

## **Table of Contents**

**State/Territory Name: SD**

**State Plan Amendment (SPA) #: 23-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group/ Division of Reimbursement Review**

July 26, 2023

Sarah Aker,  
Department of Social Services  
Division of Medical Services  
700 Governors Drive  
Pierre, SD 57501-2291

RE: South Dakota State Plan Amendment TN: #23-0013

Dear Sarah Aker,

We have reviewed the proposed South Dakota State Plan Amendment, TN: #23-0013 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 21, 2023. This State Plan Amendment implements a 16% inflationary increase for Community Mental Health Centers and Substance Use Disorder Agencies appropriated by the state legislature.

Based upon the information provided by the State, we have approved the amendment with an effective date of June 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or [matthew.klein@cms.hhs.gov](mailto:matthew.klein@cms.hhs.gov)

Sincerely,

*Todd McMillion*

Todd McMillion  
Division of Reimbursement Review Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 3</u>	2. STATE <u>S D</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center; color: blue;">June 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.201 and 42 CFR 430.10	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>957,278</u> b. FFY <u>2024</u> \$ <u>2,871,833</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 4.19-B, Introduction Page 1.	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-B, Introduction Page 1  TN# 22-0010	

9. SUBJECT OF AMENDMENT

Implement inflationary increase appropriated by the state legislature.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
12. TYPED NAME Sarah Aker	
13. TITLE Director	
14. DATE SUBMITTED June 21, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED 06/21/2023	17. DATE APPROVED July 26, 2023
---------------------------------	------------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 06/01/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd, McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement and Review

22. REMARKS

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.

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Attachment 4.19-B, Page 4	July 1, 2022
Physician Services	Attachment 4.19-B, Page 6	July 1, 2022
Optometrist Services	Attachment 4.19-B, Page 9	July 1, 2022
Chiropractic Services	Attachment 4.19-B, Page 10	July 1, 2022
Independent Mental Health Practitioners	Attachment 4.19-B, Page 11	July 1, 2022
Nutritionist and Dietician Services	Attachment 4.19-B, Page 11	July 1, 2022
Home Health Services	Attachment 4.19-B, Page 12	July 1, 2022
Durable Medical Equipment	Attachment 4.19-B, Page 13	July 1, 2022
Clinic Services	Attachment 4.19-B, Page 15	July 1, 2022
Dental Services	Attachment 4.19-B, Page 16	July 1, 2022
Physical Therapy	Attachment 4.19-B, Page 17	July 1, 2022
Occupational Therapy	Attachment 4.19-B, Page 18	July 1, 2022
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	July 1, 2022
Dentures	Attachment 4.19-B, Page 21	July 1, 2022
Prosthetic Devices	Attachment 4.19-B, Page 22	July 1, 2022
Eyeglasses	Attachment 4.19-B, Page 23	July 1, 2022
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	July 1, 2022
Community Health Workers	Attachment 4.19-B, Page 26	July 1, 2022
Community Mental Health Centers	Attachment 4.19-B, Page 26	June 1, 2023
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	June 1, 2023 *
Nurse Midwife Services	Attachment 4.19-B, Page 31	July 1, 2022
Transportation	Attachment 4.19-B, Page 38	July 1, 2022
Personal Care Services	Attachment 4.19-B, Page 38	July 1, 2022
Freestanding Birth Centers	Attachment 4.19-B, Page 39	July 1, 2022
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	July 1, 2022

\*Room and board is not included in these rates.