



State Plan Amendment Updates

October 23, 2024



South Dakota Medicaid
State Plan Amendments and 1115 Demonstration Applications

As of October 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
25-0001	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>	01/01/24	10/21/24	11/20/24
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>	10/01/24	09/30/24	10/30/24

Anticipated SPAs	
SPA Description	Anticipated Start of Tribal Consultation
None at this time.	

SPAs Being Prepared for CMS Submission				
SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Date Public Comment Period Ends
	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
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
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
24-0014	SFY25 Inflationary Increase and Clean-Up SPA <i>Implements the inflationary rate increases appropriated by the state legislature during the 2024 legislative session effective July 1, 2024, and updates multiple areas of the State Plan to align with South Dakota Administrative Rule and current practice.</i>	07/01/2024	06/17/2024	07/17/2024	08/05/2024
24-0012	Elimination of Recipient Cost Share for Medical Services <i>Exempts cost-sharing for Medicaid recipients and medical services that are currently subject to cost-sharing.</i>	07/01/2024	05/28/2024	06/28/2024	07/24/2024

Approved SPAs

SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Tribal Consultation End Date	Date Submitted to CMS	Date Approved
24-0013	Health Home Inflationary Increase and Assurance <i>Implements the inflationary rate increases appropriated by the state legislature during the 2024 legislative session and assures that the requirements for general and annual reporting of child and adult core sets are met.</i>	07/01/2024	06/17/2024	07/17/2024	08/05/2024	10/11/2024
24-0010	CY23 Care Coordination Supplemental Payment <i>Updates the care coordination provider list and supplemental payment amounts.</i>	06/01/2024	05/28/2024	06/28/2024	06/28/2024	08/13/2024
24-0008	Prescription Drug Coverage <i>Allows for coverage of select over-the-counter drugs manufactured by a firm that does not have a signed rebate agreement with the United States Department of Health and Human Services, including iron supplements for pregnant women. The SPA also allows for South Dakota Medicaid to enter into value-based agreements with manufacturers on a voluntary basis.</i>	04/01/2024	03/18/2024	04/17/2024	05/03/2024	07/30/2024
24-2011	SFY25 Behavioral Health Inflationary Increase <i>Implements community mental health center (CMHC) and substance use disorder (SUD) agency inflationary increases appropriated by the state legislature during the 2024 legislative session.</i>	06/01/2024	05/28/2024	06/28/2024	06/28/2024	07/30/2024
24-0009	Substance Use Disorder Treatment Coverage <i>Restores permanent coverage of substance use disorder (SUD) services provided to eligible individuals in institutions for mental disease (IMDs).</i>	10/01/2023	04/02/2024	05/02/2024	05/09/2024	07/11/2024

Doula Services

SD-25-0001

Brief Description:

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.

Anticipated Impact to Tribes:

Enhances support services for pregnant individuals throughout the perinatal period, which may improve birth-related outcomes.

Important Dates:

Effective date: January 1, 2025.

Comment Period: October 21, 2024 to November 20, 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
WEB: dss.sd.gov

October 21, 2024

RE: South Dakota Medicaid Plan Amendment # SD-25-0001

The South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding Doula Services. The proposed state plan amendment (SPA) 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. Payment for doula 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
T1032	Prenatal, postpartum, or care coordination services (15 minutes/unit)	\$16.86
T1033	Labor and delivery services	\$600.00

The SPA adds page 26d to Supplement to Attachment 3.1-A, and amends Introduction Page 1 and page 26 of Attachment 4.19-B to the South Dakota Medicaid state plan.

The proposed State Plan Amendment (SPA) will have an effective date of January 1, 2025. The department estimates the fiscal impact associated with this SPA to be \$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).

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 October 21, 2024, and end November 20, 2024.

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

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 Doula Services. The proposed state plan amendment (SPA) 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. Payment for doula 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 public comment period will start October 21, 2024, and end November 20, 2024.

SUPPLEMENT TO ATTACHMENT 3.1-A

4. Doula Services

Doula services will be used to provide support for pregnant recipients throughout the prenatal and postpartum periods. Pursuant to 42 C.F.R.

Section 440.130(c), doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.

Doula services are covered for pregnant recipients with a pregnancy confirmed by a medical provider. Services are covered through the postpartum period. Postpartum doula services may be provided up to 365 days after the end of the pregnancy contingent upon the recipient maintaining eligibility for South Dakota Medicaid.

Covered Services

Covered Doula services include:

1. Prenatal and postpartum counseling, education, and support including providing information regarding self-care and infant care to help achieve positive health outcomes for the recipient and the baby. Services also include development of birth and postpartum plans;
2. Labor and delivery support; and
3. Care coordination to link the recipient to health care providers and community-based services and supports.

One labor and delivery care visit is covered per recipient, per pregnancy. Labor and delivery services must be provided in conjunction with prenatal and/or postpartum doula services.

Provider Qualifications

A doula is a trained professional who provides emotional, physical, and informational support during the prenatal, labor, delivery, and postpartum periods. Doulas are non-clinical and do not provide medical care. Doula services do not replace the services of licensed and trained medical professionals.

Doula services may be provided by qualified individuals who:

1. Are at least 18 years of age; and
2. Maintain up-to-date certification through a doula certification program approved by South Dakota Medicaid.

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, 2024
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	June 1, 2024 *
Nurse Midwife Services	Attachment 4.19-B, Page 31	July 1, 2024
Pregnancy PCCM Program	Attachment 4.19-B, Page 39a	July 1, 2024
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.

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

13c. Preventive Services

1. Payments for Diabetes Self-Management Training will be made to the providers and are based on an hourly rate as determined by the lesser of the established Medicaid fee schedule, the established Medicare fee schedule, or the provider's usual and customary charges. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page, Page 1.
2. Payments for Community Health Workers will be made to the provider and are reimbursed the lesser of the established Medicaid fee schedule or the provider's usual and customary charges. The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page, Page 1.
3. Payment for Doula Services will be made to the provider and are reimbursed the lesser of the established Medicaid fee schedule or the provider's usual and customary charges. The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page, Page 1.

13d. Rehabilitation Services

Payment for services will be the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule published on the agency's website <http://dss.sd.gov/medicaid/providers/feeschedules/>.

1. Community Mental Health Centers (CMHCs). The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page, Page 1. CMHC services are paid on a fee-for-service basis and are not bundled unless noted below.

The following specialized outpatient services for children services are paid via a bundled payment, which is paid at a 15-minute unit rate:

- a. Integrated assessment, evaluation, and screening;
- b. Care coordination;
- c. Individual therapy;
- d. Family education, support, and therapy; and
- e. Crisis assessment and intervention services.

The following specialized outpatient services for adults and assertive community treatment services are paid via a bundle using separate daily rates:

- a. Integrated assessment, evaluation, and screening;
- b. Crisis assessment and intervention services;
- c. Care coordination;
- d. Symptoms assessment and management, including medication monitoring and education;
- e. Individual therapy;
- f. Group therapy;
- g. Recovery support services; and
- h. Psychosocial rehabilitation services.

Any provider delivering services through a specialized outpatient services for children, specialized outpatient services for adults, or assertive community treatment services bundle will be paid through a bundled payment rate and cannot bill separately with the exception of the integrated assessment, evaluation, and screening. The integrated assessment, evaluation, and screening is separately billable when conducted by a licensed physician or psychiatrist, resident, nurse practitioner, physician assistant, registered nurse, or licensed practical nurse. Medicaid providers performing the assessment can bill for the assessment in accordance with their particular benefit category in Attachment 4.19B.

At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.

The bundled rates do not include costs related to room and board or other unallowable facility costs. The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that the beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

2. Substance Use Disorder Agencies. The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page.

Preadmission Screening and Annual Resident Reviews (PASRR) Services

SD-24-0016

Brief Description:

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.

Anticipated Impact to Tribes:

None, as the amendment does not change current practice for Preadmission Screening and Annual Resident Review in Nursing Facilities.

Important Dates:

Effective date: October 1, 2024.

Comment Period: September 30, 2024 to October 30, 2024.



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

September 30, 2024

RE: South Dakota Medicaid Plan Amendment # SD-24-0016

The South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding Preadmission Screening and Annual Resident Reviews (PASRR). The proposed state plan amendment (SPA) clarifies the state plan to reflect current practice for 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.

The SPA amends pages 79s and 79t of Section 4.39, page 1 of Attachment 4.39, and page 1 of Attachment 4.39-A, and adds page 2 of Attachment 4.39 to the South Dakota Medicaid state plan.

The proposed State Plan Amendment (SPA) will have an effective date of October 1, 2024. The Department estimates there will be no fiscal impact in Federal Fiscal Year 2025 and Federal Fiscal Year 2026 as the amendment allows for alignment with current practice.

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 September 30, 2024, and end October 30, 2024.

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

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 Preadmission Screening and Annual Resident Reviews (PASRR). The proposed state plan amendment (SPA) clarifies the state plan to reflect current practice for 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.

The SPA amends pages 79s and 79t of Section 4.39, page 1 of Attachment 4.39, and page 1 of Attachment 4.39-A, and adds page 2 of Attachment 4.39 to the South Dakota Medicaid state plan.

The proposed State Plan Amendment (SPA) will have an effective date of October 1, 2024. The Department estimates there will be no fiscal impact in Federal Fiscal Year 2025 and Federal Fiscal Year 2026 as the amendment allows for alignment with current practice.

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 September 30, 2024, and end October 30, 2024.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: SOUTH DAKOTA

SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation

4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities

Sections

1902(a)(28)(D)(i) and
1919(e)(7) of the Act,
P.L. 100-203 (section
4211(c));
P.L. 101-508 (section
4801(b)).

- (a) The Medicaid agency has in effect a written agreement with the State mental health and State intellectual/developmental disability authorities that meets the requirements of 42 CFR 431.621(c).
 - (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
 - (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
 - (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State Plan" the cost of NF services to individuals who are found not to require NF services.
- X (e) **ATTACHMENT 4.39** specifies the State's definition of specialized services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: SOUTH DAKOTA

SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation 4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities (continued)

Sections
1902(a)(28)(D)(i) and
1919(e)(7) of the Act,
P.L. 100-203 (section
4211(c));
P.L. 101-508 (section
4801(b)).

1. Except for residents identified in 42 CFR 438.118(c), the State mental health or State intellectual/developmental disability authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.

X (g) The State describes any categorical determinations it applies in **ATTACHMENT 4.39-A**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: SOUTH DAKOTA

DEFINITION OF SPECIALIZED SERVICES

Serious Mental Illness

Specialized outpatient services for adults are medically necessary related treatment, and rehabilitative, and support services to a recipient age 18 or older with serious mental illness (SMI), including those with co-occurring disorders. The individual must have at least one functional impairment as a result of the SMI. These "Specialized Services" are psychiatric services resulting in the continuous and aggressive implementation of an individual plan of care that is developed by an interdisciplinary team which includes a physician, qualified mental health professionals, and other professionals which prescribes specific therapies and activities for the treatment of individuals experiencing an acute episode of serious mental illness requiring supervision by trained mental health professionals to obtain improvement in function that would permit a reduction in the level of intensity to below the level of specialized services at the earliest possible time. The State Mental Health Authority has identified the following Specialized Services:

1. Psychiatric medication management and monitoring
 - a. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals.
2. Individual mental health therapy
 - a. Therapeutic contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progressing toward therapeutic goals.
3. Case management services as provided through a Community Mental Health Center, which includes:
 - a. Care Coordination - 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.
 - b. Symptom Assessment and Management - The assessment of an individual's symptoms and providing education regarding managing their symptoms including medication and monitoring education.

- c. 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.
- 4. Psychoeducational or other therapeutic group
 - a. Provided 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.

Intellectual or Developmental Disability

Specialized services available for eligible individuals with intellectual/developmental disabilities include the following:

1. Day habilitation services;
2. Career exploration;
3. Small Group Vocational Support;
4. Group Supported Employment;
5. Individual Supported Employment;
6. Assistive Technology; and
7. Specialized Medical Equipment and Drugs.

Specialized services for eligible individuals with intellectual/developmental disabilities must be provided by certified providers as determined by the State intellectual/developmental disability authority. Certified providers must meet all service specifications as outlined by the State intellectual/developmental disability authority.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: SOUTH DAKOTA

CATEGORICAL DETERMINATIONS

- A. The State mental health or intellectual/developmental disability authority may make an advanced determination that nursing facility services are needed for the following groups of applicants:
1. Terminal Illness
Terminal illness diagnosis, determined by a physician or hospice involvement, that includes a life expectancy of 6 months or less.
 2. Severe Physical Illness
Severe physical illness which has resulted in a coma or ventilator dependence (ex: functioning at a brain stem level, or a diagnosis such as end stage COPD, Parkinson's disease, Huntington's, amyotrophic lateral sclerosis (ALS), which results in a level of impairment so severe that a person cannot be expected to benefit from active treatment.
 3. Convalescent Stay
A physician has identified the need for a NF stay following a hospitalization which will be less than 100 days.
 4. Respite Stay
A physician has ordered for a respite stay of 30 days or less.
 5. Emergency Placement
Provisional admission pending further assessment requiring a referral from adult protective services or law enforcement, with placement in the nursing facility not to exceed 7 days.
- B. The state mental health or intellectual/developmental disability authorities may make categorical determinations that individuals with dementia, which exists in combination with a PASRR condition, do not need specialized services.