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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: SD-17-0003

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
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

September 19, 2017

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

RE: South Dakota #17-0003

Dear Mr. Snyder:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-003 but approved as SD-17-0003. This amendment changes personal care services limitations to a maximum of 500 hours annually and revises prior authorization requirements.

Please be informed that this State Plan Amendment was approved September 18, 2017, with an effective date of July 1, 2017. We are enclosing the CMS-179 and the amended plan pages(s).

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 would affect expenditures reported on the Form CMS-64.9 Base, Line 23A - Personal Care Services.

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

Sincerely,

A handwritten signature in cursive script that reads "Richard C. Allen".

Richard C. Allen
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

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-17-003	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 July 1, 2017	

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 440.167	7. FEDERAL BUDGET IMPACT: a. FFY 2017: \$ 0.00 b. FFY 2018: \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 43 of Supplement 1 to Attachment 3.1-A and page 9 of 3.1-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 43 of Supplement 1 to Attachment 3.1-A and page 9 of 3.1-A

10. SUBJECT OF AMENDMENT:

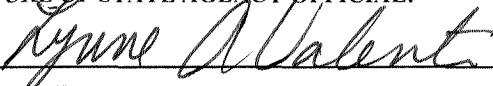
This State Plan Amendment changes the personal care services limit from a maximum of 120 hours of service during a calendar quarter to a maximum of 500 hours of service annually. Additionally, the personal care services authorization requirements are being revised to no longer require a prescription.

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: 	16. RETURN TO: DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME: Lynne A. Valenti	
14. TITLE: Cabinet Secretary	
15. DATE SUBMITTED: June 30, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 30, 2017	18. DATE APPROVED: September 18, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard C. Allen	22. TITLE: ARA, DMCHO

23. REMARKS:

SUPPLEMENT TO ATTACHMENT 3.1-A

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

a. Transportation.

Ambulance services will be provided when the use of other methods of transportation is contraindicated by the individual's condition. Wheelchair van transportation will be paid for individuals that are wheelchair bound. Purchase of tickets from commercial carriers when appropriate (airlines, bus, etc.), and mileage, meals, and lodging for friends or relatives will be paid when necessary to get an eligible individual to a provider and back home.

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

Not provided.

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

No limitations.

d. Emergency hospital services.

No limitations.

e. Personal care services in recipient's home or recipient's place of employment, authorized for the recipient in accordance with a service plan approved by the state and provided by an individual who is qualified to provide the services and not a member of the recipient's family.

Individuals who qualify for personal care services in the home may also receive personal care services for employment-related personal care services, in order to retain competitive employment of at least 40 hours per month.

Personal care services are limited to a maximum of 500 hours of services annually.

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
 Provided: _____ No limitations With limitations*
_____ Not provided.
- b. Services provided in religious non-medical health care institutions.
_____ Provided: _____ No limitations _____ With limitations*
 Not provided.
- c. Reserved.
- d. Nursing facility services for patients under 21 years of age.
 Provided: No limitations _____ With limitations*
_____ Not provided.
- e. Emergency hospital services.
 Provided: No limitations _____ With limitations*
_____ Not provided.
- f. Personal care services in recipient's home or recipient's place of employment, authorized for the recipient in accordance with a service plan approved by the state and provided by a qualified person.
 Provided: _____ No limitations With limitations*
_____ Not provided.

*Description provided in Supplement to this Attachment.

TN No. 17-03
Supersedes
TN No. 03-06

Approval Date 09/18/17

Effective Date 07/01/17