

South Dakota Medicaid State Plan Amendments and 1115 Demonstration Applications

As of January 23, 2024

State plan amendments are available on our website at <https://dss.sd.gov/medicaid/medicaidstateplan.aspx>

SPAs in Tribal Consultations

| SPA # | SPA Description | Date Effective | Tribal Consultation Start Date | Date Public Comment Period Ends |
|---------|--|----------------|--------------------------------|---------------------------------|
| 24-0003 | Community Mental Health Worker Qualifications <i>Updates the provider qualifications for CMHC staff members providing certain direct services and support to clients from an associate degree to a high school diploma or equivalent with clinical supervision to align with revised state standards for services provided by a CMHC.</i> | 02/01/24 | 01/22/24 | 02/21/24 |
| 24-0005 | Adult Vaccine Coverage - ABP <i>Provides assurance in the Alternative Benefit Plan ("Expansion group") for coverage of vaccines and their administration for adults without cost sharing as required by section 11405 of the Inflation Reduction Act (IRA).</i> | 10/01/23 | 01/16/24 | 02/15/24 |
| 24-0002 | Pregnancy Health Home SPA - ABP <i>Establishes a pregnancy primary care case management program in the Alternative Benefit Plan ("Expansion group") for pregnant Medicaid recipients to improve health outcomes for mom and baby.</i> | 04/01/24 | 12/27/23 | 01/26/24 |
| 24-0001 | Pregnancy Health Home SPA - Medicaid <i>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.</i> | 04/01/24 | 12/27/23 | 01/26/24 |
| 23-0023 | Continuous Coverage Eligibility - Medicaid <i>Provides 12 months of continuous eligibility (CE) for children under the age of 19 in Medicaid as required by Section 5112 of the Consolidated Appropriations Act, 2023.</i> | 01/01/24 | 12/27/23 | 01/26/24 |

Anticipated SPAs

| SPA Description | Anticipated Start of Tribal Consultation |
|--|---|
| Continuous Coverage Eligibility for Children - CHIP <i>Provides 12 months of continuous eligibility (CE) for children under the age of 19 in CHIP as required by Section 5112 of the Consolidated Appropriations Act, 2023.</i> | To be determined based on when CMS releases the plan page template. |

SPAs Being Prepared for CMS Submission

| SPA # | SPA Description | Date Effective | Tribal Consultation Start Date | Date Public Comment Period Ends |
|-------|--------------------|----------------|--------------------------------|---------------------------------|
| N/A | None at this time. | | | |

SPAs in CMS Review

| SPA # | SPA Description | Date Effective | Tribal Consultation Start Date | Tribal Consultation End Date | Date Submitted to CMS |
|---------|---|----------------|--------------------------------|------------------------------|-----------------------|
| 23-0020 | Reasonable Classification for Children - PCCM <i>Clarifies that children under age 21 with non-IV-E adoption assistance or with an income above 133% of the federal poverty level are exempt from the PCCM program.</i> | 11/01/23 | 10/16/23 | 11/15/23 | 12/29/23 |
| 23-0022 | Reasonable Classification for Children - PCCM <i>Clarifies that children under age 21 with non-IV-E adoption assistance or with an income above 133% of the federal poverty level are exempt from the PCCM program.</i> | 11/01/23 | 10/16/23 | 11/15/23 | 12/01/23 |
| 23-0021 | Reasonable Classification for Children - Eligibility <i>Clarifies that children under age 21 with non-IV-E adoption assistance or with an income above 133% of the federal poverty level are eligible for Medicaid coverage consistent with historical interpretation.</i> | 11/01/23 | 10/16/23 | 11/15/23 | 12/01/23 |
| 23-0019 | Adult Vaccine Coverage - Medicaid <i>Provides assurance of Medicaid coverage of vaccines and their administration for adults without cost sharing as required by section 11405 of the Inflation Reduction Act (IRA).</i> | 10/01/23 | 09/25/23 | 10/25/23 | 11/06/23 |
| 23-0012 | Nursing Facility Reimbursement <i>Proposes to move Medicaid from the Resource Utilization Group III (RUG III) reimbursement model to the Patient Driven Payment Model (PDPM) reimbursement model for Nursing Facility services.</i> | 07/01/23 | 04/24/23 | 05/24/23 | 06/06/23 |

Approved SPAs

| SPA # | SPA Description | Date Effective | Tribal Consultation Start Date | Tribal Consultation End Date | Date Submitted to CMS | Date Approved |
|---------|---|----------------|--------------------------------|------------------------------|-----------------------|---------------|
| 23-0018 | Hospital Presumptive Eligibility <i>Updates the eligibility applications and associated training materials to include the expanded adult eligibility group.</i> | 08/21/23 | 07/31/23 | 08/30/23 | 09/11/23 | 11/30/23 |
| 23-0015 | Extended Postpartum Coverage Period - Financial Claiming <i>Establishes a proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for the adult group Federal Medical Assistance Percentage (FMAP).</i> | 07/01/23 | 06/26/23 | 07/26/23 | 08/31/23 | 11/15/23 |

1115 Waiver Demonstrations

| 1115 Description | Date Submitted to CMS |
|---|-----------------------|
| Career Connector <i>Promotes work and community engagement for adults recipients age 19-59 living in Minnehaha and Pennington County.</i> | 08/18/18 |
| Improving American Indian Health <i>Requests expansion of the IHS network to include Urban Indian Health Clinics in Pierre and Sioux Falls as well as FQHCs located in Mission and Rapid City.</i> | 04/15/19 |



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
FAX: 605.773.5246
WEB: dss.sd.gov

January 22, 2024

RE: South Dakota Medicaid Plan Amendment # SD-24-0003

The South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding Community Mental Health Center (CMHC) provider qualifications. The SPA updates the provider qualifications for CMHC staff members providing certain direct services and support to clients from an associate degree to a high school diploma or equivalent with clinical supervision to align with revised state standards for services provided by a CMHC. The SPA amends page 31 of Supplement to Attachment 3.1-A of the Medicaid State Plan. The Department intends to make this SPA effective February 1, 2024.

The department estimates there will be no fiscal impact associated with this SPA in Federal Fiscal Year 2024 or in Federal Fiscal Year 2025.

The SPAs are available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

DIVISION OF MEDICAL SERVICES
DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start January 22, 2024, and end February 21, 2024.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matt Ballard', is written over a light blue horizontal line.

Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary

Medicaid and CHIP State Plan Amendment Proposal

Transmittal Number: SD-24-0003

Effective Date: 2/1/2024

Brief Description: Adjusts the education requirement for Community Mental Health Center (CMHC) staff members providing certain direct services and support to clients from an associate degree to a high school diploma or equivalent with clinical supervision.

Area of State Plan Affected: Supplement to Attachment 3.1-A

Page(s) of State Plan Affected: Page 31

Estimate of Fiscal Impact, if Any: FFY24: \$0
FFY25: \$0

Reason for Amendment: To align with revised state standards for services provided by a CMHC.

SUPPLEMENT TO ATTACHMENT 3.1-A

CMHC Practitioners and Qualifications

All CMHCs must have a clinical supervisor. A clinical supervisor is a mental health professional who has at least a master's degree in psychology, social work, counseling, or nursing and currently holds a license in that field. The clinical supervisor must have two years of supervised postgraduate clinical experience in a mental health setting. Individuals with an associate, bachelors, or master's degree that do not meet the definition of a clinical supervisor must be supervised by a clinical supervisor. Registered nurses and licensed practical nurses must comply with state regulations regarding supervision. The table below lists the provider qualifications for furnishing mental health services:

| Services | Practitioner Qualifications |
|--|---|
| <ul style="list-style-type: none"> • Psychiatric services | <ul style="list-style-type: none"> • A licensed physician or psychiatrist, or a licensed physician assistant or licensed certified nurse practitioner. |
| <ul style="list-style-type: none"> • Individual therapy; • Group therapy; • Family therapy; and • Parent or guardian therapy. | <ul style="list-style-type: none"> • A master's degree in psychology, social work, counseling, or nursing; a social work license. |
| <ul style="list-style-type: none"> • Care coordination; and • Symptom assessment and management. | <ul style="list-style-type: none"> • A minimum of a high school diploma or equivalent and is supervised by a clinical supervisor; or • A master's degree in psychology, social work, counseling, or nursing; a social work license; or bachelor's degree in a human services field and two years of related experience; or • A licensed physician or psychiatrist, or a licensed physician assistant or licensed certified nurse practitioner; or • A registered nurse or licensed practical nurse to provide psychiatric nursing services. |
| <ul style="list-style-type: none"> • Family education and support; • Recovery support services; and • Psychosocial rehabilitation services. | <ul style="list-style-type: none"> • A minimum of a high school diploma or equivalent and is supervised by a clinical supervisor; or • A master's degree in psychology, social work, counseling, or nursing; a social work license; or bachelor's degree in a human services field and two years of related experience. |
| <ul style="list-style-type: none"> • Crisis assessment and intervention | <ul style="list-style-type: none"> • A master's degree in psychology, social work, counseling, or nursing; a social work license; or bachelor's degree in a human services field and two years of related experience. |
| <ul style="list-style-type: none"> • Psychiatric nursing services | <ul style="list-style-type: none"> • A registered nurse or licensed practical nurse to provide psychiatric nursing services. |
| <ul style="list-style-type: none"> • Integrated assessment, evaluation, and screening | <ul style="list-style-type: none"> • A master's degree in psychology, social work, counseling, or nursing; a social work license; or bachelor's degree in a human services field and two years of related experience; or • A licensed physician or psychiatrist, or a licensed physician assistant or licensed certified nurse practitioner; or • A registered nurse or licensed practical nurse to provide psychiatric nursing services. |



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

700 GOVERNORS DRIVE

PIERRE, SD 57501-2291

PHONE: 605.773.3495

FAX: 605.773.5246

WEB: dss.sd.gov

January 16, 2024

RE: South Dakota Medicaid State Plan Amendment # SD-24-0005

The South Dakota Department of Social Services intends to make a change to the South Dakota Medicaid State Plan. For purposes of alignment between the Alternative Benefit Plan (“Expansion group”) and currently pending Medicaid and CHIP State Plan amendments 23-0019 and 23-0020, the proposed state plan amendment (SPA) implements coverage of vaccines and their administration for adults without cost sharing in accordance with recommendations of Advisory Committee on Immunization Practices (ACIP) as required by section 11405 of the Inflation Reduction Act (IRA). Currently, Medicaid covers vaccines for adults. Most claims for these services are currently exempt from cost share. The SPA amends pages 19, 20, 30, and 44 of the Essential Health Benefit: Preventative and wellness services and chronic disease management of the Alternative Benefit Plan. The Department intends to make this SPA effective October 1, 2023.

The department’s estimate for the fiscal impact associated with this SPA is included in the existing projection for the Adult Vaccine Coverage Medicaid State Plan SPA 23-0019 as provided in the September 25, 2023 Public Notice which is \$701 in State funds and \$1,050 in Federal funds, totaling \$1,751 in Federal Fiscal Year 2024 (October 1, 2023 to September 30, 2024) and \$701 in State funds and \$1050 in Federal funds, totaling \$1751 in Federal Fiscal Year 2025 (October 1, 2024 to September 30, 2025). The fiscal impact is due to removal of cost sharing from the small number of claims it currently applies to.

The SPA is available to view on the department’s website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

DIVISION OF MEDICAL SERVICES
DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start January 16, and end February 15, 2024.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matthew Ballard'.

Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-24-0005

Effective Date: 10/1/2023

Brief Description: The SPA provides assurance of coverage of vaccines and their administration for adults without cost sharing in accordance with recommendations of Advisory Committee on Immunization Practices (ACIP) as required by section 11405 of the Inflation Reduction Act (IRA).

Area of State Plan Affected: Essential Health Benefit: Preventative and wellness services and chronic disease management of the Alternative Benefit Plan

Page(s) of State Plan Affected: Pages 19, 20, 30, and 44

Estimate of Fiscal Impact, if Any: FFY24: \$1,751
FFY25: \$1,751

Reason for Amendment: Provides assurance of coverage of vaccines and their administration for adults without cost sharing.



Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

| | | |
|--|----------------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Diabetes Self-Management Training | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| See other information box below. | See other information box below. | |
| Scope Limit: | | |
| See other information box below. | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| See Attachment 3.1-A, 13.c,1, Diabetes Self-Management Training | | |

| | | |
|--|----------------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Community Health Worker Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| See other information box below. | See other information box below. | |
| Scope Limit: | | |
| See other information box below. | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| See Attachment 3.1-A, 13.c,2, Community Health Worker Services | | |

| | | |
|-------------------------------------|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Vaccines and Vaccine Administration | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |



Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 13.c.3, Vaccines and Vaccine Administration

Add



Alternative Benefit Plan

nurse practitioners in EHB 1, Ambulatory patient services;
Attachment 3.1-A, 6.d.4, Services of a licensed registered nurse or licensed practical nurse in EHB 1, Ambulatory patient services;
Attachment 3.1-A, 23, Pediatric or Family Nurse Practitioners in EHB 1, Ambulatory patient services;
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Specialist in EHB 1, Ambulatory patient services;
Attachment 3.1-A, 13.c.1, Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management;
Attachment 3.1-A, 13.c.2, Community Health Worker Services in EHB 9, Preventative and wellness services and chronic disease management;
Attachment 3.1-A, 13.c.3, Vaccines and Vaccine Administration in EHB 9, Preventative and wellness services and chronic disease management; and
Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Routine Eye Exams for Children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Rehabilitative Speech Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Rehabilitative Occupational and Physical Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices;



Alternative Benefit Plan

Other:

See Attachment 3.1-A, 4.d, Face to Face Tobacco Cessation Counseling Services for Pregnant Women

Other 1937 Benefit Provided:

Non-routine ACIP recommended vaccinations

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

1. South Dakota covers the non-routine ACIP recommended vaccines and vaccine administration described in section 1905(a)(13)(B) of the Act.
2. South Dakota has a method to ensure that, as changes are made to ACIP recommendations, South Dakota will update their coverage and billing codes to comply with those revisions.

Add



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
FAX: 605.773.5246
WEB: dss.sd.gov

December 27, 2023

RE: South Dakota Medicaid State Plan Amendment # SD-24-0001 and SD-24-0002

The South Dakota Department of Social Services intends to establish extended services to pregnant women through a Pregnancy Primary Care Case Management (PCCM) Program pursuant to 42 CFR 440.250 (p). The PCCM program will create a medical home for pregnant Medicaid recipients that provides case management services to affect positive pregnancy health outcomes.

Pregnancy PCCM providers include licensed physicians, physician assistants, certified nurse practitioners, rural health clinic, a federally qualified health care center, a tribal provider with a contract under public law 93-638, or an Indian Health Service clinic, or certified nurse midwives practicing in one of the following:

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

Participating providers must meet provider qualifications and agree to program conditions regarding standards of care. Pregnancy PCCMs will provide care coordination services including developing a person-centered care plan, providing health education and promotion, providing health system and resource navigation, and providing transitional care coordination. Pregnancy PCCMs are also required to implement an initiative to address barriers to healthcare.

Participating providers will receive enhanced payments and reimbursement for the following:

- A \$49.80 per member per month (PMPM) payment for care coordination activities and initiatives to reduce barriers to healthcare for the participating population.
- A \$2.66 fee for completion of the recipient's social determinant of health screening that is reimbursed in addition to the PMPM;
- A \$100 fee for completion of the recipient's person-centered care plan that is reimbursed in addition to the PMPM;
- A \$50 fee for completion of a transition plan at discharge that is reimbursed in addition to the PMPM;
- An enhanced \$100 fee for completion of a comprehensive postpartum visit; and
- An enhanced \$200 fee for completion of a sufficient number prenatal visits based on when care was initiated.

The SPA also cleans up erroneous language from the page as it previously included services that are covered for pregnant women under different state plan benefits such as physician services and hospital services.

The Department intends to make this SPA effective April 1, 2024. The SPA amends page 39 of Supplement to Attachment 3.1-A, Introduction page 1 and page 34 of Attachment 4.19-B of the State Plan, and page 13 of the Alternative Benefit Plan ABP5.

The department estimates the fiscal impact will be \$584,183 in State funds and \$875,555 in Federal funds, totaling \$1,459,738 in Federal Fiscal Year 2023 (April 1, 2024 to September 30, 2024) and \$1,168,373 in State funds and \$1,751,101 in Federal funds, totaling \$2,919,475 in Federal Fiscal Year 2025 (October 1, 2024 to September 2025).

The SPA is available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

DIVISION OF MEDICAL SERVICES
DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start December 27, 2023, and end January 26, 2024.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matt Ballard".

Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-24-0001 and SD-24-0002

Effective Date: 4/1/2024

Brief Description: Establishes extended services to pregnant women through a Pregnancy Primary Care Case Management (PCCM) Program pursuant to 42 CFR 440.250 (p).

Area of State Plan Affected: Supplement to Attachment 3.1-A, Attachment 4.19-B, and Alternative Benefit Plan ABP5.

Page(s) of State Plan Affected: Page 39 of Supplement to Attachment 3.1-A, Introduction page 1 and page 34 of Attachment 4.19-B of the State Plan, and page 13 of the Alternative Benefit Plan ABP5.

Estimate of Fiscal Impact, if Any: FFY24: \$1,459,738
FFY25: \$2,919,475

Reason for Amendment: Creates a medical home for pregnant Medicaid recipients that provides case management services to affect positive pregnancy health outcomes.

SUPPLEMENT TO ATTACHMENT 3.1-A

20. Extended Services to Pregnant WomenPregnancy Primary Care Case Management (PCCM) Program

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.

Qualified providers must:

- Meet Medicaid's qualifications for participation;
- Be enrolled in South Dakota Medicaid and have a signed agreement to participate as a pregnancy PCCM provider; and
- 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:

- Private clinic;
- Rural health clinic;
- Federally qualified health care center;
- Tribal provider with a contract under public law 93-638; or
- 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.

Pregnancy PCCMs are required to provide care coordination services including developing a person-centered care plan, providing health education and promotion, providing health system and resource navigation, and providing transitional care coordination. Pregnancy PCCMs are also required to implement an initiative to address barriers to healthcare.

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

Not provided.

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

20. Extended Services to Pregnant Women

Pregnancy Primary Care Case Management (PCCM) Program

Providers participating in the Pregnancy PCCM Program are eligible for payments in addition to their regular fee for service reimbursement.

Participating Pregnancy PCCM providers are eligible to be reimbursed for the following services:

- A per member per month (PMPM) payment for care coordination activities and initiatives to reduce barriers to healthcare for the participating population.
- A fee for completion of the recipient's social determinant of health screening that is reimbursed in addition to the PMPM;
- A fee for completion of the recipient's person-centered care plan that is reimbursed in addition to the PMPM;
- A fee for completion of a transition plan at discharge that is reimbursed in addition to the PMPM;
- An enhanced fee for completion of a comprehensive postpartum visit; and
- An enhanced fee for completion of a sufficient number prenatal visits based on when care was initiated.

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/>.

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 |
| Extended Services to Pregnant Women | Attachment 4.19-B, Page 34 | 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.



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 9.e, Maternal Child Health Clinics

Benefit Provided:

Extended services for Pregnant Women

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A,20. Extended services for Pregnant Women

Add



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
FAX: 605.773.5246
WEB: dss.sd.gov

December 27, 2023

RE: South Dakota Medicaid Plan Amendment # SD-23-0023

The South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding eligibility. The SPA provides 12 months of continuous eligibility (CE) for children under the age of 19 as required by Section 5112 of the Consolidated Appropriations Act, 2023. The SPA amends the Eligibility and Enrollment Processes - Continuous Eligibility for Children Medicaid MACPro pages. The Department intends to make these SPAs effective January 1, 2024.

The department estimates the fiscal impact associated with this SPA to be \$756,551 in State funds and \$1,133,882 in Federal funds, totaling \$1,890,433 in Federal Fiscal Year 2024 (January 1, 2024 to September 30, 2024) and \$1,008,735 in State funds and \$1,511,843 in Federal funds, totaling \$2,520,578 in Federal Fiscal Year 2025 (October 1, 2024 to September 30, 2025).

The SPAs are available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

DIVISION OF MEDICAL SERVICES
DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start December 27, 2023, and end January 26, 2024.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matthew Ballard', is written over a light blue horizontal line.

Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary

Medicaid and CHIP State Plan Amendment Proposal

Transmittal Number: SD-23-0023

Effective Date: 1/1/2024

Brief Description: Provides 12 months of continuous eligibility (CE) for children under the age of 19 as required by Section 5112 of the Consolidated Appropriations Act, 2023.

Area of State Plan Affected: Medicaid Eligibility and Enrollment Processes

Page(s) of State Plan Affected: Medicaid Continuous Eligibility for Children
Medicaid MACPro pages

Estimate of Fiscal Impact, if Any: FFY24: \$1,890,433
FFY25: \$2,520,578

Reason for Amendment: To comply with Section 5112 of the Consolidated Appropriations Act, 2023.

SD - Submission Package - SD2023MS00050 - (SD-23-0022) - Eligibility

Summary Reviewable Units News **Related Actions**

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS00050 | SD-23-0022

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | SD2023MS00050 | SPA ID | SD-23-0022 |
| Submission Type | Official | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | 1/1/2024 |
| Superseded SPA ID | N/A | | |

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Options for Continuous Eligibility for Children

The state provides continuous eligibility to children.

- Yes
 No

1. Continuous eligibility is provided to all children of the following age:

- a. Under age 19
 b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child's age exceeds the age limit to which this provision applies
b. The end of the continuous eligibility period, which is:
 i. 12 months
 ii. Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
c. The child ceases to be a resident of the state;
d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
e. The child attains the maximum age specified in B.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 10/3/2023 2:20 PM EDT