SD - Submission Package - SD2026MS0002O - (SD-26-0010) - Eligibility

CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID	SD2026MS0002O	**SPA ID**	SD-26-0010
Submission Type	Official	**Initial Submission Date**	10/30/2026
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

State Information

State/Territory Name:	South Dakota	**Medicaid Agency Name:**	Department of Social Services

Submission Component

- (●) State Plan Amendment
- (●) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID SD2026MS0002O
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Submission Type Official
Initial Submission Date 10/30/2026
Approval Date N/A
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Superseded SPA ID N/A
Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID SD-26-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Citizenship and Noncitizen Eligibility	10/1/2026	SD-13-0012

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID SD2026MS0002O

SPA ID SD-26-0010

Submission Type Official

Initial Submission Date 10/30/2026

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives Update the Citizenship and Noncitizen Eligibility RU to comply with Section 71109 “Alien Medicaid Eligibility” of the Working Families Tax Cut Legislation (Public Law 119-21).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2027	$0
Second	2028	$0

Federal Statute / Regulation Citation

Section 1903(v)(5 of the Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

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Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

CMS-10434 OMB 0938-1188

The submission includes the following:

- [ ] Administration
- [x] Eligibility
  - [ ] Income/Resource Methodologies
  - [ ] Income/Resource Standards
  - [ ] Mandatory Eligibility Groups
  - [ ] Optional Eligibility Groups
  - [x] Non-Financial Eligibility
    - [ ] State Residency
    - [x] Citizenship and Noncitizen Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Citizenship and Non-Citizen Eligibility		CONVERTED

  - [ ] Eligibility and Enrollment Processes
- [ ] Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID SD2026MS0002O
SPA ID SD-26-0010
Submission Type Official
Initial Submission Date 10/30/2026
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A
Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- ○ Public notice was not federally required and comment was not solicited
- ○ Public notice was not federally required, but comment was solicited
- ◉ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☑ Publication in state's administrative record, in accordance with the administrative procedures requirements

Date of Publication: Sep 28, 2026

- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
Register	10/30/2026 1:56 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID SD2026MS0002O
SPA ID SD-26-0010
Submission Type Official
Initial Submission Date 10/30/2026
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A
Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- (•) Yes
- ( ) No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- (•) Yes
- ( ) No

[x] The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

[x] All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
9/28/2026	Email notification

[x] All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
9/28/2026	Email notification

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

[x] All Indian Tribes

Date of consultation:	Method of consultation:
9/28/2026	Email notification

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Consultation Email	10/30/2026 2:02 PM EDT	

Indicate the key issues raised (optional)

- [ ] Access
- [ ] Quality
- [ ] Cost
- [ ] Payment methodology
- [ ] Eligibility
- [ ] Benefits
- [ ] Service delivery
- [ ] Other issue

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

Package ID	SD2026MS0002O	**SPA ID**	SD-26-0010
Submission Type	Official	**Initial Submission Date**	10/30/2026
Approval Date	N/A	**Effective Date**	10/1/2026
Superseded SPA ID	SD-13-0012 System-Derived		

Reviewable Unit Instructions

☑ The state provides Medicaid to citizens and nationals of the United States and certain noncitizens who meet all other Medicaid eligibility requirements under the state plan, including for coverage for individuals for whom federal financial participation (FFP) is available consistent with section 1903(v)(5) of the Social Security Act (the Act) ("FFP-eligible noncitizens"), and during a reasonable opportunity period pending verification of their citizenship, U.S. national, or satisfactory immigration status.

A. Citizens, Nationals and FFP-Eligible Noncitizens

☑ The state provides Medicaid eligibility to individuals who meet all eligibility requirements in the State, including who are residents of 1 of the 50 states, the District of Columbia, or a territory of the United States and:

1. Who are U.S. citizens or nationals of the United States; or

2. Who are FFP-eligible noncitizens in an immigration status or category listed in section 1903(v)(5) of the Act and are not restricted by section 403 of PRWORA (8 U.S.C. § 1613):

i. Lawful Permanent Residents (LPRs)--Section 1903(v)(5)(B)(ii) of the Act
ii. Cuban/Haitian entrants—Section 1903(v)(5)(B)(iii) of the Act
iii. Compact of Free Association (COFA) migrants—Section 1903(v)(5)(B)(iv) of the Act

and

3. Who have declared themselves to be citizens or nationals of the United States or noncitizens having satisfactory immigration status, during a reasonable opportunity period, pending verification of their U.S. citizenship, U.S. national, or satisfactory immigration status consistent with requirements of sections 1903(x), 1137(d), and 1902(ee) of the Act and regulations at 42 C.F.R. §§ 435.406, 407, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for noncitizens if the noncitizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

◉ Yes

○ No

☑ b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

○ i. The date of the application containing the declaration of U.S. citizenship, U.S. national, or satisfactory immigration status.

◉ ii. The first day of the month of application.

Package Header

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	System-Derived		
Reviewable Unit Instructions			

B. Optional Coverage of All FFP-Eligible Noncitizens

The state provides Medicaid coverage to LPRs, Cuban/Haitian entrants, and COFA migrants whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. § 1613) and meet all other eligibility requirements in the state plan.

- ○ Yes
- ◉ No

Indicate which requirements apply:

1. The state requires Lawful Permanent Residents (LPRs) to have 40 qualifying work quarters under Title II of the Act.
   - ◉ Yes
   - ○ No
2. The state limits Medicaid coverage to 7 years for noncitizens granted status as a Cuban/Haitian entrant, as defined in section 501(e) of the Refugee Education Assistance Act of 1980.
   - ○ Yes
   - ◉ No

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

Package Header

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	System-Derived		
Reviewable Unit Instructions			

C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to lawfully residing pregnant women and/or children in the United States, as provided in section 1903(v)(4) of the Act who meet all other eligibility requirements in the state plan.

- ○ Yes
- ◉ No

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | SD2026MS0002O | SD-26-0010

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	System-Derived		

Reviewable Unit Instructions

D. Emergency Coverage

☑ Regardless of whether an individual has a satisfactory immigration status for full Medicaid benefits, the state assures that it provides care and services that are necessary for the treatment of an emergency medical condition as defined in 1903(v)(3) of the Act, not related to the care and services for an organ transplant procedure, (commonly referred to as "emergency Medicaid"), to the following individuals who meet all Medicaid eligibility requirements, except are not required to have verified U.S. citizenship or satisfactory immigration status and/or present an SSN:

1. LPRs subject to the five-year waiting period described in 8 U.S.C. § 1613(a) and who have not met the five-year waiting period;

2. All other noncitizens who are not FFP-eligible noncitizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with section 1903(v)(4) of the Act.

3. LPRs and/or Cuban/Haitian entrants for whom the state has elected to limit coverage, in accordance with 8 U.S.C. § 1612(b)(2)(A), as amended, or (B).

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 10/30/2026 3:38 PM EDT

Hericks, Renae

From: DSS Medical Services <DSSMedicalServices@STATE.SD.US>
Sent: Monday, September 28, 2026 1:26 PM
To: DSSMEDICAIDTRIBAL@LISTSERV.SD.GOV
Subject: State Plan Amendment
Attachments: SPA Notice Package.pdf

Good afternoon,

The South Dakota Department of Social Services intends to update the South Dakota CHIP and Medicaid State Plans to comply with the statutory changes added by section 71109 of the Working Families Tax Cut (WFTC) Legislation (Public Law 119-21) also known as House Resolution 1 (HR1).

This SPA provides assurances that the State is complying with federal law regarding who is eligible for Medicaid and CHIP. Beginning October 1, 2026, the federal government's Medicaid and CHIP eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens. FFP-eligible qualified noncitizens are certain Lawful Permanent Residents (LPRs), Cuban and Haitian entrants, and Compact of Free Association (COFA) migrants. All qualified and FFP-eligible noncitizen statuses are lawfully residing.

The Department intends to make this SPA effective October 1, 2026. The SPA will amend the "Citizenship and Non-Citizen Eligibility" Medicaid SPA Reviewable Unit and the "CS 18: Non-Financial Eligibility-Citizenship" CHIP SPA templates provided by CMS.

The Department anticipates this change may result in an initial reduction in Medicaid and CHIP expenditures that we anticipate may be offset by an increase in expenditures for Emergency Medicaid coverage under section 1903(v)(3) of the Act resulting in no or a minimal overall change in annual Medicaid and CHIP expenditures.

The SPA is available to view on the department's website at http://dss.sd.gov/medicaid/medicaidstateplan.aspx. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

DIVISION OF MEDICAL SERVICES
DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start September 28, 2026, and end October 28, 2026.

Sincerely,

South Dakota Medicaid

Department of Social Services
700 Governors Drive
Pierre, SD 57501
In-State: 1-800-452-7691
Out-of-State 605-945-5006

This message is being sent by or on behalf of the South Dakota Department of Social Services. It is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, attorney-client privileged, confidential, or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy, or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by telephone at (605) 773-3495 or by reply transmission by e-mail, and delete all copies of the message.

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SOUTH DAKOTA REGISTER

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FILINGS WITH THE LEGISLATIVE RESEARCH COUNCIL

Notice

The **Department of Social Services** intends to update the South Dakota CHIP and Medicaid State Plans to comply with the statutory changes added by section 71109 of the Working Families Tax Cut (WFTC) Legislation (Public Law 119-21) also known as House Resolution 1 (HR1).

The proposed State Plan Amendment (SPA) provides assurances that the state is complying with federal law regarding who is eligible for Medicaid and CHIP. Beginning October 1, 2026, the federal government's Medicaid and CHIP eligibility standards will no longer allow eligibility for qualified non-citizens who are not Federal Financial Participation (FFP)-eligible non-citizens. FFP-eligible qualified non-citizens are certain Lawful Permanent Residents (LPRs), Cuban and Haitian entrants, and Compact of Free Association (COFA) migrants. All qualified and FFP-eligible non-citizen statuses are lawfully residing.

The department intends to make this SPA effective October 1, 2026. The amendment will amend the "Citizenship and Non-Citizen Eligibility" Medicaid SPA Renewable Unit and the "CS 18: Non-Financial Eligibility-Citizenship" CHIP SPA templates provided by CMS.

The department anticipates this change may result in an initial reduction in Medicaid and CHIP expenditures that may be offset by an increase in expenditures for Emergency Medicaid coverage under section 1903(v)(3) of the Act, resulting in no or a minimal overall change in annual Medicaid and CHIP expenditures.

The SPA is available to view on the department's website at http://dss.sd.gov/medicaid/medicaidstateplan.aspx. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to the Division of Medical Services, Department of Social Services, 700 Governors Drive, Pierre, South Dakota 57501-2291. The public comment period will start September 28, 2026, and end October 28, 2026.

FILINGS WITH THE OFFICE OF THE SECRETARY OF STATE

Final Administrative Rules

SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS (DEPARTMENT OF SOCIAL SERVICES):
20:80:01:01, 20:80:01:02, 20:80:01:04, 20:80:01:05; 20:80:02:01, 20:80:02:03, 20:80:02:04, 20:80:02:05; 20:80:03:01, 20:80:03:02; 20:80:04:02, 20:80:04:03, 20:80:04:04; 20:80:05:04, 20:80:05:06, 20:80:05:07, 20:80:05:09, 20:80:05:10, 20:80:05:11, 20:80:05:12, 20:80:05:13, 20:80:05:14; 20:80:06:01, 20:80:06:02, 20:80:06:03, 20:80:06:04, 20:80:06:05; 20:80:07:01, 20:80:07:03; 20:80:08:14, 20:80:08:15, 20:80:08:16, 20:80:08:17, 20:80:08:18, 20:80:08:19, 20:80:08:20, 20:80:08:21; 20:80:09:06, 20:80:09:09, 20:80:09:11; 20:80:10:01, 20:80:10:03; 20:80:11:01, 20:80:11:02, 20:80:11:03, 20:80:11:04, 20:80:11:05; 20:80:12:01, 20:80:12:02, 20:80:12:03, 20:80:12:04, 20:80:12:05, 20:80:12:06, 20:80:12:07, 20:80:12:08, 20:80:12:09, 20:80:12:10, 20:80:12:11, 20:80:12:12, 20:80:12:13; 20:80:13:01, 20:80:13:02, 20:80:13:03,