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

1. Inpatient hospital services other than those provided in an institution for mental diseases.
   
   __X__ Provided: _____ No limitations  __X__ With limitations*
   _____ Not provided.

2.a. Outpatient hospital services.
   
   __X__ Provided: _____ No limitations  __X__ With limitations*
   _____ Not provided.

   b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).
      
      __X__ Provided: _____ No limitations  __X__ With limitations*
      _____ Not provided.

   c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the Plan and furnished by an FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
      
      __X__ Provided: _____ No limitations  __X__ With limitations*
      _____ Not provided.

3. Other laboratory and x-ray services.
   
   __X__ Provided:  __X__ No limitations  _____ With limitations*
   _____ Not provided.

*Description provided in Supplement to this Attachment.
AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

__X__ Provided:  __X__ No limitations  _____With limitations*
_____Not provided.

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

c. Family planning services and supplies for individuals of child-bearing age.

__X__ Provided:  _____No limitations  __X__ With limitations*
_____Not provided.

d. 1. Face-to-face tobacco cessation counseling services for pregnant women.

__X__ (i) Provided by or under supervision of a physician;

__X__ (ii) Provided by any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Provided by any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time.)

2. Face-to-face tobacco cessation counseling services benefit package for pregnant women.

__X__ Provided:  __X__ No limitations  _____With limitations*

5.a. Physicians’ services whether furnished in the office, the patient’s home, a hospital, a nursing facility, or elsewhere.

__X__Provided:  _____No limitations  __X__ With limitations*
_____Not provided.

b. Medical and surgical services furnished by a dentist (in accordance with Section 1905(a)(5)(B) of the Act).

__X__Provided:  _____No limitations  __X__ With limitations*
_____Not provided.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists’ services.

__X__Provided:  _____No limitations  __X__ With limitations*
_____Not provided.

*Description provided in Supplement to this Attachment.
b. Optometrists’ services.

   _X_ Provided: _____ No limitations  _X_ With limitations*
   _____ Not provided.

c. Chiropractors’ services.

   _X_ Provided: _____ No limitations  _X_ With limitations*
   _____ Not provided.

d. Other practitioners’ services.

   _X_ Provided: Identified on attached sheet with description of limitations, if any.
   _____ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a
   registered nurse when no home health agency exists in the area.

   _X_ Provided: _____ No limitations  _X_ With limitations*
   _____ Not provided.

b. Home health aide services provided by a home health agency.

   _X_ Provided: _____ No limitations  _X_ With limitations*
   _____ Not provided.

c. Medical supplies, equipment, and appliances suitable for use in the home.

   _X_ Provided: _____ No limitations  _X_ With limitations*
   _____ Not provided.

*Description provided in Supplement to this Attachment.

TN No. 91-14
Supersedes Approval Date 1/27/92 Effective Date 7/01/92
TN No. 90-19
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

___X___ Provided: ___X___ No limitations  _____ With limitations*

_____ Not provided.

8. Private duty nursing services.

_____ Provided: _____ No limitations  _____ With limitations*

___ X___ Not provided.

*Description provided in Supplement to this Attachment.

TN No. 06-2
Supersedes Approval Date 10/23/07 Effective Date 7/01/06
TN No. 91-14
AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.
   - Provided: No limitations
   - With limitations*
   - Not provided.

10. Dental services.
    - Provided: No limitations
    - With limitations*
    - Not provided.

11. Physical therapy and related services.
    a. Physical therapy.
       - Provided: No limitations
       - With limitations*
       - Not provided.
    b. Occupational therapy.
       - Provided: No limitations
       - With limitations*
       - Not provided.
    c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).
       - Provided: No limitations
       - With limitations*
       - Not provided.

*Description provided in Supplement to this Attachment.

TN No. 06-2
Supersedes Approval Date 10/23/07 Effective Date 7/01/06
TN No. 86-6
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

  ____ X Provided: ____ No limitations   ____ X With limitations*
  ____ Not provided.

b. Dentures.

  ____ X Provided: ____ No limitations   ____ X With limitations*
  ____ Not provided.

c. Prosthetic devices.

  ____ X Provided: ____ No limitations   ____ X With limitations*
  ____ Not provided.

d. Eyeglasses.

  ____ X Provided: ____ No limitations   ____ X With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the Plan.

a. Diagnostic services.

  ____ Provided: ____ No limitations   ____ With limitations*
  ____ X Not provided.
AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.
   _____Provided: _____No limitations _____With limitations*
   __X__Not provided.

c. Preventive services.
   __X__Provided: _____No limitations __X__With limitations*
   _____Not provided.

d. Rehabilitative services.
   __X__Provided: _____No limitations __X__With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.
   a. Inpatient hospital services.
      _____Provided: _____No limitations _____With limitations*
      __X__Not provided.
   b. Skilled nursing facility services.
      __X__Provided: __X__No limitations _____With limitations*
      _____Not provided.
   c. Intermediate care facility services.
      __X__Provided: __X__No limitations _____With limitations*
      _____Not provided.

*Description provided in Supplement to this Attachment.

TN No. 00-12
Supersedes Approval Date 3/21/01 Effective Date 10/01/00
TN No. 90-18
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with Section 1902(a)(31)(A) of the Act, to be in need of such care.

_____Provided:  _____No limitations  _____With limitations*

__X__ Not provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

__X__Provided:  __X__No limitations  __X__With limitations*

_____Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

__X__Provided:  _____No limitations  __X__With limitations*

_____Not provided.

17. Nurse-midwife services.

__X__Provided:  __X__No limitations  _____With limitations*

_____Not provided.

18. Hospice care (in accordance with Section 1905(o) of the Act.

__X__Provided:  __X__No limitations  _____With limitations*

_____Not provided.

*Description provided in Supplement to this Attachment.

TN No. 06-2
Supersedes Approval Date 10/23/07 Effective Date 7/01/06
TN No. 02-2
AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis-related services.
   a. Case management services as defined in, and to the group specified in, Supplements 1 and 2 to Attachment 3.1-A (in accordance with Section 1905(a)(19) or Section 1915(g) of the Act).
      __X__Provided: _____No limitations ______With limitations*
      _____Not provided.
   b. Special tuberculosis (TB) related services under Section 1902(z)(2)(F) of the Act.
      _____Provided: _____No limitations ______With limitations*
      __X__Not provided.

20. Extended services for pregnant women.
   a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.
      _____Additional coverage++
   b. Services for any other medical conditions that may complicate pregnancy.
      __X__Additional coverage++

++Attached is a description of increases in covered services beyond limitations for all groups described in this Attachment and/or any additional services provided to pregnant women only.

*Description provided in Supplement to this Attachment.

TN No. 99-10
Supersedes Approval Date 8/21/00 Effective Date 10/01/99
TN No. 98-5
21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with Section 1920 of the Act).

____ Provided: _____ No limitations _____ With limitations*

X Not provided.

22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).

____ Provided: _____ No limitations _____ With limitations*

X Not provided.

23. Certified pediatric or family nurse practitioners’ services.

X Provided: _____ No limitations X With limitations*

____ Not provided.

*Description provided in Supplement to this Attachment.

TN No. 92-1
Supersedes Approval Date 2/26/92 Effective Date 1/01/92
TN No. 91-14
24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

   a. Transportation.
      - Provided: _____ No limitations  X ___ With limitations*
      - Not provided.

   b. Services provided in religious non-medical health care institutions.
      - Provided: _____ No limitations  _____ With limitations*
      - X ___ Not provided.

   c. Reserved.

   d. Nursing facility services for patients under 21 years of age.
      - Provided: X ___ No limitations  _____ With limitations*
      - Not provided.

   e. Emergency hospital services.
      - Provided: X ___ No limitations  _____ With limitations*
      - Not provided.

*Description provided in Supplement to this Attachment.
25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

**X** Provided:

**X** State Approved (Not Physician) Service Plan Allowed

**X** Services Outside the Home Also Allowed

**X** Limitations Described on Attachment 3.1-A

___ Not Provided.
25. Home and community care for functionally disabled elderly individuals, as defined, described, and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____Provided: _____No limitations    _____With limitations*

__X__Not provided.

*Description provided in Supplement to this Attachment.
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

26.a. Licensed or otherwise State-approved freestanding birth centers.

  X Provided: X No limitations   With limitations*

  Not provided.

26.b. Licensed or otherwise State-recognized, covered professionals providing services in the freestanding birth center.

  X Provided: X No limitations   With limitations*

  Not provided.

*Description provided in Supplement to this Attachment.

TN No. 11-11
Supersedes Approval Date 3/06/12 Effective Date 3/01/12
TN No. NEW
State/Territory: South Dakota

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S)

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: __X__

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

__X__ Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

__X__ A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

__X__ A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.