

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-10	2. STATE: South Dakota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE: October 1, 2010
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 1931 of the Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> S <u>0</u> b. FFY <u>2012</u> S <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1, Page 1, to Attachment 2 6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1, Page 1, to Attachment 2 6-A Remove the following pages without replacement: Supp 1 of Att 2 6-A page 1 (TN #90-03), and pages 1b, 1b continued, 1c, 1d, 1e, 1f, 1g, 1h, and 1i

10. SUBJECT OF AMENDMENT:

This State Plan Amendment is correcting a page for the historical AFDC income standards to reflect the standards in effect as of 7/16/96, as required.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME: DEBORAH K. BOWMAN	
14. TITLE: Department Secretary	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 11/9/10	18. DATE APPROVED: 1/27/2011

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/10	20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: D. Stephen Nose	22. TITLE: Acting ARA, DMCHO
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23. REMARKS:

FORM CMS-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Dakota

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants, as of July 16, 1996:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment</u> <u>Amounts</u>
1	\$358	\$304.30	\$304
2	\$448	\$380.80	\$380
3	\$507	\$430.95	\$430
4	\$563	\$478.55	\$478
5	\$622	\$528.70	\$528
6	\$680	\$578.00	\$578
7	\$738	\$627.30	\$627
8	\$795	\$675.75	\$675
9	\$852	\$724.20	\$724
10	\$910	\$773.50	\$773
11	\$968	\$822.80	\$822
12	\$1,026	\$872.10	\$872
13	\$1,083	\$920.55	\$920
14	\$1,140	\$969.00	\$969
15	\$1,198	\$1,018.30	\$1,018
16	\$1,258	\$1,069.30	\$1,069
17	\$1,312	\$1,115.20	\$1,115
18	\$1,370	\$1,164.50	\$1,164
19	\$1,428	\$1,213.80	\$1,213
20	\$1,486	\$1,263.10	\$1,263
21	\$1,543	\$1,311.55	\$1,311
22	\$1,599	\$1,359.15	\$1,359
23	\$1,658	\$1,409.30	\$1,409
24	\$1,715	\$1,457.75	\$1,457
25	\$1,772	\$1,506.20	\$1,506

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

133 percent

percent (no more than 185 percent)

Family Size

Income Level

1
2
3
4
5

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

TN # 10-10
 Supersedes
 TN # 93-018

Approval Date 1/27/11

Effective Date 10/01/10