

67:16:25:04. Secure medical transportation -- Covered services. A participating secure medical transportation provider is eligible to receive payment for nonemergency transportation services. Recipients being transported must be confined to a wheelchair or must require transportation on a stretcher. Transportation must be from the recipient's home, place of work, or school to a medical provider for diagnosis or treatment, between medical providers when necessary, or from a medical provider to the recipient's home, place of work, or school.

At its discretion, the department may pay for transportation services not meeting the conditions of this section if paying for the services results in an overall cost savings for the department.

Source: 7 SDR 23, effective September 18, 1980; 6 SDR 76, effective February 11, 1981; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 16 SDR 234, effective July 1, 1990; 19 SDR 26, effective August 23, 1992; 44 SDR 94, effective December 4, 2017.

General Authority: SDCL 28-6-1(1)(2)(4).

Law Implemented: SDCL 28-6-1(1)(2)(4).

67:16:25:06.01. Transportation services provided by community transportation

provider. Community transportation services are covered if the following requirements are met:

- (1) The transportation provider is a governmental entity or registered as a nonprofit organization with the South Dakota Secretary of State;
- (2) The transportation provider is domiciled in the State of South Dakota or enrolled as a Medicaid transportation provider in the entity or organization's state of domicile;
- (3) The entity or organization has a signed transportation provider agreement with the department to furnish nonemergency medical transportation to recipients;
- (4) Transportation is from an eligible recipient's residence, bus stop nearest to the recipient's residence, place of work, or school to a medical provider, between medical providers, or from a medical provider to the recipient's residence, bus stop nearest to the recipient's residence, place of work, or school. A recipient's residence does not include a hospital, penal institution, detention center, campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities, or an institute for the treatment of an individual with a mental disease;
- (5) Transportation is to or from medically necessary examinations or treatment when the services are covered under article 67:16 and are provided by a provider who is enrolled or eligible for enrollment in the medical assistance program; and
- (6) Transportation is to the closest facility or medical provider capable of providing the necessary services, unless the recipient has a written referral or a written authorization from a medical provider in the recipient's medical community.

Source: 16 SDR 234, effective July 1, 1990; 17 SDR 201, effective July 1, 1991; 20 SDR 126, effective February 10, 1994; 25 SDR 69, effective November 12, 1998; 26 SDR 157, effective June 7, 2000; 35 SDR 253, effective May 12, 2009; 40 SDR 122, effective January 8, 2014; 44 SDR 94, effective December 4, 2017.

General Authority: SDCL 28-6-1(1)(2).

Law Implemented: SDCL 28-6-1(1)(2).

67:16:41:01. Definitions. Terms used in this chapter mean:

(1) "Certified social worker - PIP," an individual certified under SDCL 36-26-17;

(2) "Certified social worker – PIP candidate" an individual as defined in § 20:59:01:01 who is licensed as a certified social worker under SDCL 36-26-14 and is working toward becoming a certified social worker – PIP under an approved supervision agreement as required by § 20:59:05:05;

(3) "Clinical nurse specialist," an individual who is licensed under SDCL 36-9-85 to perform the functions contained in SDCL 36-9-87;

(4) "Collateral contact," telephone or face-to-face contact with an individual other than the recipient receiving treatment to plan appropriate treatment, assist others so they can respond therapeutically regarding the recipient's difficulty or illness, or link the recipient, family, or both, to other necessary and therapeutic community support;

~~(3)~~ (5) "Diagnostic assessment," a written comprehensive evaluation of a set of symptoms which indicate a diagnosis of a mental disorder and which meet the requirements of § 67:16:41:04;

~~(4)~~ (6) "Family," a unit of two or more persons related by blood or by past or present marriage. A family may also include other individuals living either in the same household with the recipient, individuals who will reside in the home in the future, or individuals who reside elsewhere only if the individual's participation is necessary to accomplish treatment plan goals and are considered an essential and integral part of the family unit identified in the treatment plan;

~~(5)~~ (7) "Group," a unit of at least two but no more than ten individuals who, because of the commonality and the nature of their diagnoses, can derive mutual benefit from psychotherapy

and it can be demonstrated to be medically necessary for the individuals to jointly participate in order to accomplish treatment plan goals through a group psychotherapy session;

~~(6)~~ (8) "Licensed professional counselor - mental health" "LPC-MH," an individual certified pursuant to SDCL 36-32-41 to 36-32-43, inclusive;

(9) "Licensed professional counselor working toward a mental health designation" an individual who is licensed as a licensed professional counselor pursuant to SDCL 36-32-13 and is working toward a mental health designation under the supervision required by SDCL 36-32-42;

(10) "Licensed marriage and family therapist" an individual licensed pursuant to SDCL 36-33-9 or 36-33-18;

~~(7)~~ (11) "Mental disorder," an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, or behavior;

~~(8)~~ (12) "Mental health services," nonresidential psychiatric or psychological diagnostic and treatment that is goal-oriented and designed for the care and treatment of an individual having a primary diagnosis of a mental disorder;

~~(9)~~ (13) "Mental health treatment," goal-oriented therapy designed for the care and treatment of an individual having a primary diagnosis of a mental disorder;

~~(10)~~ (14) "Psychologist," for services provided in South Dakota, a person licensed under SDCL 36-27A-12 or 36-27A-13; for services provided in another state, a person licensed as a psychologist in the state where the services are provided. For purposes of the medical assistance program, a person practicing under SDCL 36-27A-11 is specifically excluded;

~~(11)~~ (15) "Psychotherapy," the face-to-face treatment of a recipient through a psychological or psychiatric method. The treatment is a planned, structured program based on a

primary diagnosis of mental disorder ~~determined from a diagnostic assessment~~ and is directed to influence and produce a response for a mental disorder and to accomplish measurable goals and objectives specified in the recipient's individual treatment plan;

~~(12)~~ (16) "Psychotherapy session," a planned and structured face-to-face treatment episode between a mental health provider and one or more recipients; and

~~(13)~~ (17) "Treatment plan," a written, individual, and comprehensive plan which is based on the information and outcome of the recipient's diagnostic assessment and which is designed to improve the recipient's mental disorder.

Source: 22 SDR 6, effective July 26, 1995; 26 SDR 168, effective July 1, 2000; 37 SDR 53, effective September 23, 2010.

General Authority: SDCL 28-6-1(1)(2)(4).

Law Implemented: SDCL 28-6-1(1)(2)(4).

67:16:41:02. Mental health service requirements. To be covered under this chapter, mental health services are limited to services established in this chapter which meet all of the following requirements:

(1) The mental health provider has prepared a diagnostic assessment according to § 67:16:41:04;

(2) The diagnostic assessment contains a primary diagnosis of one of the mental disorders specified in § 67:16:41:05;

(3) The mental health provider has prepared an individual treatment plan which meets the requirements of §§ 67:16:41:06 and 67:16:41:07;

(4) The mental health provider provides treatment directly to the recipient or via collateral contact;

(5) The treatment is documented in the recipient's clinical record according to § 67:16:41:08; and

(6) The treatment is medically necessary according to § 67:16:01:06.02.

Failure to meet all of the above requirements is cause for the department to determine the mental health services to be noncovered services.

Source: 22 SDR 6, effective July 26, 1995.

General Authority: SDCL 28-6-1(1)(2).

Law Implemented: SDCL 28-6-1(1)(2).

67:16:41:03. Mental health provider. A mental health provider must be a psychologist, a licensed professional counselor - mental health, a licensed professional counselor working toward a mental health designation, a clinical nurse specialist, ~~or~~ a certified social worker-PIP, a certified social worker – PIP candidate, or a licensed marriage and family therapist who has a signed provider agreement with the department to provide mental health services.

A mental health provider must have a National Provider Identification (NPI) number and may not provide services under another provider's medical assistance provider NPI number.

An individual who does not meet the certification or licensure requirements of the applicable profession may not enroll as a mental health provider or participate in the delivery of mental health services.

Source: 22 SDR 6, effective July 26, 1995; 26 SDR 168, effective July 1, 2000; 37 SDR 53, effective September 23, 2010; 40 SDR 122, effective January 7, 2014.

General Authority: SDCL 28-6-1(1)(2)(4).

Law Implemented: SDCL 28-6-1(1)(2)(4).

Cross-Reference: Provider requirements, ch 67:16:33.

67:16:41:09. Covered mental health services -- Limits -- Payments. Payment for mental health services is the lesser of the provider's usual and customary charge or the fee listed on the department's fee schedule website. If no fee is listed, payment is 40 percent of the provider's usual and customary charge.

Mental health services and associated rates of payment are subject to review and amendment under the provisions of § 67:16:01:28.

Payment for psychiatric therapeutic procedures is limited to those recipients who have been determined to have a primary diagnosis of a mental disorder ~~according to the findings of the diagnostic assessment.~~

Time units are for face-to-face session times with the recipient or collateral contact and do not include time used for traveling, reporting, charting, or other administrative functions outside the scope of covered procedure codes.

~~If a recipient receives a combination of individual, family, or group psychotherapy, the~~ The maximum allowable coverage for all psychotherapy services may not exceed ~~the payment allowed for~~ 40 hours of ~~individual~~ therapy in a 12-month period. For purposes of this limit, procedure codes without an associated time will be considered 1 hour.

The services covered under this chapter for children under the age of 21 are not subject to the limits contained in this section.

Source: 22 SDR 6, effective July 26, 1995; 25 SDR 104, effective February 17, 1999; 35 SDR 49, effective September 10, 2008; 37 SDR 53, effective September 23, 2010; 42 SDR 51, effective October 13, 2015.

General Authority: SDCL 28-6-1(1)(2)(4).

Law Implemented: SDCL 28-6-1(1)(2)(4), 28-6-1.1.

67:16:41:10. Noncovered services. The department does not cover and the provider may not submit a claim for any of the following noncovered services:

- (1) Mental health services not specifically listed in this chapter;
- (2) Mental health treatment provided without the recipient physically present in a face-to-face session with the mental health provider except for collateral contact;
- (3) Treatment for a diagnosis not contained in § 67:16:41:05;
- (4) Mental health treatment provided before the diagnostic assessment is completed;
- (5) Mental health treatment provided after the fourth face-to-face session with the recipient if a treatment plan has not been completed;
- (6) Mental health treatment provided if a required review has not been completed;
- (7) Court appearance, staffing sessions, or treatment team appearances;
- (8) Mental health services provided to a recipient incarcerated in a correctional facility;
- (9) Mental health services provided to a recipient in an IMD or ICF/IID institution;
- (10) Mental health treatment provided which does not demonstrate a continuum of progress toward the specific goals stated in the treatment plan. Progress must be made within a reasonable time as determined by the peer review entity;
- (11) Mental health treatment provided which is not listed in the treatment plan or documented in the recipient's clinical record even though the service is allowable under this chapter;
- (12) Mental health treatment provided to a recipient who is incapable of cognitive functioning due to age or mental incapacity or is unable to receive any benefit from the service;
- (13) Mental health services performed without relationship to evaluations or psychotherapy for a specific condition, symptom, or complaint;

(14) Time spent preparing reports, treatment plans, or clinical records outside the scope of covered procedure codes;

(15) A service designed to assist a recipient regulate a bodily function controlled by the autonomic nervous system by using an instrument to monitor the function and signal the changes in the function;

(16) Alcohol or drug rehabilitation therapy;

(17) Missed or canceled appointments;

(18) Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or another responsible person or advising them how to assist the recipient;

(19) Medical hypnotherapy;

(20) Field trips and other off-site activities;

(21) Consultations or meetings between an employer and employee;

(22) Review of work product by the treating mental health provider;

(23) Telephone consultations with or on behalf of the recipient except for collateral contact;

(24) Educational, vocational, socialization, or recreational services or components of services of which the basic nature is to provide these services, which includes parental counseling or bonding, sensitivity training, marriage enrichment, assertiveness training, growth groups or marathons, and psychotherapy for nonspecific conditions of distress such as job dissatisfaction or general unhappiness, activity group therapy, family counseling, recreational therapy, rolfing or structural integration, occupational therapy, consciousness training, vocational counseling, marital counseling, peer relations therapy, day care, play observation, sleep

observation, sex therapy, milieu therapy, training disability service, primal scream, bioenergetics therapy, guided imagery, Z-therapy, obesity control therapy, dance therapy, music therapy, educational activities, religious counseling, tape therapy, and recorded psychotherapy;

(25) Mental health treatment delivered in excess of the prescribed frequency as outlined in the treatment plan; and

(26) Mental health services provided by any medical assistance provider other than the recipient's primary care provider under the provisions of § 67:16:39:08, unless the recipient has been formally diagnosed as severely emotionally disturbed or severely and persistently mentally ill.

Source: 22 SDR 6, effective July 26, 1995; 26 SDR 168, effective July 1, 2000; 37 SDR 53, effective September 23, 2010; 40 SDR 122, effective January 8, 2014.

General Authority: SDCL 28-6-1(1)(2).

Law Implemented: SDCL 28-6-1(1)(2).