

Table of Contents

State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 23-0011

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

July 28, 2023

Sarah Aker
Director
Department of Social Services
700 Governors Drive
Pierre, South Dakota 57501-2291

Re: South Dakota 23-0011

Dear Ms. Aker:

We have reviewed the proposed amendment to Attachment 4.19-A and Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0011. Effective for services on or after May 1, 2023, this amendment extends the supplemental payments for qualifying, private hospitals and nursing facilities for an additional state fiscal year.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 23-0011 is approved effective May 1, 2023. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at Christine.storey@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Rory Howe".

Rory Howe
Director


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 1</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;">May 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION <p style="color: blue;">42 CFR 447.201</p>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>1,663,531</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <p style="color: blue;">Attachment 4.19-A, Page 14 Attachment 4.19-D, Page 17b</p>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <p style="color: blue;">Attachment 4.19-A, Page 14 TN# 22-0006 Attachment 4.19-D, Page 17b TN# 22-0006</p>	

9. SUBJECT OF AMENDMENT

Updates the supplemental payment amounts for inpatient and nursing facility providers.

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  12. TYPED NAME Sarah Aker 13. TITLE Director 14. DATE SUBMITTED May 22, 2023	15. RETURN TO DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
---	--

FOR CMS USE ONLY

16. DATE RECEIVED: May 22, 2023	17. DATE APPROVED July 28, 2023
------------------------------------	------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL: May 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL: Rory Howe	21. TITLE OF APPROVING OFFICIAL: Director, Financial Management Group

22. REMARKS

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
Abbot House Inc	\$2,483
Avera	\$665,354
Bennett County	\$15,277
Black Hills Surgical	\$19,849
Mobridge Regional	\$12,123
Monument Health	\$1,468,161
Lutheran Social Services	\$202
Our Home	\$5,645
Rushmore Ambulatory Surgery	\$5,753
Sanford	\$361,205
Sioux Falls Children's Home	\$2,780

Supplemental payments will be made using data calculated for the period of January 1, 2022 to December 31, 2022. 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:

Provider	Amount
Avera	\$70,274
Bennett County	\$30,737
Monument Health	\$2,797
Sanford	\$31,774

Supplemental payments will be made using data calculated for the period of January 1, 2022 to December 31, 2022. 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.