



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](http://dss.sd.gov)

May 28, 2024

RE: South Dakota Medicaid Plan Amendment # SD-24-0012

The South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding Medicaid recipient cost shares to remove cost sharing from medical services. Currently, most Medicaid recipients are exempt from cost sharing. This includes children under age 21, American Indians who have received services at Indian Health Services, individuals on hospice care, and individuals residing in a long-term care facility or receiving home and community-based services. In addition, many services are also currently exempt from cost sharing. Examples of exempt services include emergency services, family planning services, pregnancy-related services, laboratory services, radiology services, vaccines, substance use disorder services, and services received from an individual's primary care or health home care management provider.

Federal regulations at 42 CFR 447.56(f) further limit cost-sharing incurred by all individuals in the Medicaid household to an aggregate limit of 5 percent of the family's income applied on either a quarterly or monthly basis, as specified by the agency. The dynamic nature of this cost share limit would be extraordinarily costly and difficult to implement. The limit will likely result in greater confusion and uncertainty amongst Medicaid providers and recipients regarding whether and how much cost share applies. Administrative costs to collect the minimal co-pay and cost share amounts exceeds their value. In order to comply with this federal limit, the department is exempting the remaining Medicaid recipients and services that are currently subject to cost sharing.

The SPA adds G1, G2a, G2b, and G2c to the South Dakota Medicaid state plan. These pages supersede pages 1-3 of Attachment 4.18-A. The Department intends to make this SPA effective July 1, 2024.

The department estimates the fiscal impact associated with this SPA to be \$77,975 in State funds and \$258,857 in Federal funds, totaling \$336,832 in Federal Fiscal Year 2024 (July 1, 2024 – September 30, 2024) and \$311,901 in State funds and \$1,035,427 in Federal funds, totaling \$1,347,328 in Federal Fiscal Year 2025 (October 1, 2024 – September 30, 2025).

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](mailto: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 May 28, 2024, and end June 28, 2024.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matt Ballard".

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

CC: Matt Althoff, Cabinet Secretary  
Heather Petermann, Director

# PUBLIC NOTICE

## South Dakota Medicaid Program

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The public comment period will start May 28, 2024 and end June 28, 2024.

## **Medicaid and CHIP State Plan Amendment Proposal**

**Transmittal Number:** SD-24-0012

**Effective Date:** 7/1/2024

**Brief Description:** Exempts cost-sharing for Medicaid recipients and medical services that are currently subject to cost-sharing.

**Area of State Plan Affected:** Attachment 4.18-A

**Page(s) of State Plan Affected:** Pages 1-3

**Estimate of Fiscal Impact, if Any:** FFY24: \$336,832  
FFY25: \$1,347,328

**Reason for Amendment:** Comply with federal regulations.



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

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 0938-1148. 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 C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: SD - 24 - 0012

Cost Sharing Amounts - Categorically Needy Individuals	G2a
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> categorically needy (Mandatory Coverage and Options for Coverage) individuals.	<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 0938-1148. 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 C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: SD - 24 - 0012

Cost Sharing Amounts - Medically Needy Individuals	G2b
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> medically needy individuals.	<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 0938-1148. 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 C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: SD - 24 - 0012

Cost Sharing Amounts - Targeting	G2c
1916 1916A 42 CFR 447.52 through 54	
The state targets cost sharing to a specific group or groups of individuals.	<input type="text" value="No"/>

### PRA Disclosure Statement

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V.20181119