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## State/Territory Name: SD

# State Plan Amendment (SPA) #:19-0003

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## Package Information

Package ID SD2018MS0006O

Program Name MIGRATED\_HH.South Dakota Health Homes
SPA ID SD-19-0003

Version Number 5

Submitted By Matthew Ballard

Package Disposition

Priority Code P2

 Submission Type
 Official

 State
 SD

 Region
 Denver, CO

 Package Status
 Approved

 Submission Date
 1/31/2019

 Approval Date
 4/30/2019 2:54 PM EDT

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



## Division of Medicaid and Children's Health Operations

Amy lversen-Pollreisz Cabinet Secretary Department of Social Services 700 Governors Drive Pierre, SD 57501

Re: Approval of State Plan Amendment SD-19-0003 MIGRATED\_HH.South Dakota Health Homes

Dear Amy lversen-Pollreisz:

On January 31, 2019, the Centers for Medicare and Medicaid Services (CMS) received South Dakota State Plan Amendment (SPA) SD-19-0003 for MIGRATED\_HH.South Dakota Health Homes to implement supplemental incentive payments to certain qualified health homes in South Dakota. Health Homes can earn an annual lump sum payment that includes a small case load payment, a clinical outcome measure quality quartile payment, and a clinical quality measure caseload and tier payment.

We approve South Dakota State Plan Amendment (SPA) SD-19-0003 on April 30, 2019 with an effective date(s) of January 01, 2019.

South Dakota's HH SPA 19-0003 supersedes SD 13-0008.

Name

Date Created

No items available

If you have any questions regarding this amendment, please contact Kirstin Michel at 7204017166 or kirstin.michel@cms.hhs.gov.

Sincerely, Trinia Hunt Acting Deputy Director

Division of Medicaid and Children's Health Operations

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | SD2018MS00060 | SD-19-0003 | MIGRATED\_HH.South Dakota Health Homes

**Package Header** 

 Package ID
 SD2018MS00060

 Submission Type
 Official

- Approval Date 4/30/2019
- Superseded SPA ID N/A

#### **State Information**

State/Territory Name: South Dakota

Submission Component

State Plan Amendment

 SPA ID
 SD-19-0003

 Initial Submission Data
 1/31/2019

 Effective Data
 N/A

Medicaid Agency Name: Department of Social Services

Medicaid
CHIP

А

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | SD2018MS00060 | SD-19-0003 | MIGRATED\_HH.South Dakota Health Homes

Package Header			
Package ID	SD2018MS0006O	SPA ID	SD-19-0003
Submission Type	Official	Initial Submission Date	1/31/2019
Approval Date	4/30/2019	Effective Date	N/A
Superseded SPA ID	N/A		

### SPA ID and Effective Date

SPA ID SD-19-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	1/1/2019	SD-13-008-X
Health Homes Geographic Limitations	1/1/2019	SD-13-008-X
Health Homes Population and Enrollment Criteria	1/1/2019	SD-13-008-X
Health Homes Providers	1/1/2019	SD-13-008-X
Health Homes Service Delivery Systems	1/1/2019	SD-13-008-X
Health Homes Payment Methodologies	1/1/2019	SD-13-008-X
Health Homes Services	1/1/2019	SD-13-008-X
Health Homes Monitoring, Quality Measurement and Evaluation	1/1/2019	SD-13-008-X

Submissio	on - Summary			
MEDICAID   Medicaid State Plan   Health Homes   SD2018MS00060   SD-19-0003   MIGRATED_HH.South Dakota Health Homes				
Package I	Header			
	Package ID	SD2018MS0006O	SPA ID	SD-19-0003
	Submission Type	Official	Initial Submission Date	1/31/2019
	Approval Date	4/30/2019	Effective Date	N/A
	Superseded SPA ID	N/A		
Executive	e Summary			
G	ioals and Objectives	health home state plan page templates, and makes minor of State Plan with the new CMS template pages.	clarifications regarding other aspects of the health home progra	priated for in the 2018 state legislative session, updates the pages to CMS's new m. The SPA replaces Attachment 3.1-H pages 1 – 33 of the South Dakota Medicaid in Federal Fiscal Year 2019 and \$283,550.00 in Federal Fiscal Year 2020.
	Federal Fiscal Y	ear	Amount	
First	2019		\$315000	
Second	2020		\$315000	
Federal Statute / Regulation Citation				
Social Security Act Sec. 1945				

Name

Date Created

No items available

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | SD2018MS00060 | SD-19-0003 | MIGRATED\_HH.South Dakota Health Homes

#### Package Header

 Package ID
 SD2018MS00060

 Submission Type
 Official

 Approval Date
 4/30/2019

 Superseded SPA ID
 N/A

### Governor's Office Review

No comment

Comments received

No response within 45 days

Other

 SPA ID
 SD-19-0003

 Initial Submission Data
 1/31/2019

 Effective Data
 N/A

## **Submission - Public Comment**

MEDICAID | Medicaid State Plan | Health Homes | SD2018MS00060 | SD-19-0003 | MIGRATED\_HH.South Dakota Health Homes

#### **Package Header**

Package ID SD2018MS00060

Submission Type Official

Approval Date 4/30/2019

Superseded SPA ID N/A

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

IIII Publication in state's administrative record, in accordance with the administrative procedures requirements

Email to Electronic Mailing List or Similar Mechanism

#### I Website Notice

I Public Hearing or Meeting

🖾 Other method

#### Upload copies of public notices and other documents used

Name	Date Created	
South Dakota Register	1/17/2019 2:18 PM EST	
Provider Inflation Public Notice	4/15/2019 12:24 PM EDT	

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

Name	Date Created
Avera	1/17/2019 2:18 PM EST
Brown Clinic	1/17/2019 2:18 PM EST
Regional Health	1/17/2019 2:18 PM EST
Sanford Health	1/17/2019 2:18 PM EST
SDCCBH	1/17/2019 2:18 PM EST
	<b>1 - 5</b> of 5

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

🖾 Access

🖾 Quality

🖾 Cost

I Payment methodology

🖾 Eligibility

🕅 Benefits

Service delivery

🖾 Other issue

SPA ID SD-19-0003 Initial Submission Date 1/31/2019 Effective Date N/A

Submission - Tribal Input	
MEDICAID   Medicaid State Plan   Health Homes   SD2018MS0006O   SD-19-0003   MIGRATED_HH.South Dakota Health Homes	
Package Header	
Package ID SD2018MS0006O	SPA ID SD-19-0003
Submission Type Official	Initial Submission Date 1/31/2019
Approval Date 4/30/2019	Effective Date N/A
Superseded SPA ID N/A	
Name of Health Homes Program: MIGRATED_HH.South Dakota Health Homes	
One or more Indian health programs or Urban Indian Organizations furnish health care services in this state	This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian
	Organizations
© No	
	© No
	M 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, prior to submission of this SPA
Complete the following information regarding any solicitation of advice and/or tribal consultation conducted wit	h respect to this submission:
Solicitation of advice and/or Tribal consultation was conducted in the following manner:	
🛣 All Indian Health Programs	
Date of solicitation/consultation:	Method of solicitation/consultation:
12/10/2018	Email
All Urban Indian Organizations	
Date of solicitation/consultation:	Method of solicitation/consultation:
12/10/2018	Email
States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, pro	vide information about such consultation below:
S All Indian Tribes	
Date of consultation:	Method of consultation:
12/10/2018	Email
The state must upload copies of documents that support the solicitation of advice in accordance with statutory r attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian H indicate the key issues and summarize any comments received below and describe how the state incorporated t	
Name	Date Created
SPA SD 19-002 Health Homes 1	/17/2019 12:56 PM EST
Indicate the key issues raised (optional)	
Ccess Access	
III Quality	
Cost	
🛄 Payment methodology	
Eligibility	
Benefits	
Service delivery	

## Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | SD2018MS00060 | SD-19-0003 | MIGRATED\_HH.South Dakota Health Homes

## Package Header

Package ID SD2018MS0006O

#### Submission Type Official

Approval Date 4/30/2019 Superseded SPA ID N/A

## SAMHSA Consultation

Name of Health Homes Program

MIGRATED\_HH.South Dakota Health Homes

 $\overline{\mathbb{M}}$  The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

 SPA ID
 SD-19-0003

 Initial Submission Data
 1/31/2019

 Effective Data
 N/A

Date of consultation

11/20/2012

PRA Disclosure Statement: 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 average 40 hours per response, 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 4/30/2019 3:39 PM EDT