

South Dakota Medicaid
State Plan Amendments and 1115 Demonstration Applications

As of May 7, 2025

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

SPAs in Public Comment Period

SPA #	SPA Description	Effective Date	Public Comment Start Date	Public Comment End Date
25-0007	Behavioral Health Peer Support Services and Inflationary Increase <i>Implements community mental health center (CMHC) and substance use disorder (SUD) agency rate increases appropriated by the state legislature during the 2025 legislative session and adds coverage and provider qualifications for non-clinical individual and group peer support services.</i>	06/01/25	04/28/2025	05/28/2025
25-00013	Doula and Targeted Case Management Services - Alternative Benefit Plan <i>Brings the Alternative Benefit Plan for the expanded adult population into alignment with two Medicaid State Plan amendments currently pending approval to add coverage of doula services (SPA #24-0017) and targeted case management services (SPA #25-0003).</i>	01/01/25	04/14/2025	05/14/2024

Anticipated SPAs

SPA Description	Anticipated Start of Publi Comment
SFY26 Health Home Inflationary Increase <i>Implements the inflationary rate increases appropriated by the state legislature during the 2025 legislative session and assures that the requirements for general and annual reporting of child and adult core sets are met.</i>	May 2025
SFY26 Provider Inflationary Increase <i>Implements the inflationary rate increases appropriated by the state legislature during the 2025 legislative session and assures that the requirements for general and annual reporting of child and adult core sets are met.</i>	June 2025
CY24 Care Coordination Supplemental Payments <i>Updates the care coordination provider list and supplemental payment amounts.</i>	May 2025

SPAs Being Prepared for CMS Submission

SPA #	SPA Description	Effective Date	Public Comment Start Date	Public Comment End Date
	None at this time.			

SPAs in CMS Review

SPA #	SPA Description	Effective Date	Public Comment Start Date	Public Comment End Date	Date Submitted to CMS
25-0008	Clinic Services Four Walls Exception <i>Provides assurance that South Dakota Medicaid covers clinic services furnished outside the clinic to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address and outside a clinic operated by the IHS or by a Tribe or Tribal organization by clinic personnel under the direction of a physician as required by CMS.</i>	01/01/2025	03/17/2025	04/16/2025	03/18/2025
25-0004	Targeted Case Management - Medicaid SPA <i>Implements targeted case management services in the 30 days prior to release from public institutions for eligible juveniles under 21 years of age or between ages 18-26 for recipients in the former foster care group in accordance with Section 5121 of the Consolidated Appropriations Act, 2023.</i>	01/01/2025	12/16/2024	01/15/2024	01/30/2025
25-0003	Juvenile Justice and Targeted Case Management <i>Implements targeted case management services in the 30 days prior to release from public institutions for eligible juveniles under 21 years of age or between ages 18-26 for recipients in the former foster care group in accordance with Section 5121 of the Consolidated Appropriations Act, 2023.</i>	01/01/2025	12/16/2024	01/15/2024	01/30/2025

Approved SPAs

SPA #	SPA Description	Effective Date	Public Comment Start Date	Public Comment End Date	Date Submitted to CMS	Date Approved
25-0002	Recovery Audit Contractor <i>Seeks continued exemption from the federal requirement mandating the state to establish a Medicaid Recovery Audit Contractor Program due to the State maintaining a low error rate in Medicaid recoveries.</i>	06/01/2025	11/18/2024	12/18/2024	01/10/2025	03/10/2025
24-0007	School District Services and Medicaid Administrative Claiming <i>Adds school-district services and reimbursement for direct school-based health services and Medicaid Administrative Claiming (MAC) to the State Plan to reflect current coverage. The update also includes a school district services cost settlement methodology.</i>	08/06/2024	08/05/2024	09/04/2024	09/17/2024	03/10/2025
24-0016	Preadmission Screening and Annual Resident Reviews (PASRR) <i>Services Clarifies the state plan to reflect current practice for Preadmission Screening and Annual Resident Reviews (PASRR) specialized services in nursing facilities and the available categorical determinations options. The SPA does not change the State's current level of care determination process.</i>	10/01/2024	09/30/2024	10/30/2024	11/04/2024	01/17/2025
24-0017	Doula Services <i>Proposes to implement coverage and reimbursement for doula services including continuous physical, emotional, and informational support to the birthing parent during the prenatal, labor & delivery, and postpartum periods. Services will be provided by qualified individuals with doula certifications from programs approved by South Dakota Medicaid.</i>	01/01/2025	10/21/2024	11/20/2024	11/27/2024	01/10/2025
24-0015	Substitution of Coverage - CHIP SPA <i>Removes the 90-day waiting period prior to CHIP enrollment for substitution of coverage as required by CMS final rule (CMS-2421-FS).</i>	10/27/2024	08/26/2024	09/24/2024	09/25/2024	12/16/2024



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

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April 28, 2025

RE: South Dakota Medicaid Plan Amendment # SD-25-0007

Notice is hereby given that the South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding rehabilitation services. The proposed state plan amendment (SPA) implements community mental health center (CMHC) and substance use disorder (SUD) agency rate increases appropriated by the state legislature during the 2025 legislative session effective June 1, 2025. Medicaid CMHC and SUD Agency services will receive a 1.25% rate increase. The updated fee schedules will be posted by June 1, 2025, on the department's website at: <http://dss.sd.gov/medicaid/providers/feeschedules/dss/>. South Dakota Medicaid providers should continue to submit claims and bill South Dakota Medicaid as they did prior to June 1, 2025. Fee schedules are the maximum allowable reimbursement amount; per ARSD 67:16:01:09 payment for services is limited to the provider's usual and customary charge.

The amendment also adds coverage and provider qualifications for non-clinical individual and group peer support services to help Medicaid beneficiaries engaged in community mental health centers (CMHCs) and substance use disorder (SUD) agencies become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support workers must attest to lived experience and ongoing recovery from a mental health diagnosis or substance use disorder, complete Department approved training, be employed by a CMHC or SUD Agency, and be supervised by a mental health professional, certified addiction counselor, a licensed addiction counselor, or a peer with at least two years of direct experience providing peer services. Payment for Peer Support services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's fee schedule as follows:

Code	Description	Fee
H0038	Peer services, per 15 minutes	\$17.08
H0025	Peer services 2-10 patients per 15 minutes	\$7.26

The SPA amends Pages 30-31 and 31b-31c to Supplement to Attachment 3.1-A and Introduction Page 1 of Attachment 4.19-B of the South Dakota Medicaid State Plan. The proposed State Plan Amendment (SPA) will have an effective date of June 1, 2025.

The department estimates the fiscal impact associated with this SPA to be \$167,754 in State funds and \$189,702 in Federal funds, totaling \$357,455 in Federal Fiscal Year 2025 (June 1, 2025 – September 30, 2025) and \$509,696 in State funds and \$562,670 in Federal funds, totaling \$1,072,366 in Federal Fiscal Year 2026 (October 1, 2025 – September 30, 2026).

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 April 28, 2025, and end May 28, 2025.

Sincerely,

Matt Ballard

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

CC: Matt Althoff, Cabinet Secretary
Heather Petermann, Director

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-25-0007

Effective Date: 06/01/2025

Brief Description: Proposes to implement community mental health center (CMHC) and substance use disorder (SUD) agency rate increases appropriated by the state legislature during the 2025 legislative session effective June 1, 2025 and adds coverage and provider qualifications for non-clinical peer support services in individual or group settings.

Area and Page(s) of State Plan Affected: Pages 30-31 and 31b-31c to Supplement to Attachment 3.1-A and Introduction Page 1 of Attachment 4.19-B of the South Dakota Medicaid State Plan.

Estimate of Fiscal Impact, if Any: FFY25: \$357,455
FFY26: \$1,072,366

Reason for Amendment: Implement inflationary increase for Behavioral Health and allows for Peer Support Services to be covered under the Medicaid program.

Anticipated Impact to Tribes: Continuation of the efforts formerly funded by the Division of Behavioral Health to improve engagement and reduce likelihood of relapse for Medicaid recipients engaged in community mental health centers (CMHCs) and substance use disorder (SUD) agencies through the support of qualified peers.

Comment Period: April 28, 2025 through May 28, 2025.

PUBLIC NOTICE

South Dakota Medicaid Program

Notice is hereby given that the South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding rehabilitation services. The proposed state plan amendment (SPA) implements community mental health center (CMHC) and substance use disorder (SUD) agency rate increases appropriated by the state legislature during the 2025 legislative session effective June 1, 2025. Medicaid CMHC and SUD Agency services will receive a 1.25% rate increase. The updated fee schedules will be posted by June 1, 2025, on the department's website at: <http://dss.sd.gov/medicaid/providers/feeschedules/dss/>. South Dakota Medicaid providers should continue to submit claims and bill South Dakota Medicaid as they did prior to June 1, 2025. Fee schedules are the maximum allowable reimbursement amount; per ARSD 67:16:01:09 payment for services is limited to the provider's usual and customary charge.

The amendment also adds coverage and provider qualifications for non-clinical individual and group peer support services to help Medicaid beneficiaries engaged in community mental health centers (CMHCs) and substance use disorder (SUD) agencies become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support workers must attest to lived experience and ongoing recovery from a mental health diagnosis or substance use disorder, complete Department approved training, be employed by a CMHC or SUD Agency, and be supervised by a mental health professional, certified addiction counselor, a licensed addiction counselor, or a peer with at least two years of direct experience providing peer services. Payment for Peer Support services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's fee schedule as follows:

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The department estimates the fiscal impact associated with this SPA to be \$167,754 in State funds and \$189,702 in Federal funds, totaling \$357,455 in Federal Fiscal Year 2025 (June 1, 2025 – September 30, 2025) and \$509,696 in State funds and \$562,670 in Federal funds, totaling \$1,072,366 in Federal Fiscal Year 2026 (October 1, 2025 – September 30, 2026).

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:

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The public comment period will start April 28, 2025, and end May 28, 2025.

SUPPLEMENT TO ATTACHMENT 3.1-A

- i. Care coordination. Care coordination is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services to meet an individual's health needs as identified in the treatment plan.
- ii. Psychiatric services. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals.
- iii. Psychiatric nursing services. Includes components of physical assessment, medication assessment and monitoring, and medication administration for recipients unable to self-administer their medications.
- iv. Symptom assessment and management. Assessment of an individual recipient's symptoms and providing education regarding managing their symptoms including medication and monitoring education.
- v. Individual therapy. Therapeutic contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progress toward therapeutic goals.
- vi. Group therapy. Therapeutic contact between a therapist and two or more individuals in which the therapist delivers therapies/counseling to multiple individuals, and in which the therapist and the group seek to assist progress towards treatment goals. Group therapy services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery.
- vii. Recovery support services. Supportive counseling/psychotherapy (when diagnostically indicated) and the development of psychosocial and recovery skills may be provided to help the recipient cope with and gain mastery over symptoms and disabilities, including those related to co-occurring disorders, in the context of daily living.
- viii. Psychosocial rehabilitative services. Provided on an individual or group basis to assist the recipient to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery.
- b. Peer Support Services. Peer support workers provide nonclinical individual or group support throughout all stages of the mental health rehabilitation process in support of the beneficiary's recovery and treatment goals. Through lived experience peer support workers help beneficiaries become and stay engaged in the recovery process and reduce the likelihood of relapse by providing the following services:
 - i. Advocating for people in recovery
 - ii. Sharing resources and building skills
 - iii. Linking to resources, services, and supports
 - iv. Leading recovery groups
 - v. Mentoring and setting goals

Non-covered CMHC Services

- a. The following are non-covered CMHC services:
 - i. Vocational counseling and vocational training at a classroom or job site;
 - ii. Academic educational services;
 - iii. Services that are solely recreational in nature;
 - iv. Services for individuals other than an eligible recipient or a recipient's family if the recipient is receiving specialized outpatient services for children;
 - v. Services provided to recipients who are in detoxification centers.
 - vi. Services provided to recipients who are incarcerated in a correctional facility;
 - vii. Services provided to recipients who are in juvenile detention facilities;
 - viii. Services provided to recipients who are in psychiatric residential treatment facilities, inpatient psychiatric hospital, or institutions for mental disease; and
 - ix. Transportation services.

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.
<ul style="list-style-type: none"> Peer Support Worker 	<ul style="list-style-type: none"> A minimum of a high school diploma or equivalent with self-attestation of lived experience and ongoing recovery from a mental health diagnosis, has completed a Department-approved training and is supervised by a mental health professional (as defined by the state) or a peer with at least two years of direct experience providing peer services. Mental health professionals and experienced peers may supervise upon completion of state-approved Supervising Peer Support training. Supervisors will provide regularly scheduled supervision of peer support specialists.

SUPPLEMENT TO ATTACHMENT 3.1-A

- c. Day treatment services are provided by an accredited program providing services to a recipient in a clearly defined, structured, intensive treatment program. The following services are covered:
 - i. Individual, group, and family counseling regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery.
 - ii. Discharge planning which must include continued care planning and counseling, referral to and coordination of care with other resources that will assist a recipient's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services.
- d. Clinically-managed low-intensity residential treatment services provided by an accredited residential program providing services to a recipient in a structured environment designed to aid re-entry into the community. Clinically-managed, low-intensity residential treatment programs are not institutions for mental diseases as described in 42 CFR 435.1010. The following services are covered:
 - i. Individual, group, and family counseling regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery.
 - ii. Discharge planning to continued care planning and counseling, referral to and coordination of care with other resources that will assist a recipient's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services.
- e. Medically-monitored intensive inpatient treatment programs are an accredited residential program providing services to a recipient in a structured environment. These medically-monitored intensive inpatient treatment program may be provided to eligible individuals in an eligible IMD as allowed in Attachment 3.1-M. The following services are covered:
 - i. Individual, group, and family counseling regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery.
 - ii. Discharge planning to include continued care planning and counseling, referral to and coordination of care with other resources that will assist a recipient's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services.
- f. Peer support services provide nonclinical individual or group support throughout all stages of the substance use rehabilitation process in support of the beneficiary's recovery and treatment goals. Through lived experience peer support workers help beneficiaries become and stay engaged in the recovery process and reduce the likelihood of relapse by providing the following services:
 - i. Advocating for people in recovery
 - ii. Sharing resources and building skills
 - iii. Linking to resources, services, and supports
 - iv. Leading recovery groups
 - v. Mentoring and setting goals

SUPPLEMENT TO ATTACHMENT 3.1-A

Substance Use Disorder Agencies Non-Covered Services

The following services are non-covered for substance use disorder agencies:

- a. Treatment for a diagnosis of substance use disorder that exceeds the limits established by the division, unless prior authorization is approved by the division;
- b. Out-of-state substance use disorder treatment unless the division determines that appropriate in-state treatment is not available;
- c. Treatment for a gambling disorder;
- d. Room and board for residential services;
- e. Substance use disorder treatment before the integrated assessment is completed;
- f. Substance use disorder treatment after 30 days if the treatment plan has not been completed;
- g. Substance use disorder treatment if a required review has not been completed;
- h. Court appearances, staffing sessions, or treatment team appearances; and
- i. Substance use disorder services provided to a recipient incarcerated in a correctional facility.

Substance Use Disorder Agencies Practitioners and Qualifications

All agency staff providing addiction counseling must meet the standards for addiction counselors or addiction counselor trainees in accordance with South Dakota Board of Addiction and Prevention Professionals requirements. Each agency must have a clinical supervisor that supervises clinical services. Clinical supervisors must be licensed as either a certified addiction counselor or licensed addiction counselor. The table below lists the services each provider can provide, provider qualifications, and supervisory requirements:

Practitioner Type	Services Furnished	Qualifications	Supervisory Requirements
Licensed Addiction Counselor	<ul style="list-style-type: none"> Integrated assessment; Crisis intervention; Early intervention services; Individual, group, and family counseling; and Discharge planning. 	Must meet be licensed as a Licensed Addiction Counselor by the South Dakota Board of Addiction and Prevention Professionals.	None
Certified Addiction Counselor	<ul style="list-style-type: none"> Integrated assessment; Crisis intervention; Early intervention services; Individual, group, and family counseling; and Discharge planning. 	Must meet be certified as a Certified Addiction Counselor by the South Dakota Board of Addiction and Prevention Professionals.	None
Addiction Counselor Trainee	<ul style="list-style-type: none"> Integrated assessment; Crisis intervention; Early intervention services; Individual, group, and family counseling; and Discharge planning. 	Must meet be recognized as an Addiction Counselor Trainee by the South Dakota Board of Addiction and Prevention Professionals.	Must be supervised by a certified addiction counselor or licensed addiction counselor.
Peer Support Services	<ul style="list-style-type: none"> Individual or group peer supports 	A minimum of a high school diploma or equivalent with self-attestation of lived experience and ongoing recovery from a mental health diagnosis and has completed a Department-approved training.	Must be supervised by a certified addiction counselor, licensed addiction counselor or a peer with at least two years of direct experience providing peer services. Certified addiction counselors, licensed addiction counselors, and experienced peers may supervise upon completion of state-approved Supervising Peer Support training. Supervisors will provide regularly scheduled supervision of peer support specialists.

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, 2024
Physician Services	Attachment 4.19-B, Page 6	July 1, 2024
Optometrist Services	Attachment 4.19-B, Page 9	July 1, 2024
Chiropractic Services	Attachment 4.19-B, Page 10	July 1, 2024
Independent Mental Health Practitioners	Attachment 4.19-B, Page 11	July 1, 2024
Nutritionist and Dietician Services]	Attachment 4.19-B, Page 11	July 1, 2024
Home Health Services	Attachment 4.19-B, Page 12	July 1, 2024
Durable Medical Equipment	Attachment 4.19-B, Page 13	July 1, 2024
Clinic Services	Attachment 4.19-B, Page 15	July 1, 2024
Dental Services	Attachment 4.19-B, Page 16	July 1, 2024
Physical Therapy	Attachment 4.19-B, Page 17	July 1, 2024
Occupational Therapy	Attachment 4.19-B, Page 18	July 1, 2024
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	July 1, 2024
Dentures	Attachment 4.19-B, Page 21	July 1, 2024
Prosthetic Devices	Attachment 4.19-B, Page 22	July 1, 2024
Eyeglasses	Attachment 4.19-B, Page 23	July 1, 2024
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	July 1, 2024
Community Health Workers	Attachment 4.19-B, Page 26	July 1, 2024
Doula Services	Attachment 4.19-B, Page 26	January 1, 2025
Community Mental Health Centers	Attachment 4.19-B, Page 26	June 1, 2025
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	June 1, 2025 *
Nurse Midwife Services	Attachment 4.19-B, Page 31	July 1, 2024
Pregnancy PCCM Program	Attachment 4.19-B, Page 39a	July 1, 2024
Targeted Case Management	Attachment 4.19-B, Page 33	January 1, 2025
Transportation	Attachment 4.19-B, Page 38	July 1, 2024
Personal Care Services	Attachment 4.19-B, Page 38	July 1, 2024
Freestanding Birth Centers	Attachment 4.19-B, Page 39	July 1, 2024
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	July 1, 2024

*Room and board is not included in these rates.



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April 14, 2025

RE: South Dakota Alternative Benefit Plan State Plan Amendment # SD-25-0013

The notice below was previously issued on December 16, 2024, and is being reissued per guidance from the Centers for Medicare & Medicaid Services to include assurances regarding EPSDT and tribal consultation. Please note that the rest of the notice remains unchanged and the reissuance of the notice does not impact the underlying services.

The South Dakota Department of Social Services intends to make a change to the South Dakota Medicaid State Plan. The amendment proposes to bring the Alternative Benefit Plan for the expanded adult population into alignment with two Medicaid State Plan amendments to add coverage of doula services (SPA #24-0017) and targeted case management services (SPA #25-0003). Medicaid SPA 25-0003 is currently pending approval. The SPA amends page 45 of ABP5: Benefits Description within the Alternative Benefit Plan. The Department intends to make this SPA effective January 1, 2025.

The agency assures that individuals under twenty-one years of age may receive additional services if determined medically necessary, pursuant to EPSDT federal regulations, Section 440.345 of Title 42 of the Code of Federal Regulations. The agency also assures that tribal consultation is conducted in compliance with 5006(e) of the American Recovery and Reinvestment Act of 2009.

The department's estimate for the fiscal impact associated with this SPA is included in the existing projections for the Doula Services SPA #24-0017 as provided in the October 21, 2024 Public Notice which is \$50,984 in State funds and \$75,413 in Federal funds, totaling \$127,397 in Federal Fiscal Year 2025 (January 1, 2025 – September 30, 2025) and \$67,979 in State funds and \$101,884 in Federal funds, totaling \$167,863 in Federal Fiscal Year 2026 (October 1, 2025 – September 30, 2026) and in the existing projections for the Targeted Case Management SPA #25-0003 as provided in the December 16, 2024 Public Notice which is \$62,934 in State funds and \$88,896 in Federal funds, totaling \$151,830 in Federal Fiscal Year 2025 (January 1, 2025 – September 30, 2025) and \$83,911 in State funds and \$118,529 in Federal funds, totaling \$202,440 in Federal Fiscal Year 2026 (October 1, 2025 – September 30, 2026).

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:

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The public comment period will start April 14, 2025 and end May 14, 2025.

Sincerely,

Matt Ballard

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

CC: Matt Althoff, Cabinet Secretary
Heather Petermann, Director

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-25-0013

Effective Date: 01/1/2025

Disclaimer: This notice is reissued per guidance from the Centers for Medicare & Medicaid Services to include assurances regarding EPSDT and tribal consultation. Please note that the rest of the notice remains unchanged and the reissuance of the notice does not impact the underlying services.

Brief Description: Proposes to implement coverage and reimbursement for pregnancy-related doula services including prenatal, labor and delivery, and postpartum supports. Services will be provided by qualified individuals with doula certifications from programs approved by South Dakota Medicaid. The SPA also provides for targeted case management for incarcerated youth in accordance with federal regulations.

Area of State Plan Affected: Alternative Benefit Plan

Page(s) of State Plan Affected: Page 45 of ABP5: Benefits Description within the Alternative Benefit Plan.

Estimate of Fiscal Impact, if Any: FFY25: \$279,227
 FFY26: \$370,303

Reason for Amendment: Implements coverage and reimbursement for doula services and coverage of targeted case management services for the expanded adult group.

Anticipated Impact to Tribes: Doula services will enhance support services for pregnant individuals throughout the perinatal period, which may improve birth-related outcomes and targeted case management services will allow for improved healthcare coordination for incarcerated youth.

Comment Period: April 14, 2025 to May 14, 2025.

PUBLIC NOTICE

South Dakota Medicaid Program

The notice below was previously issued on December 16, 2024, and is being reissued per guidance from the Centers for Medicare & Medicaid Services to include assurances regarding EPSDT and tribal consultation. Please note that the rest of the notice remains unchanged and the reissuance of the notice does not impact the underlying services.

Notice is hereby given that the South Dakota Department of Social Services intends to make a change to the South Dakota Medicaid State Plan. The amendment proposes to bring the Alternative Benefit Plan for the expanded adult population into alignment with two Medicaid State Plan amendments to add coverage of doula services (SPA #24-0017) and targeted case management services (SPA #25-0003). Medicaid SPA 25-0003 is currently pending approval. The SPA amends page 45 of ABP5: Benefits Description within the Alternative Benefit Plan. The Department intends to make this SPA effective January 1, 2025.

The agency assures that individuals under twenty-one years of age may receive additional services if determined medically necessary, pursuant to EPSDT federal regulations, Section 440.345 of Title 42 of the Code of Federal Regulations. The agency also assures that tribal consultation is conducted in compliance with 5006(e) of the American Recovery and Reinvestment Act of 2009.

The department's estimate for the fiscal impact associated with this SPA is included in the existing projections for the Doula Services SPA #24-0017 as provided in the October 21, 2024 Public Notice which is \$50,984 in State funds and \$75,413 in Federal funds, totaling \$127,397 in Federal Fiscal Year 2025 (January 1, 2025 – September 30, 2025) and \$67,979 in State funds and \$101,884 in Federal funds, totaling \$167,863 in Federal Fiscal Year 2026 (October 1, 2025 – September 30, 2026) and in the existing projections for the Targeted Case Management SPA #25-0003 as provided in the December 16, 2024 Public Notice which is \$62,934 in State funds and \$88,896 in Federal funds, totaling \$151,830 in Federal Fiscal Year 2025 (January 1, 2025 – September 30, 2025) and \$83,911 in State funds and \$118,529 in Federal funds, totaling \$202,440 in Federal Fiscal Year 2026 (October 1, 2025 – September 30, 2026).

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 April 14, 2025 and end May 14, 2025.



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Targeted Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

Effective January 1, 2025.
See Attachment 3.1-A, 19.a., Targeted Case Management Services

Other 1937 Benefit Provided:

Doula Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

Effective January 1, 2025
See Attachment 3.1-A, 13.c.4, Doula Services

Add