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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 24-0001

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 14, 2024

Heather Petermann
Medicaid Director
Department of Social Services
700 Governors Drive
Pierre, South Dakota 57501-2291

Re: South Dakota State Plan Amendment (SPA) 24-0001

Dear Director Petermann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment establishes a primary care case management program (PCCM) for pregnant individuals.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 438. This letter is to inform you that South Dakota Medicaid SPA 24-0001 was approved on March 14, 2024, with an effective date of April 1, 2024.

If you have any questions, please contact Tyler Deines at 202-571-8533 or via email at tyler.deines@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2024.03.14
17:43:10 -05'00'

James G. Scott, Director
Division of Program Operations

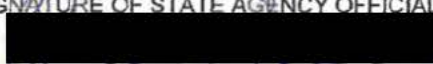
cc: Matthew Ballard, South Dakota Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 - 0 0 0 1</u>	2. STATE <u>SD</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">April 1, 2024</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.250 (p)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>875,555</u> b. FFY <u>2025</u> \$ <u>1,751,101</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A, Page 39 and Pages 45-46 Attachment 4.19-B, Introduction Page1, and Page 34 Page 39a Attachment 3.1-A, Page 11a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 3.1-A, page 39 (TN# 01-03) Attachment 4.19-B, Introduction Page 1 (TN# 23-0016) Attachment 4.19-B, page 34 (TN# 91-15)	

9. SUBJECT OF AMENDMENT
Establishes a pregnancy primary care case management program in the Medicaid State Plan for pregnant Medicaid recipients to improve health outcomes for mom and baby.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
12. TYPED NAME Brenda Tidball-Zeltinger	
13. TITLE Deputy Cabinet Secretary	
14. DATE SUBMITTED February 2, 2024	

FOR CMS USE ONLY

16. DATE RECEIVED February 2, 2024	17. DATE APPROVED March 14, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL  <small>Digitally signed by James G. Scott -S Date: 2024.03.14 17:44:00 -05'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
Boxes 7 & 8: State approved pen and ink changes 03/08/2024

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

27. 1905(t) Primary Care Case Management Services

Provided: No limitations With limitations*

Not provided.

SUPPLEMENT TO ATTACHMENT 3.1-A

20. Extended Services to Pregnant Women

1905(t) Primary Care Case Management services are covered for pregnant women. See Pregnancy Primary Care Case Management (PCCM) Program in Section 27 of Supplement to Attachment 3.1-A.

21. Ambulatory Prenatal Care for Pregnant Women Furnished During a Presumptive Eligibility Period by a Qualified Provider

Not provided.

SUPPLEMENT TO ATTACHMENT 3.1-A

27. 1905(t) Primary Care Case Management Services**Service Description**

Pursuant to 42 CFR 440.250 (p), the Pregnancy Primary Care Case Management (PCCM) Program is a medical home for pregnant Medicaid recipients that provides case management services to affect positive changes in the delivery of prenatal care and pregnancy outcomes. Pregnant recipients will be eligible for the program from the time of conception through three months after the end of the pregnancy.

The program is designed to promote a Primary Care Case Management relationship through selection of a Pregnancy PCCM provider by Medicaid recipients to provide, through an ongoing patient/provider relationship, pregnancy care services and referral for all necessary services. The following services will be located, coordinated, and monitored by participating providers through a referral process:

1. Physician services;
2. Clinic services;
3. Mental health services;
4. Substance use disorder services;
5. Inpatient hospital services
6. Outpatient hospital services;
7. Home health services;
8. Durable medical equipment services;
9. Ambulatory surgical center services;
10. Other licensed practitioners services;
11. Psychiatric residential treatment facilities;
12. Physical therapy services;
13. Occupational therapy services; and
14. Services for individuals with speech, hearing, or language disorders.

Care Coordination Requirements

Providers must have staffing to provide adequate care coordination services for the provider's attributed caseload. Care coordination staffing may be at the health system or clinic level but must be available to assist women served by individual participating providers. Providers agree that the following required care coordination services will be available and offered to recipients on the provider's caseload.

1. Social determinant of health screenings to inform the person-centered care plan and care provided.
2. Developing a person-centered care plan that coordinates and integrates all the recipient's clinical and non-clinical health care-related needs and services.
3. Health education and promotion that encourages and supports healthy ideas and concepts to motivate recipients to adopt healthy behaviors and enable recipients to self-manage their health. Health education and promotion must include the importance of prenatal care, postpartum care, safe sleep practices for infants, and the importance of well-child visits.
4. Health system and resource navigation including, but not limited to:
 - a. Conducting outreach and encourage recipients on their caseload to utilize prenatal and postpartum care;
 - b. Assisting recipients on their caseload with scheduling medical appointments;
 - c. Helping arrange transportation to medical appointments;
 - d. Coordinating access to supports including referral to community resources and social determinants of health supports; and
 - e. Coordinating access to mental health and substance use disorder services.
5. Transitional care coordination including, but not limited to:
 - a. Making appropriate referrals and follow-up as appropriate following transfer to another care provider including maternal-fetal medicine specialists or a birthing hospital;
 - b. Assisting recipients with the selection of the recipient's Primary Care Provider at the end of their participation in program;
 - c. Assisting recipients with selecting a pediatrician prior to delivery;

SUPPLEMENT TO ATTACHMENT 3.1-A

- d. Assisting recipients with scheduling an initial well-child visit;
 - e. Completing a transition plan at the end of the postpartum period for active participants.
6. Implementation of a barriers to care initiative designed to reduce barriers that prevent recipients from receiving prenatal and postpartum care. Barriers to care initiatives may focus on increasing attendance at prenatal and postpartum visits, transportation barriers, social determinants of health barriers, childcare barriers, or other barriers as approved by South Dakota Medicaid.

Program Goals and Outcomes

The goal of the Pregnancy Program is to improve health outcomes for pregnant woman and the unborn child. South Dakota Medicaid will specifically measure the following with a goal and desired outcome to increase each percentage:

1. The percentage of recipients who received prenatal care during their pregnancy.
2. The percentage of recipients who initiated prenatal care early.
3. The percentage of recipients who had adequate or adequate plus prenatal care according to the Kotelchuck index.
4. The percentage of recipients who had a comprehensive postpartum visit.
5. The percentage of recipients who had at least two well-child visits within 42 days of birth.

In addition to the specific goals above, South Dakota Medicaid will also monitor and review maternal and perinatal HEDIS measures in the Child and Adult core sets. South Dakota Medicaid will publish an annual report regarding Pregnancy Program outcomes on dss.sd.gov.

Providers

Qualified providers must:

1. Meet Medicaid's qualifications for participation;
2. Be enrolled in South Dakota Medicaid and have a signed agreement to participate as a pregnancy PCCM provider; and
3. Provide care in accordance with accepted standards of care.

Pregnancy PCCM providers include licensed physicians, physician assistants, certified nurse practitioners, or certified nurse midwives practicing in one of the following:

1. Private clinic;
2. Rural health clinic;
3. Federally qualified health care center;
4. Tribal provider with a contract under public law 93-638; or
5. Indian Health Service clinic.

The provider must maintain credentials with a birthing hospital if the provider intends to perform the birth or maintain a relationship and communication with another provider or facility who can perform the birth including a process for timely transition of care.

Assurances

1. The State assures that all services are provided according to the provisions of 1905(t) of the Social Security Act including locating, coordinating, and monitoring of services.
2. The State assures that any marketing and/or other activities do not result in selective recruitment and enrollment of individuals with more favorable health status as prohibited in Section 1905(t)(3)(D) of the Act.
3. The State assures that upon attribution for purposes of payment calculation, the state notifies beneficiaries of the program, describes how personal information will be used, and discloses any correlative payment arrangements.

Quality Assurance Review

South Dakota Medicaid will conduct an annual quality assurance review process to ensure quality and compliance with program requirements.

ATTACHMENT 4.19-B
INTRODUCTION

Payment rates for the services listed below are effective for services provided on or after the corresponding date. Fee schedules are published on the Department's website at <http://dss.sd.gov/medicaid/providers/feeschedules/>. Effective dates listed on the introductory page supersede the effective dates listed elsewhere in Attachment 4.19-B. Unless otherwise noted in the referenced state plan pages, reimbursement rates are the same for both governmental and private providers.

Service	Attachment	Effective Date
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Attachment 4.19-B, Page 4	July 1, 2023
Physician Services	Attachment 4.19-B, Page 6	July 1, 2023
Optometrist Services	Attachment 4.19-B, Page 9	July 1, 2023
Chiropractic Services	Attachment 4.19-B, Page 10	July 1, 2023
Independent Mental Health Practitioners	Attachment 4.19-B, Page 11	July 1, 2023
Nutritionist and Dietician Services	Attachment 4.19-B, Page 11	July 1, 2023
Home Health Services	Attachment 4.19-B, Page 12	July 1, 2023
Durable Medical Equipment	Attachment 4.19-B, Page 13	July 1, 2023
Clinic Services	Attachment 4.19-B, Page 15	July 1, 2023
Dental Services	Attachment 4.19-B, Page 16	July 1, 2023
Physical Therapy	Attachment 4.19-B, Page 17	July 1, 2023
Occupational Therapy	Attachment 4.19-B, Page 18	July 1, 2023
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	July 1, 2023
Dentures	Attachment 4.19-B, Page 21	July 1, 2023
Prosthetic Devices	Attachment 4.19-B, Page 22	July 1, 2023
Eyeglasses	Attachment 4.19-B, Page 23	July 1, 2023
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	July 1, 2023
Community Health Workers	Attachment 4.19-B, Page 26	July 1, 2023
Community Mental Health Centers	Attachment 4.19-B, Page 26	June 1, 2023
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	June 1, 2023 *
Nurse Midwife Services	Attachment 4.19-B, Page 31	July 1, 2023
Pregnancy PCCM Program	Attachment 4.19-B, Page 39a	April 1, 2024
Transportation	Attachment 4.19-B, Page 38	July 1, 2023
Personal Care Services	Attachment 4.19-B, Page 38	July 1, 2023
Freestanding Birth Centers	Attachment 4.19-B, Page 39	July 1, 2023
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	July 1, 2023

*Room and board is not included in these rates.

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

27. 1905(t) Primary Care Case Management Services

Providers participating in the Pregnancy PCCM Program are eligible for payments in addition to their regular fee-for-service reimbursement for covered state plan services.

Care Coordination Payments

1. A per member per month (PMPM) payment for care coordination activities for recipients attributed to the provider's caseload will be made to participating Pregnancy Program providers. The following services are included in the care coordination PMPM payment:
 - a. Health education and promotion;
 - b. Health system and resource navigation;
 - c. Monitoring and updating a person-centered care plan;
 - d. Transitional care coordination; and
 - e. Barriers to care initiative.
2. In addition to the PMPM payment, participating providers will be reimbursed on a fee-for-service basis for the following activities that are essential to informing and ensuring impactful coordination of the recipient's care: completion of a social determinant of health screening, completion of the recipient's person-centered care plan, completion of a transition plan at discharge from the PCCM program.

Value-Added Payments

In accordance with the goals of the program to increase utilization of prenatal and postpartum care, participating providers will be eligible for the following value-added payments:

1. A payment for each recipient attributed to the provider who receives adequate or adequate plus prenatal care as indicated by the Kotelchuck Index in accordance with guidance published in the Pregnancy Program provider manual at https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Care_Management/Pregnancy_Program.pdf as of April 1, 2024.
2. A payment for each recipient who is attributed to the provider and completes a comprehensive postpartum visit with the provider.

Providers will submit claims for the value-added payments upon meeting the criteria. South Dakota Medicaid will review value-based payments for accuracy annually. Reports identifying progress towards meeting program objectives will be shared annually with participating providers.

The fees for these services are listed on the State agency's fee schedule published on the agency's website at <https://dss.sd.gov/medicaid/providers/feeschedules/>.