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State/Territory Name: SD

State Plan Amendment (SPA) #: 24-0011

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

July 30, 2024

Heather Petermann
Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre, SD 57501-2291

RE: TN 24-0011

Dear Director Petermann,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed South Dakota State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0011, which was submitted to CMS on June 28, 2024. This plan amendment proposes an inflationary increase to Community Mental Health Centers and Substance Use Disorder Agencies.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of June 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or via email at matthew.klein@cms.hhs.gov

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 1 1</u>	2. STATE <u>S D</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
June 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.201 and 42 CFR 430.10

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 273,752
b. FFY 2024 \$ 1,827,217

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement to Attachment 4.19-B, Introduction Page 1.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Introduction Page 1
TN# 24-0001

9. SUBJECT OF AMENDMENT

Implement inflationary increase appropriated by the state legislature.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
Heather Petermann

13. TITLE
Director

14. DATE SUBMITTED
June 28, 2024

15. RETURN TO
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

FOR CMS USE ONLY

16. DATE RECEIVED
June 28, 2024

17. DATE APPROVED
July 30, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. 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.

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, 2024
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	June 1, 2024 *
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.