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## Table of Contents

**State/Territory Name:** South Dakota

**State Plan Amendment (SPA) #:** SD-15-0007

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

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November 23, 2015

Lynne Valenti, Secretary  
Department of Social Services  
Richard F. Kneip Building  
700 Governors Drive  
Pierre, SD 57501-2291

RE: South Dakota #15-0007

Dear Ms. Valenti:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0007. This SPA implements a home maintenance allowance for institutionalized individuals.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2015. We are enclosing the CMS-179 and the amended plan pages(s).

If you have any questions concerning this amendment, please contact Laurie Jensen at (303) 844-7126.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Divisions of Medicaid & Children's Health Operations

Enclosure

cc: Brenda Tidball-Zeltinger, Deputy Secretary  
Ann Schwartz, Deputy Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:  
SD-15-0007

2. STATE:  
South Dakota

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

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2015

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:

42 CFR 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2016: \$ 80,594.18

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Pages 5-5a

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

Attachment 2.6-A, Pages 5-5a

10. SUBJECT OF AMENDMENT:

This State Plan Amendment implements a home maintenance allowance for institutionalized individuals.

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:

13. TYPED NAME:

Lynne A. Valenti

14. TITLE:

Cabinet Secretary

15. DATE SUBMITTED:

October 9, 2015

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: October 9, 2015

18. DATE APPROVED: November 20, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Richard C. Allen

22. TITLE: ARA, DMCHO

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
	(B) <u>Post-eligibility Treatment of Institutionalized Individuals' Incomes</u> (continued)
42 CFR 435.725 42 CFR 435.733 42 CFR 435.832	4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:  a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:  i. AFDC level or  ii. Medically needy level:  <u> X </u> AFDC levels in <u>SUPPLEMENT 1</u> <u>      </u> Medically needy level in <u>SUPPLEMENT 1</u> <u>      </u> Other: \$ <u>      </u>  b. Amounts for health care expenses described below that have not been deducted under 3.c above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:  i. Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or co-payments.  ii. Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in <u>SUPPLEMENT 3 TO ATTACHMENT 2.6-A.</u> )
42 CFR 435.725 42 CFR 435.733 42 CFR 435.832	5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or institutionalized couple:  A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:  <u>      </u> No.  <u> X </u> Yes (the applicable amount is shown on page 5a).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

(B) Post-eligibility Treatment of Institutionalized Individuals' Incomes  
(continued)

5. (Continued)

Amount for maintenance of home is: SSI Benefit  
Standard minus \$60.

Amount for maintenance of home is the actual  
maintenance cost not to exceed \$\_\_\_.

Amount for maintenance of home is deductible when  
countable income is determined under section 1924(d)(1) of the Act  
only if the individual's home and the community spouse's home are  
different.

Amount for maintenance of home is not deductible when  
countable income is determined under section 1924(d)(1) of the Act.