

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
State/Territory: SOUTH DAKOTA

SECTION 2. COVERAGE AND ELIGIBILITY

Citation            2.1 Application, Determination of Eligibility, and Furnishing Medicaid

42 CFR 435.10 and            (a) This section is superseded by SD-13-13.  
Subpart J

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<u>Citation</u>	2.1	<u>Application, Determination of Eligibility, and Furnishing Medicaid (continued)</u>
42 CFR 435.914 1902(a)(34) of the Act	(b)	(1) Except as provided in item 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in <b><u>ATTACHMENT 2.6-A</u></b> .
1902(e)(8) and 1905(a) of the Act		(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under Section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. <b><u>ATTACHMENT 2.6-A</u></b> specifies the requirements for determination of eligibility for this group.
1902(a)(47) and 1920 of the Act		(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with Section 1920 of the Act. <b><u>ATTACHMENT 2.6-A</u></b> specifies the requirements for determination of eligibility for this group.
42 CFR 434.20	(c)	The Medicaid agency elects to enter into a risk contract with an HMO that is:  _____ Qualified under Title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to Section 1903(m)(3) of the Social Security Act.  _____ Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in <b><u>ATTACHMENT 2.1-A</u></b> .  <u>X</u> Not applicable.
1932 of the Act	(d)	The Medicaid agency elects to operate a Primary Care Case Management (PCCM) Program that meets the requirements of Section 1932 of the Act as defined in <b><u>ATTACHMENT 2.1-A</u></b> .

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1902(a)(55) of the Act        (d) This section is superseded by SD-13-13.

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Citation  
 1902(e)(13)  
 of the Act

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(e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.

(1) The Express Lane option is applied to:

Initial determinations

Redeterminations

Both

(2) A child is defined as younger than age:

19

20

21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

Supplemental Nutrition Assistance Program (SNAP)

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- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

Income eligibility will be determined under the Express Lane Option.

**Income**

**SNAP:** The gross income test is at or below 130% of the federal poverty level. The net income test is at or below 100% of the federal poverty level. Households must be at or below both gross income and net income tests unless one member of the household is over age 60 or permanently disabled, then only has to be at or below the net income test.

**Medicaid:** The gross income test is at or below 177% FPL.

**Household**

**SNAP** household unit consists of the following:

1. Husband and wife if they reside together;
2. Parents and children under age 22 if they reside together;
3. Children under age 18 if he/she resides with a non parent adult who has parental and/or financial control;
4. All individuals who reside together and purchase/prepare meals together.

**Medicaid** household unit consists of tax filer, tax dependent (including spouse living in the home). For non-tax filer, non-tax dependent or a tax dependent with an exception, the household unit consists of the individual and, if living with the individual, the individual's natural, adopted and step children under the age of 19. In the case of individuals under age 19, the individual's natural, adopted and step parents and natural, adoptive and step siblings under age 19.

**Deeming**

No income deeming rules for SNAP or Medicaid.

**Income Exclusions**

**SNAP:** Income exclusions are: educational income; legally obligated child support paid; allowable self-employment costs; in-kind income; vendor payments; HUD utility payments; foster care payments if the child is opted out of SNAP; charitable donations if not intended for the household's basic month to month needs; loans; reimbursements if not for normal living expenses; third party funds; earnings of child under

age 18 if the child is in school at least ½ time and the child is residing with a parent or an adult with parental control; lump sum payments; income tax refunds and earned income tax credits; energy assistance; recoupsments from the source used to repay the source; Workforce Investment income if it is not on the job training; and income excluded by federal law.

SNAP deducts a standard deduction (based on household size), 20% of earned income; dependent care expenses if needed for training or employment; medical expenses for individuals over age 60 or permanently disabled; and a portion of the household's shelter expenses from the household's gross income to arrive at a net income figure to determine the benefit amounts.

Farm losses are deducted from other income if the farm grossed at least \$1000 in the business year.

Medicaid: Based on Tax rules.

(5) Check off and describe the option used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

\_\_\_\_\_ (a) Screening threshold established by the Medicaid agency as:

\_\_\_\_\_ (i) \_\_\_\_\_ percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify \_\_\_\_\_; or

\_\_\_\_\_ (ii) \_\_\_\_\_ percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency: \_\_\_\_\_

\_\_\_\_\_); or

\_\_\_\_\_ (b) Temporary enrollment pending screen and enroll.

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  X   (c) State's regular screen and enroll process for CHIP.

  X   (6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

       (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.