Fiscal Impact, if Any: FFY27: \$0.00
 FFY28: \$0.00

Reason for Amendment: To meet new federal requirements under recent legislation.

Anticipated Impact to Tribes: No anticipated impact.

Comment Period: September 28, 2026 to October 28, 2026

PUBLIC NOTICE

South Dakota Medicaid and CHIP Program

Notice is hereby given that the South Dakota Department of Social Services intends to update the South Dakota CHIP and Medicaid State Plans to comply with the statutory changes added by section 71109 of the Working Families Tax Cut (WFTC) Legislation (Public Law 119-21) also known as House Resolution 1 (HR1).

This SPA provides assurances that the State is complying with federal law regarding who is eligible for Medicaid and CHIP. Beginning October 1, 2026, the federal government's Medicaid and CHIP eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens. FFP-eligible qualified noncitizens are certain Lawful Permanent Residents (LPRs), Cuban and Haitian entrants, and Compact of Free Association (COFA) migrants. All qualified and FFP-eligible noncitizen statuses are lawfully residing.

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SD - Submission Package - SD2026MS0002O - (SD-26-0010) - Eligibility

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID	SD2026MS0002O	SPA ID	SD-26-0010
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	10/1/2026
Superseded SPA ID	SD-13-0012		
	System-Derived		

☒ The state provides Medicaid to citizens and nationals of the United States and certain noncitizens who meet all other Medicaid eligibility requirements under the state plan, including for coverage for individuals for whom federal financial participation (FFP) is available consistent with section 1903(v)(5) of the Social Security Act (the Act) ("FFP-eligible noncitizens"), and during a reasonable opportunity period pending verification of their citizenship, U.S. national, or satisfactory immigration status.

A. Citizens, Nationals and FFP-Eligible Noncitizens

☒ The state provides Medicaid eligibility to individuals who meet all eligibility requirements in the State, including who are residents of 1 of the 50 states, the District of Columbia, or a territory of the United States and:

- Who are U.S. citizens or nationals of the United States; or
 - Who are FFP-eligible noncitizens in an immigration status or category listed in section 1903(v)(5) of the Act and are not restricted by section 403 of PRWORA (8 U.S.C. § 1613):
 - Lawful Permanent Residents (LPRs)—Section 1903(v)(5)(B)(ii) of the Act
 - Cuban/Haitian entrants—Section 1903(v)(5)(B)(iii) of the Act
 - Compact of Free Association (COFA) migrants—Section 1903(v)(5)(B)(iv) of the Act
- and
- Who have declared themselves to be citizens or nationals of the United States or noncitizens having satisfactory immigration status, during a reasonable opportunity period, pending verification of their U.S. citizenship, U.S. national, or satisfactory immigration status consistent with requirements of sections 1903(x), 1137(d), and 1902(ee) of the Act and regulations at 42 C.F.R. §§ 435.406, 407, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for noncitizens if the noncitizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

☒ Yes

☐ No

☒ b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

☐ i. The date of the application containing the declaration of U.S. citizenship, U.S. national, or satisfactory immigration status.

☒ ii. The first day of the month of application.

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID	SD2026MS0002O	SPA ID	SD-26-0010
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	10/1/2026
Superseded SPA ID	SD-13-0012		
	System-Derived		

B. Optional Coverage of All FFP-Eligible Noncitizens

The state provides Medicaid coverage to LPRs, Cuban/Haitian entrants, and COFA migrants whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. § 1613) and meet all other eligibility requirements in the state plan.

- ☐ Yes
- ☒ No

Indicate which requirements apply:

1. The state requires Lawful Permanent Residents (LPRs) to have 40 qualifying work quarters under Title II of the Act.

- ☒ Yes
- ☐ No

2. The state limits Medicaid coverage to 7 years for noncitizens granted status as a Cuban/Haitian entrant, as defined in section 501(e) of the Refugee Education Assistance Act of 1980.

- ☐ Yes
- ☒ No

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

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Superseded SPA ID	SD-13-0012		
	System-Derived		

C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to lawfully residing pregnant women and/or children in the United States, as provided in section 1903(v)(4) of the Act who meet all other eligibility requirements in the state plan.

- ☐ Yes
- ☒ No

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID	SD2026MS0002O	SPA ID	SD-26-0010
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Superseded SPA ID	SD-13-0012		
	System-Derived		

D. Emergency Coverage

- ☒ Regardless of whether an individual has a satisfactory immigration status for full Medicaid benefits, the state assures that it provides care and services that are necessary for the treatment of an emergency medical condition as defined in 1903(v)(3) of the Act, not related to the care and services for an organ transplant procedure, (commonly referred to as “emergency Medicaid”), to the following individuals who meet all Medicaid eligibility requirements, except are not required to have verified U.S. citizenship or satisfactory immigration status and/or present an SSN:
1. LPRs subject to the five-year waiting period described in 8 U.S.C. § 1613(a) and who have not met the five-year waiting period;
 2. All other noncitizens who are not FFP-eligible noncitizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with section 1903(v)(4) of the Act.
 3. LPRs and/or Cuban/Haitian entrants for whom the state has elected to limit coverage, in accordance with 8 U.S.C. § 1612(b)(2)(A), as amended, or (B).

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: SD - 00 - 0009 - _____

Separate Child Health Insurance Program Non-Financial Eligibility - Citizenship	CS18
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Statute: Sections 1137(d), 1902(ee), 1903(v)(4) and (5), 1903(x), 2105(c)(9), and 2107(e)(1)(Q) and (R) of the Social Security Act (the Act); 8 U.S.C. sections 1611, 1613 and 1641
Regulations: 42 CFR 435.406, 407, 956, 457.320(b)(6), (c) and (d), and 457.380(b)

Citizenship

☒ The state provides CHIP to citizens and nationals of the United States and certain noncitizens who meet all other CHIP eligibility requirements under the state plan, including coverage for individuals for whom federal financial participation (FFP) is available consistent with sections 2107(e)(1)(R) and 1903(v)(5) of the Act ("FFP-eligible noncitizens"), and during a reasonable opportunity period pending verification of their U.S. citizenship, U.S. national or satisfactory immigration status.

☐ The CHIP Agency provides eligibility for child and/or pregnancy related health assistance under the Plan to individuals who meet all eligibility requirements, including who are residents of 1 of the 50 states, the District of Columbia, or a territory of the United States:

Who are citizens or nationals of the United States; or

Who are FFP-eligible noncitizens in an immigration status or category listed in section 1903(v)(5) of the Act and cross-referenced at section 2107(e)(1)(R) of the Act and are not prohibited by section 403 of PRWORA (8 U.S.C. §1613); or

- 1) Lawful Permanent Residents (LPRs) - section 1903(v)(5)(B)(ii) of the Act; or
- 2) Cuban/Haitian entrants - section 1903(v)(5)(B)(iii) of the Act; or
- 3) Compact of Free Association (COFA) migrants - section 1903(v)(5)(B)(iv) of the Act; and

Who have declared themselves to be citizens or nationals of the United States, or noncitizens having satisfactory immigration status, during a reasonable opportunity period, pending verification of their U.S. citizenship, U.S. national, or satisfactory immigration status consistent with requirements of sections 1903(x), 1137(d), 1902(ee), and 2105(c)(9) of the Act, and 42 CFR 435.406, 407, 911, 956, 457.320(d) and 457.380(b).

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.



CHIP Eligibility

The date benefits are furnished is:

- ☐ The date of application containing the declaration of U.S. citizenship, U.S. national, or satisfactory immigration status.
- ☐ The first day of the month of application.
- ☒ Other date, as described:

The first day of the month in which the application containing the declaration of citizenship or immigration status was received.

The CHIP Agency elects the option to provide CHIP coverage to children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(Q) of the Act (cross-reference to section 1903(v)(4) of the Act) who meet all other eligibility requirements in the state plan.

No

The CHIP Agency elects the option to provide CHIP coverage to pregnant women lawfully residing in the United States, as provided in section 2107(e)(1)(Q) of the Act (cross-reference to section 1903(v)(4) of the Act), who meet all other eligibility requirements in the state plan. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.

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 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.

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