

South Dakota Medicaid
State Plan Amendments and 1115 Demonstration Applications

As of May 20, 2025

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 |
|----------|--|----------------|--------------------------------|---------------------------------|
| 25-00011 | CY24 Care Coordination Supplemental Payments <i>Updates the care coordination provider list and supplemental payment amounts.</i> | 06/01/25 | 05/12/2025 | 06/11/2025 |
| 25-00010 | SFY26 Health Home Inflationary Increase <i>Implements the inflationary rate increases for the Health Home Per Member Per Month rates as appropriated by the state legislature during the 2025 legislative session.</i> | 07/01/2025 | 05/12/2025 | 06/11/2025 |
| 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 |

Anticipated SPAs

| SPA Description | Anticipated Start of Tribal Consultation |
|---|--|
| SFY26 Provider Inflationary Increase <i>Implements the provider inflationary rate increases appropriated by the state legislature during the 2025 legislative session.</i> | June 2025 |

SPAs Being Prepared for CMS Submission

| SPA # | SPA Description | Date Effective | Tribal Consultation Start Date | Date Public Comment Period Ends |
|----------|---|----------------|--------------------------------|---------------------------------|
| 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> | 01/01/2025 | 04/14/2025 | 05/14/2025 |

SPAs in CMS Review

| SPA # | SPA Description | Date Effective | Tribal Consultation Start Date | Tribal Consultation 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 - CHIP 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 - 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 |

Approved SPAs

| SPA # | SPA Description | Date Effective | Tribal Consultation Start Date | Tribal Consultation 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 |



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

May 12, 2025

RE: South Dakota Medicaid State Plan Amendment #SD-25-0011

South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to update the provider lists and supplemental payment amounts for the inpatient and nursing facility providers that have a signed care coordination agreement with Indian Health Services and have ensured access and proper coordination of care of health services. The supplemental payment amounts are listed below:

| Inpatient Provider | Amount |
|-----------------------------|---------------|
| Abbot House Inc | \$13,954 |
| Aurora Plains Academy | \$7,662 |
| Avera | \$214,803 |
| Bennett County | \$15,326 |
| Black Hills Surgical | \$14,917 |
| Mobridge Regional | \$7,834 |
| Monument Health | \$764,271 |
| Lutheran Social Services | \$4,586 |
| Our Home | \$28,802 |
| Rushmore Ambulatory Surgery | \$11,254 |
| Sanford | \$234,594 |
| Sioux Falls Children's Home | \$38,413 |

| Nursing Facility Provider | Amount |
|----------------------------------|---------------|
| Avera | \$16,367 |
| Bennett County | \$529 |
| Legacy | \$22,630 |
| Monument Health | \$4,069 |
| Sanford | \$16,334 |

We intend to make this SPA effective June 1, 2025. The SPA amends page 14 of Attachment 4.19-A, and amends page 17b of Attachment 4.19-D of the South Dakota Medicaid State Plan.

The department estimates the fiscal impact will be \$593,873 in State funds and \$822,472 in Federal funds, totaling \$1,416,345 in Federal Fiscal Year 2025 (June 1, 2025 to September 30, 2025) and \$0.00 in Federal Fiscal Year 2026 (October 1, 2025 to 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:

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

The public comment period will start May 12, 2025, and end June 11, 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-25-0011

Effective Date: 06/1/2025

Brief Description: The state plan amendment updates the provider lists and supplemental payment amounts for the inpatient and nursing facility providers that have a signed care coordination agreement with Indian Health Services and have ensured access and proper coordination of care of health services.

Area of State Plan Affected: Attachment 4.19-A and Attachment 4.19-D

Page(s) of State Plan Affected: Amends page 14 of Attachment 4.19-A, and amends page 17b of Attachment 4.19-D

Estimate of Fiscal Impact, if Any: FFY25: \$ 1,416,345
FFY26: \$0.00

Reason for Amendment: Update care coordination provider list and supplemental payment amounts.

PUBLIC NOTICE

South Dakota Medicaid Program

Notice is hereby given that the South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to update the provider lists and supplemental payment amounts for the inpatient and nursing facility providers that have a signed care coordination agreement with Indian Health Services and have ensured access and proper coordination of care of health services. The supplemental payment amounts are listed below:

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The Department of Social Services (DSS) supports ensuring access and proper coordination of care. The department will make supplemental payments to further these goals to the following private providers in the following amounts:

| Provider | Amount |
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| Abbot House Inc | \$13,954 |
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Supplemental payments will be made using data calculated for the period of January 1, 2024 to December 31, 2024. Payments for the supplemental payment period will be made during the last quarter of the state fiscal year.

The payment will be made to the provider through the MMIS system. Payments will be made directly to the qualifying provider through a supplemental payment mechanism and will appear on their remittance advice. Each provider will receive written notification at the time of payment of the payment amount from the Division of Medical Services.

Payments made in error will be recovered via a supplemental recovery mechanism and will appear on the provider's remittance advice. The agency will notify the provider in writing explaining the error prior to the recovery. The Federal share of payments made in excess will be returned to CMS in accordance with 42 CFR Part 433, Subpart F.

The maximum aggregate payment to all qualifying providers shall not exceed the available upper payment limit in accordance with 42 CFR 447.272.

The Department of Social Services (DSS) supports ensuring access and proper coordination of care. The department will make supplemental payments to further these goals to the following private providers in the following amounts:

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WEB: dss.sd.gov

May 12, 2025

RE: South Dakota Medicaid State Plan Amendment #SD-25-0010

The South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to implement the inflationary rate increases for the Health Home program appropriated by the state legislature during the 2025 legislative session.

The Health Home Quality Incentive Payment pool and the Per Member Per Month payments will receive a 1.25 percent inflationary increase. The updated fee schedule will be posted on the department's website at: <http://dss.sd.gov/medicaid/providers/feeschedules/dss/>.

The estimated expenditures associated with this amendment are solely due to rate increases. No rates are being decreased. The department estimates the fiscal impact will be \$6,888 in State funds and \$7,790 in Federal funds, totaling \$14,678 in Federal Fiscal Year 2025 (July 1, 2025 to September 30, 2025) and \$27,554 in State funds and \$31,159 in Federal funds, totaling \$58,713 in Federal Fiscal Year 2026 (October 1, 2025 to September 30, 2026). The department intends to make this SPA effective July 1, 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:

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The public comment period will start May 12, 2025 and end June 11, 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-25-0010

Effective Date: 7/1/25

Brief Description: This SPA implements the inflationary rate increases appropriated by the state legislature during the 2025 legislative session.

Area of State Plan Affected: Health Homes MACPro payment methodology pages.

Page(s) of State Plan Affected: Health Homes MACPro payment methodology pages.

Estimate of Fiscal Impact, if Any: FFY25: \$14,678
 FFY26: \$58,713

Reason for Amendment: The state legislature appropriated an inflationary increase of 1.25% for SFY26.

Anticipated Impact to Tribes: Increased reimbursement for Health Home Providers.

Comment Period: May 12, 2025 to June 11, 2025..

PUBLIC NOTICE

South Dakota Medicaid Program

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SD - Submission Package - SD2025MS0001O - (SD-25-0010) - Health Homes

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | SD2025MS0001O | SD-25-0010 | MIGRATED_HH.South Dakota Health Homes

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☐ Eligibility
- ☒ Benefits and Payments
- ☒ Health Homes Program

Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.

- ☐ Create new Health Homes program
- ☒ Amend existing Health Homes program
- ☐ Terminate existing Health Homes program

MIGRATED_HH.South Dakota Health Homes

Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

*

| <input type="checkbox"/> | Reviewable Unit Name | Included in Another Submission Package | Source Type |
|-------------------------------------|---|--|-------------|
| <input type="checkbox"/> | Health Homes Intro | <input type="radio"/> | APPROVED |
| <input type="checkbox"/> | Health Homes Geographic Limitations | <input type="radio"/> | APPROVED |
| <input type="checkbox"/> | Health Homes Population and Enrollment Criteria | <input type="radio"/> | APPROVED |
| <input type="checkbox"/> | Health Homes Providers | <input type="radio"/> | APPROVED |
| <input type="checkbox"/> | Health Homes Service Delivery Systems | <input type="radio"/> | APPROVED |
| <input checked="" type="checkbox"/> | Health Homes Payment Methodologies | <input type="radio"/> | APPROVED |
| <input type="checkbox"/> | Health Homes Services | <input type="radio"/> | APPROVED |
| <input type="checkbox"/> | Health Homes Monitoring, Quality Measurement and Evaluation | <input type="radio"/> | APPROVED |

1 - 8 of 8

☐ 1945A Health Home Program

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | SD2025MS0001O | SD-25-0010 | MIGRATED_HH.South Dakota Health Homes

Package Header

| | | | |
|-------------------|----------------|-------------------------|------------|
| Package ID | SD2025MS0001O | SPA ID | SD-25-0010 |
| Submission Type | Official | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | SD-24-0013 | | |
| | System-Derived | | |

Payment Methodology

The State's Health Homes payment methodology will contain the following features

☒ Fee for Service

☐ Individual Rates Per Service

☒ Per Member, Per Month Rates

☐ Comprehensive Methodology Included in the Plan

☒ Incentive Payment Reimbursement

☒ Fee for Service Rates based on

☒ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☐ Other

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☒ Other

Describe below

South Dakota will provide a supplemental quality incentive payment to Health Homes when the Health Home intervention produces at least \$3 million in savings through efficiencies. Savings through efficiencies is calculated by determining the per member per month (PMPM) for Health Home participants and individuals eligible for Health Homes that do not participate in the program. The PMPMs are multiplied by the number of Health Home member months and the numbers are compared to determine the amount of savings through efficiencies. South Dakota Medicaid worked with a subgroup of the Implementation Workgroup to identify a payment methodology. The payment methodology is targeted to:

- Incentivize providers with small caseloads usually in rural and frontier areas to continue to participate in the program; and
- Reward providers who make progress towards reaching the established targets or meet/exceed the established target.

To receive either payment type, providers must have participated in the Health Home program during the outcome measurement year, be in good standing with the program by providing a core service to at least 50% of their caseload and reporting outcome measures for each recipient that was provided a core service. Payments are based on outcomes reported on a calendar year basis and average annual caseload and tier are calculated on a calendar year basis.

Total state funds available for the quality incentive payment are listed on South Dakota Medicaid's website effective July 1, 2025:
<http://dss.sd.gov/medicaid/providers/feeschedules/>. The amount is divided into the small caseload incentive payment and the clinical outcome measure payment. The small caseload incentive payment amount is divided equally between each qualifying designated Health Home.

South Dakota has 66 counties; only 2 of the 66 counties are urban. For statewide implementation, smaller providers in rural and frontier areas must participate. The small caseload payment promotes access to the Health Home program across the state by incentivizing participation when a caseload may not be large enough to support independent adoption of the program. This encourages health systems to implement the Health Home program in all locations, regardless of size.

To determine if a Health Home should receive the small

caseload payment, South Dakota Medicaid will average the caseload receiving a Health Home core service for each Health Home for every month of the measurement year. To qualify for this payment, providers must have been an active Health Home Provider during the outcome measurement year and have an average caseload that received a core service of 15 or less.

The clinical outcome measure payment is based on the clinical outcome measures submitted by each clinic to South Dakota Medicaid. These measures help demonstrate the successful provision of core services to Health Home recipients and demonstrates the provider's successful implementation of the Health Home model. South Dakota Medicaid worked with a subgroup to establish targets for each of the outcome measures. The outcome measure payment recognizes quality of care by rewarding providers who either improved from the previous calendar year on a specified measure or met/exceeded the established the target for each measure.

South Dakota Medicaid chose two types of measures for the new methodology:

1. Measures that showed successful implementation of the Health Home Model, where the clinic had complete control over the outcome.
2. Measures were also selected which required recipient compliance.

South Dakota worked with our stakeholder group to weight each measure appropriate. The weights of the 10 measures totaled 100. Once weights were assigned, the past year's and the current year's outcomes were compared for each of the measures and if they improved from the previous year, they were awarded a 0.5 points for the measure and if the met or exceeded the target, they were awarded a 1.00 point for the measure.

A Severity Score was calculated for each clinic based on the average number of recipients in each Tier whom they provide a core service every month and applied to each measure. Scores were assigned to each Tier as follows:

- Tier 1 - 0.25
- Tier 2 - 0.50
- Tier 3 - 0.75
- Tier 4 - 1.00

The severity score was calculated as follows [number of recipients in Tier 1*0.25] + [number of recipients in Tier 2 * 0.50] + [number of recipients in Tier 3 * 0.75] + [number of recipients in Tier 4 * 1.00].

A score was calculated for each measure using the following equation. (Improvement or attainment score * weight) * severity score.

The scores for each measure were added together to get a composite score for each clinic. The composite scores for each clinic were added together. Dollars are awarded for each point in the composite score by taking the dollars for the Clinical Outcome Payment and dividing it by the total composite score for all clinics. Then the dollar amount per point is multiplied by the composite score for each clinic to get the total payment for the Clinical Outcome Payment. A Health Home's total payment is the sum of the Small Caseload Incentive Payment and the Clinical Outcome Measure Payment.

The calculation and distribution methodology utilizes a payment pool. The calculation is attached as Attachment 1.

The supplemental quality incentive payment (Small Caseload Incentive Payment, Clinical Outcome Measure Payment) is distributed as an annual, lump sum amount. Payments will be made within 18 months following the end of the outcome measurement calendar year. The payment will be made to the provider through the MMIS system. Payments will be made directly to the qualifying provider through a supplemental payment mechanism and will appear on their remittance advice. Each provider will receive written notification at the time of payment of the payment amount from DMS.

Payments made in error will be recovered via a supplemental recovery mechanism and will appear on the provider's remittance advice. The agency will notify the provider in writing explaining the error prior to the recovery. The Federal share of payments made in excess

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

Each of the four tiers will have an individual per member per month (PMPM) payment. South Dakota will update the tier of each active recipient annually. PMPM payments were based on the estimated Uncoordinated Care Costs (UCC) for the eligible recipients. UCC includes the following: non-emergent ER usage, all cause readmission and ambulatory sensitive conditions. These estimates were developed from FY 2012 claims data and will serve as the baseline. Health Home services will be provided by Community Mental Health Centers (CMHC) and Primary Care Providers (PCP). The agency's rates are effective July 1, 2025 for services provided on or after that date. All rates are posted on the agency website at <https://dss.sd.gov/medicaid/providers/feeschedules/dss/>. The state developed fee schedules are the same for both governmental and private providers.

- ☐ PCCM (description included in Service Delivery section)
- ☐ Risk Based Managed Care (description included in Service Delivery section)
- ☐ Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | SD2025MS00010 | SD-25-0010 | MIGRATED_HH.South Dakota Health Homes

Package Header

| | | | |
|-------------------|----------------|-------------------------|------------|
| Package ID | SD2025MS00010 | SPA ID | SD-25-0010 |
| Submission Type | Official | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | SD-24-0013 | | |
| | System-Derived | | |

Agency Rates

Describe the rates used

- ☐ FFS Rates included in plan
- ☒ Comprehensive methodology included in plan
- ☐ The agency rates are set as of the following date and are effective for services provided on or after that date

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | SD2025MS00010 | SD-25-0010 | MIGRATED_HH.South Dakota Health Homes

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| | System-Derived | | |

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Each of the four tiers will have an individual per member per month (PMPM) payment. PMPM payments were based on the estimated Uncoordinated Care Costs (UCC) for the eligible recipients. UCC includes the following: non-emergent ER usage, all cause readmission and ambulatory sensitive conditions. These estimates were developed from FY 2012 claims data and will serve as the baseline. In order to receive the PMPM payment, designated providers must provide at a minimum one core service per quarter. Core services provided must be documented in the EHR and responses must be submitted online following each quarter through the DSS online provider portal. The agency's rates are effective July 1, 2025 for services provided on or after that date. All rates are posted on the agency website at <https://dss.sd.gov/medicaid/providers/feeschedules/dss/>. The state developed fee schedules are the same for both governmental and private providers.

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Assurances

☒ The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved South Dakota has taken care to ensure the reimbursement model is designed to only fund Health Home Services that are not covered by any of the currently available Medicaid funding mechanisms. Quality assurance reviews by our vendor are in place to help ensure that there's no duplication of payment. Additionally, upon enrollment and annually thereafter, each Health Home receives training on the definition and criteria of a core service. This training specifies that a core services may not have already been billed to South Dakota Medicaid using a fee for service, encounter, or daily rate.

- ☒ The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- ☒ The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- ☒ The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

| Name | Date Created | |
|--|-----------------------|---|
| Health Home Payment Calculation Methodology with Example | 5/19/2023 2:48 PM EDT |  |

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.

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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

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:

| Code | Description | Fee |
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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:

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.

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.