
Table of Contents

State/Territory Name: South Dakota

State Plan Amendment (SPA) #: SD-13-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for South Dakota consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html

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



Children and Adults Health Programs Group

DEC 1 8 2013

Nicki Bartel RN, RHIT

Nurse Consultant South Dakota Department of Social Services Division of Medical Services 700 Governors Drive Pierre, SD 57501-2291

Dear Ms. Bartel:

I am pleased to inform you that South Dakota's Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) SD-13-0018, submitted on September 20, 2013, has been approved. This SPA incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into South Dakota's state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA SD-13-0018 includes full approval of your state's alternative single streamlined application used to apply for multiple human service programs. Until July 31, 2014, the state is using an interim alternative single streamlined online application with the addition of a supplemental form. By July 31, 2014 the state will implement a revised alternative single streamlined online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of South Dakota's approved state plan:

- CS24
- Attachment 1 Economic Assistance Application (Application for Multiple Human Service Programs)
- Attachment 2 South Dakota MAGI Medical Addendum
- Attachment 3 Statement of Use with Respect to the Alternative Single, Streamlined Online Application
- Attachment 4 Statement Related to Coordination of Eligibility and Enrollment

This approval and the attachments supercede the following sections of the current CHIP State Plan:

- Section 4.3: Single, Streamlined Application Screen and Enroll Process
- Section 4.4: Renewals, Screening by Other Insurance Affordability Programs

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. Your Title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop: S2-01-16 7500 Security Blvd. Baltimore, MD 21244-1850 Telephone: (410) 786-3413

E-mail: Joyce.Jordan@cms.hhs.gov

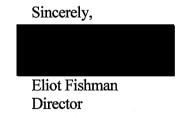
Facsimile: (410) 786-5882

Official communications regarding program matters should be sent simultaneously to Ms. Jordan and to Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office. Mr. Allen's address is:

Mr. Richard Allen Office of the Regional Administrator 1600 Broadway, Suite 700 Denver, CO 80202-4367

If you have additional questions, please contact Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143.

We look forward to continuing to work with you and your staff.



cc: Mr. Richard Allen, ARA, CMS Region VIII, Denver

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



Children and Adults Health Programs Group Division of State Coverage Programs

DEC 1 8 2013

Nicki Bartel RN, RHIT

Nurse Consultant South Dakota Department of Social Services Division of Medical Services 700 Governors Drive Pierre, SD 57501-2291

Dear Ms. Bartel:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of South Dakota's Children's Health Insurance Program (CHIP) State Plan Amendment SD-13-0018, which was submitted to CMS on September 20, 2013. Our review of this submission included a review of the alternative single streamlined application used to apply for multiple human service programs.

Until July 31, 2014, the state is using an interim alternative single streamlined online application with the addition of a supplemental form. The application must be revised to meet the standards outlined in 42 CFR 435.907 and the guidance on alternative applications released by CMS on June 19, 2013.

Please submit a revised alternative single streamlined online application to CMS for review no later than July 1, 2014 to ensure approval by July 31. 2014. For technical assistance with your application, please contact Victoria Collins at 410-786-2176 or Victoria. Collins@cms.hhs.gov.

Sincerely,

Linda Nablo

Director, Division of State Coverage Programs

CC: Mr. Richard Allen, Region VIII, Denver

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Save Validate Print Help SD.0335.R00.00 - Jan 01, 2014 Logout Control Panel Children's Health Insurance Program Eligibility: Summary **General Information** Page **File Management** State/Territory name: South Dakota **Transmittal Number: Tribal Input** Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four Summary digit number with leading zeros. The dashes must also be entered. SD-13-0018 Type of SPA: MAGI Eligibility & Methods XXI Medicaid Expansion ■ Establish 2101(f) Group Non-Financial Eligibility **Proposed Effective Date** 01/01/2014 (mm/dd/yyyy) Federal Statute/Regulation Citation 2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C **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. Character Count:260 These SPA pages detail South Dakota's eligibility and enrollment process, including the application for Medical Assistance, the renewal process, and assurance that the state will coordinate eligibility and enrollment with the federally facilitated marketplace. **Signature of State Agency Official** Submitted By: Maraizu Onyenaka Apr 9, 2014 Last Revision Date: Submit Date: Sep 20, 2013



FAQs | Site Map | Contact | Medicaid.gov | CMS.gov



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program General Eligibility - Eligibility Processing CS24	
2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C	
The CHIP Agency meets all of the requirements of 42 CFR 457, subpart C for application processing, eligibility screening and enrollment.	
Application Processing	
Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard:	
The single, streamlined application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act.	
An alternative single, streamlined application developed by the state and approved by the Secretary in accordance with section 1413(b)(1)(B) of the Affordable Care Act.	
An attachment is submitted.	
An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.	
An attachment is submitted.	
The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application the internet website described in CFR 457.340(a), by telephone, via mail, in person and other commonly available electron	
The agency accepts applications in the following other electronic means.	
Other electronic means:	
Screen and Enroll Process	
The CHIP Agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low-income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.	
Procedures include:	
Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and	
Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and	



CHIP Eligibility

	Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.	
		e CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced mium tax credits in accordance with section 1943(b)(2) of the SSA.
Rec	letei	mination Processing
	V	Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:
		Once every 12 months.
		Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
٠		If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
Scr	eeni	ng by Other Insurance Affordability Programs
	V	The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.
		The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.
		CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the airements of 457.348(b) and will provide this agreement to the Secretary upon request.

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.20130709

Approval Date: **DEC 1 8 2013**