
Table of Contents

State/Territory Name: South Dakota

State Plan Amendment (SPA) #: SD-10-002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

May 18, 2010

Deborah K. Bowman, Secretary
Department of Social Services
Richard F. Kneip Building
700 Governors Drive
Pierre, SD 57501-2291

RE: South Dakota #10-002

Dear Ms. Bowman:

This is your official notification that South Dakota State Plan amendment 10-002 has been approved effective January 1, 2010. This SPA updates mandatory eligibility provisions and estate recovery limitations as required by MIPPA.

We want to take this opportunity to thank your staff for the hard and diligent work accomplishing this effort.

If you have any questions concerning this amendment, please contact Betty Strecker at (303) 844-7028.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC: Larry Iversen, Medicaid Director
Mark Zickrick

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

10-2

2. STATE:

SOUTH DAKOTA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
January 1, 2010

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Medicare Improvements for Patients and Providers Act of 2008 (MIPPA),
P.L. 110-275
42 CFR 430.10 through 430.20
1902(a)(1)(E)(i)-(iv) and 1860D-14(a)(3)

7. FEDERAL BUDGET IMPACT:

a. FFY10--\$604,000
b. FFY11--\$670,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 53a1 (new)
Attachment 2.2-A, Pages 9b, 9b1, and 9b3 (new)
Attachment 2.6-A, Page 22

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, Pages 9b and 9b1
Attachment 2.6-A, Page 22

10. SUBJECT OF AMENDMENT:

This is a State Plan Amendment to update mandatory eligibility provisions and estate recovery limitations as required by
~~42 CFR 430.20~~ MIPPA.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Deborah K. Bowman

14. TITLE:

Department Secretary

15. DATE SUBMITTED:

3/30/10

16. RETURN TO:

Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre SD 57501-2291

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/30/10

18. DATE APPROVED:

5/18/10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/10

21. TYPED NAME:

Richard C. Allen

Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Dakota

4.17 (b)(3) Adjustments or Recoveries, continued

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, and SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits (Part A and B premiums, deductibles, coinsurance, and co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, and co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

State: South Dakota

Agency	Citation(s)	Groups Covered
A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>		
1902(a)(10)(E)(i), 1905(p), and 1860D-14(a)(3)(D) of the Act	25. Qualified Medicare Beneficiaries --	<ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)</p>
1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), 1905(p), 1905(s), and 1860D-14(a)(3)(D) of the Act	26. Qualified Disabled and Working Individuals --	<ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)</p>

TN No. 10-2
Supersedes
TN No. 93-003

Approval Date 5/18/10

Effective Date 1/1/10

State: South Dakota

Agency	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	27. Specified Low-Income Medicare Beneficiaries -- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)	

TN No. 10-2
Supersedes
TN No. 93-003

Approval Date 5/18/10

Effective Date 1/1/10

State: South Dakota

Agency	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
1902(a)(10)(E)(iv), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	29. Qualifying Individuals --	
	a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);	
	b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and	
	c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.	

TN No. 10-2
Supersedes
TN No. NEW

Approval Date 5/18/10

Effective Date 1/1/10

State: South Dakota

Citation	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p>— c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <p>— Aged</p> <p>— Blind</p> <p>— Disabled</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2 to ATTACHMENT 2.6-A</u> so indicates.</p>
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals</p> <p>For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.</p>
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.</p>