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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

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

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



Denver Regional Operations Group

June 4, 2019

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 proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-005 and approved as SD-19-0005. This amendment adds services of community health workers as a covered benefit under preventive services to its state plan.

Please be informed that this State Plan Amendment was approved today with an effective date of April 1, 2019. We are enclosing the CMS-179 and the amended plan pages(s).

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,



Mary Marchioni
Acting Deputy Director

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

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

1. TRANSMITTAL NUMBER:
SD-19-005

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
April 1, 2019

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 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2019: \$ 257,200.62
b. FFY 2020: \$ 514,427.43

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A page 26a and 26b, Attachment 4.19-B
Introduction page 1 and page 26

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Supplement to Attachment 3.1-A page 26, Attachment 4.19-
B Introduction page 1 and page 26

10. SUBJECT OF AMENDMENT:

The proposed State Plan Amendment (SPA) establishes coverage criteria and a reimbursement methodology for community health
worker services.

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:

M. Greg DeSautel, MD

14. TITLE:

Cabinet Secretary

15. DATE SUBMITTED:

March 13, 2019

Resubmitted May 22, 2019

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:

March 13, 2019

18. DATE APPROVED:

June 4, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Mary Marchioni

22. TITLE:

Acting Deputy Director, DROG

23. REMARKS:

Per State request, CMS updated FFY to reflect 2019 and 2020, also added the resubmitted date.

SUPPLEMENT TO ATTACHMENT 3.1-A

13c. Preventive Services

1. Diabetes Self-Management Training

Diabetes Self-Management Training is a preventive health service for persons diagnosed with diabetes. The service requires a physician referral. The training will increase the individual's understanding of diabetes progression and enable monitoring skills to prevent complications, disease progression, and disability

Training content is based upon the American Diabetes Association and South Dakota Department of Health standards. Enrolled diabetes education training providers must be capable of offering instruction in each of the content areas as established by the American Diabetes Association and Department of Health standards. Examples include, but are not limited to, diabetes overview, nutrition, exercise and activity, foot care, skin care, dental care, medications, and medication management.

Covered Services

The following services are covered:

- a. Individual diabetes self-management training
- b. Group diabetes self-management training

Practitioner Qualifications

Outpatient diabetes self-management education must be provided by a diabetes education team that is certified or recognized by the American Diabetes Association or the South Dakota Department of Health. The team must consist of licensed RNs and licensed dietitians to meet certification standards. Claims must be submitted by an enrolled provider.

Limitations

- a. Outpatient diabetes self-management education is limited to ten hours of comprehensive education for newly-diagnosed recipients and follow-up education sessions of two hours per year based upon assessment of need and documented physician order. Limits can be exceeded if determined medically necessary by the state.
 - b. Diabetes self-management education is not separately covered when:
 - 1) The individual is institutionalized and the training is not delivered in an outpatient setting; or
 - 2) The individual receives this service in a FQHC or RHC.
2. Community Health Worker Services

Community Health Worker services is a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health.

Community health worker services must be ordered by a physician, physician assistant, nurse practitioner, or certified nurse midwife and delivered according to a care plan. Services must be related to a medical intervention outlined in the individual's care plan and may include the following:

- a. Health system navigation and resource coordination includes helping a recipient find Medicaid providers to receive a covered service, helping a recipient make an

SUPPLEMENT TO ATTACHMENT 3.1-A

- appointment for a Medicaid covered service, arranging transportation to a medical appointment, attending an appointment with the recipient for a covered medical service, and helping a recipient find other relevant community resources such as support groups.
- b. Health promotion and coaching includes providing information or training to recipients that makes positive contributions to their health status such as cessation of tobacco use, reduction in the misuse of alcohol or drugs, improvement in nutrition, improvement of physical fitness, family planning, control of stress, pregnancy and infant care including prevention of fetal alcohol syndrome.
 - c. Health education and training to train and/or promote to recipients methods and measures that have been proven effective in avoiding illness and/or lessening its effects including, but not limited to, immunizations, control of high blood pressure, control of sexually transmittable disease, prevention and control of diabetes, control of toxic agents, occupational safety and health, and accident prevention. The content of the education must be consistent with established or recognized healthcare standards.

The following services are non-covered services:

- a. Advocacy on behalf of the recipient;
- b. Case management/care management;
- c. Child care;
- d. Chore services including shopping and cooking;
- e. Companion services;
- f. Covered services provided in a clinic or medical facility setting except for attending a medical appointment;
- g. Employment services;
- h. Helping a recipient enroll in government programs or insurance;
- i. Medication, medical equipment, or medical supply delivery;
- j. Personal Care services/homemaker services;
- k. Respite care;
- l. Services not listed in the recipient's care plan;
- m. Services provided prior to the recipient's care plan being finalized;
- n. Services provided to non-Medicaid patients;
- o. Services that duplicate another covered Medicaid service; and
- p. Socialization.

Community Health Worker Qualifications

Providers must be enrolled with South Dakota Medicaid as a community health worker agency. Individual community health workers must be employed and supervised by an enrolled community health worker agency. Each community health worker must complete the Indian Health Service Community Health Representative basic training or a community health worker program approved by the South Dakota Board of Technical Education, the South Dakota Board of Regents, or a Community Health Worker training program approved by the department. Community health workers must complete a minimum of 6 hours of training annually thereafter.

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	January 1, 2019
Physician Services	Attachment 4.19-B, Page 6	April 1, 2018
Optometrist Services	Attachment 4.19-B, Page 9	April 1, 2018
Chiropractic Services	Attachment 4.19-B, Page 10	April 1, 2018
Independent Mental Health Practitioners	Attachment 4.19-B, Page 11	December 1, 2018
Nutritionist and Dietician Services	Attachment 4.19-B, Page 11	December 1, 2018
Home Health Services	Attachment 4.19-B, Page 12	April 1, 2018
Durable Medical Equipment	Attachment 4.19-B, Page 13	January 1, 2019
Clinic Services	Attachment 4.19-B, Page 15	April 1, 2018
Dental Services	Attachment 4.19-B, Page 16	April 1, 2018
Physical Therapy	Attachment 4.19-B, Page 17	April 1, 2018
Occupational Therapy	Attachment 4.19-B, Page 18	April 1, 2018
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	April 1, 2018
Dentures	Attachment 4.19-B, Page 21	April 1, 2018
Prosthetic Devices	Attachment 4.19-B, Page 22	January 1, 2019
Eyeglasses	Attachment 4.19-B, Page 23	April 1, 2018
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	April 1, 2018
Community Health Workers	Attachment 4.19-B, Page 26	April 1, 2019
Community Mental Health Centers	Attachment 4.19-B, Page 26	July 1, 2018
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	July 1, 2018
Nurse Midwife Services	Attachment 4.19-B, Page 31	April 1, 2018
Transportation	Attachment 4.19-B, Page 38	April 1, 2018
Personal Care Services	Attachment 4.19-B, Page 38	April 1, 2018
Freestanding Birth Centers	Attachment 4.19-B, Page 39	April 1, 2018
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	April 1, 2018

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

13c. Preventive Services

1. Payments for Diabetes Self-Management Training will be made to the providers and are based on an hourly rate as determined by the lesser of the established Medicaid fee schedule, the established Medicare fee schedule, or the provider's usual and customary charges. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page, Page 1.
2. Payments for Community Health Workers will be made to the provider and are reimbursed the lesser of the established Medicaid fee schedule or the provider's usual and customary charges. The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page, Page 1.

13d. Rehabilitation 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/>.

1. Community Mental Health Centers (CMHCs). The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page, Page 1. CMHC services are paid on a fee-for-service basis and are not bundled unless noted below.

The following specialized outpatient services for children services are paid via a bundled payment, which is paid at a 15-minute unit rate:

- a. Integrated assessment, evaluation, and screening;
- b. Care coordination;
- c. Individual therapy;
- d. Family education, support, and therapy;
- e. Crisis assessment and intervention services; and
- f. Collateral contacts.

The following specialized outpatient services for adults and assertive community treatment services are paid via a bundle using separate daily rates:

- a. Integrated assessment, evaluation, and screening;
- b. Crisis assessment and intervention services;
- c. Care coordination;
- d. Symptoms assessment and management, including medication monitoring and education;
- e. Individual therapy;
- f. Group therapy;
- g. Recovery support services; and
- h. Psychosocial rehabilitation services.

Any provider delivering services through a specialized outpatient services for children, specialized outpatient services for adults, or assertive community treatment services bundle will be paid through a bundled payment rate and cannot bill separately with the exception of the integrated assessment, evaluation, and screening. The integrated assessment, evaluation, and screening is separately billable when conducted by a licensed physician or psychiatrist, resident, nurse practitioner, physician assistant, registered nurse, or licensed practical nurse. Medicaid providers performing the assessment can bill for the assessment in accordance with their particular benefit category in Attachment 4.19B.

At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.

The bundled rates do not include costs related to room and board or other unallowable facility costs. The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that the beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

2. Substance Use Disorder Agencies. The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page.