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## **Table of Contents**

**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: 18-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter and Addendum
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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April 3, 2018

William Snyder, Medicaid Director  
South Dakota Department of Social Services  
Richard F. Kneip Building  
700 Governors Drive  
Pierre, SD 57501-2291

Dear Mr. Snyder:

CMS has reviewed the State Plan Amendment (SPA) submitted under transmittal number (TN) 18-001 and approved as SD-18-0001. This amendment makes a few changes to South Dakota Medicaid's state plan, including adding an introduction page and updating effective dates of fee schedules, revises two benefits' reimbursement methodologies, and brings end state renal disease clinics reimbursement rates into compliance with federal upper limit requirements.

Please be informed that this State Plan Amendment was approved today with an effective date of February 1, 2018. We are enclosing the CMS-179, the amended plan pages, and guidance for claiming federal match.

Should you have any questions about the claiming guidance, please contact Carl Piekarski at (303) 844-7032. If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,



Mary Marchioni  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Addendum

cc: Brenda Tidball-Zeltinger, South Dakota  
Sarah Aker, South Dakota

## **Addendum-Reporting Expenditures under the SPA**

In order to track expenditures associated with this amendment, South Dakota should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

This amendment could affect expenditures reported on various lines of the Form CMS-64.9 Base and Form CMS-64.21U dependent upon where the client receives services and the type of clients.

### **Medicaid Population(s)**

- Line 5A – Physician and Surgical Services
- Line 8 – Dental Services
- Line 9A – Other Practitioners Services (aka. Chiropractic Services)
- Line 10 - Clinic Services
- Line 12 – Durable Medical Equipment and Home Health Services
- Line 15 – EPSDT Screening Services
- Line 23A – Personal Care Services
- Line 24B – Case Management Statewide (aka Case Management Services)
- Line 29 – Non-Emergency Medical Transportation (aka. Transportation)
- Line 30 – Physical Therapy
- Line 31 – Occupational Therapy
- Line 32 – Services for Speech, Hearing & Language
- Line 33 – Optometrist, Prosthetic Devices, Dentures, Eyeglasses
- Line 34 - Diagnostic Screening & Preventive Services (aka Diabetes Self-Management Training)
- Line 35 – Nurse Mid-Wife
- Line 42 – Freestanding Birth Centers & Professional Services

### **M-CHIP Population**

- Line 4 – Nursing Care Services (aka. Nurse Mid-Wife)
- Line 5 – Physician and Surgical Services
- Line 9 – Dental Services (aka. Dental Services & Dentures)
- Line 11 – Other Practitioners Services (aka. Chiropractic Services, Optometrist, Diabetes Self-Management Training)
- Line 12 - Clinic Services (aka. Clinic Services and Freestanding Birth Centers & Professional Services)
- Line 13 – Therapy Services (Physical Therapy/ Occupational Therapy/ Services for Speech, Hearing & Language)
- Line 18 – Screening (aka. EPSDT Screening Services)
- Line 19 – Durable Medical Equipment and Home Health Services
- Line 23 – Medical Transportation (aka. Transportation)
- Line 23A – Home & Community Based Services (aka. Personal Care Services)
- Line 24 – Case Management (aka Case Management Services)
- Line 25 – Other Services (aka. Prosthetic Devices & Eyeglasses)

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

1. TRANSMITTAL NUMBER:  
SD-18-001

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  
February 1, 2018

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 447.201, 42 CFR 440.170, 42 CFR 447.321, and 42 CFR  
440.167

7. FEDERAL BUDGET IMPACT:

a. FFY 2018: -\$293,031.48  
b. FFY 2019: -\$459,740.21

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Introduction, page 1 of Attachment 4.19-B and page 38 of Attachment  
4.19-B

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

Page 38 of Attachment 4.19-B

10. SUBJECT OF AMENDMENT:

The amendment clarifies fee schedule effective dates, clarifies transportation and personal care services reimbursement methodology, and revises endstage renal disease clinics reimbursement methodology. The amendment also updates terminology.

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:

February 5, 2018

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:

February 5, 2018

18. DATE APPROVED:

April 3, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Mary Marchioni

22. TITLE:

Acting ARA, DMCHO

23. REMARKS:

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.

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Attachment 4.19-B, Page 4	February 1, 2018
Physician Services	Attachment 4.19-B, Page 6	February 1, 2018
Optometrist Services	Attachment 4.19-B, Page 9	February 1, 2018
Chiropractic Services	Attachment 4.19-B, Page 10	February 1, 2018
Home Health Services	Attachment 4.19-B, Page 12	February 1, 2018
Durable Medical Equipment	Attachment 4.19-B, Page 13	February 1, 2018
Clinic Services	Attachment 4.19-B, Page 15	February 1, 2018
Dental Services	Attachment 4.19-B, Page 16	February 1, 2018
Physical Therapy	Attachment 4.19-B, Page 17	February 1, 2018
Occupational Therapy	Attachment 4.19-B, Page 18	February 1, 2018
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	February 1, 2018
Dentures	Attachment 4.19-B, Page 21	February 1, 2018
Prosthetic Devices	Attachment 4.19-B, Page 22	February 1, 2018
Eyeglasses	Attachment 4.19-B, Page 23	February 1, 2018
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	February 1, 2018
Nurse Midwife Services	Attachment 4.19-B, Page 31	February 1, 2018
Transportation	Attachment 4.19-B, Page 38	February 1, 2018
Personal Care Services	Attachment 4.19-B, Page 38	February 1, 2018
Freestanding Birth Centers	Attachment 4.19-B, Page 39	February 1, 2018
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	February 1, 2018

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

24. Any Other Medical Care and Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary

a. Transportation.

Payment for transportation services is based on the following criteria:

1. Air ambulance—Payment for services will be the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule published on the agency's website <http://dss.sd.gov/medicaid/providers/feeschedules/>.
2. Ground ambulance and wheelchair transportation services—Payment for services will be the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule published on the agency's website <http://dss.sd.gov/medicaid/providers/feeschedules/>.
3. Other transportation—Cost of ticket or fare for a commercial carrier or mileage, meals, and lodging allowances for individuals.

b. Services provided in religious non-medical home health care institutions.

Not provided.

c. Nursing facility services for patients under 21 years of age.

See Attachment 4.19-D.

d. Emergency hospital services.

See Outpatient Hospital Services or Attachment 4.19-A.

e. Personal care services.

Payment for services will be the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule published on the agency's website <http://dss.sd.gov/medicaid/providers/feeschedules/>.