Table of Contents

State/Territory Name:  South Dakota

State Plan Amendment (SPA) #:  22-0006

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
Financial Management Group

July 19, 2022

Laurie R. Gill
Cabinet Secretary
Department of Social Services
700 Governors Drive
Pierre, South Dakota 57501-2291

Re: South Dakota 22-0006

Dear Ms. Gill:

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) 22-0006. Effective for services on or after May 1, 2022, 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 22-0006 is approved effective May 1, 2022. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044 or at Christine.storey@cms.hhs.gov.

Sincerely,

Rory Howe
Director
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 1,416,176
b. FFY 2023 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-A, Page 14
Attachment 4.19-D, Page 17b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-A, Page 14 TN# 21-0006
Attachment 4.19-D, Page 17b TN# 21-0006

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
• COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
• NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL
Laurie R. Gill
Cabinet Secretary

12. TYPED NAME
Laurie R. Gill

13. TITLE
Cabinet Secretary

14. DATE SUBMITTED
June 10, 2022

15. RETURN TO
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

16. DATE RECEIVED
June 10, 2022

17. DATE APPROVED
July 19, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
Rory Howe

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. REMARKS

Instructions on Back
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:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbot House Inc</td>
<td>$7,141</td>
</tr>
<tr>
<td>Aurora Plains Academy</td>
<td>$467</td>
</tr>
<tr>
<td>Avera</td>
<td>$423,407</td>
</tr>
<tr>
<td>Bennett County</td>
<td>$20,324</td>
</tr>
<tr>
<td>Black Hills Surgical</td>
<td>$10,182</td>
</tr>
<tr>
<td>Mobridge Regional</td>
<td>$8,077</td>
</tr>
<tr>
<td>Monument Health</td>
<td>$1,391,821</td>
</tr>
<tr>
<td>Lutheran Social Services</td>
<td>$5,096</td>
</tr>
<tr>
<td>Our Home</td>
<td>$4,167</td>
</tr>
<tr>
<td>Rushmore Ambulatory Surgery</td>
<td>$7,563</td>
</tr>
<tr>
<td>Sanford</td>
<td>$183,815</td>
</tr>
<tr>
<td>Sioux Falls Children’s Home</td>
<td>$8,422</td>
</tr>
</tbody>
</table>

Supplemental payments will be made using data calculated for the period of January 1, 2021 to December 31, 2021. 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:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avera</td>
<td>$61,373</td>
</tr>
<tr>
<td>Bennett County</td>
<td>$29,017</td>
</tr>
<tr>
<td>Monument Health</td>
<td>$5,080</td>
</tr>
<tr>
<td>Sanford</td>
<td>$16,473</td>
</tr>
</tbody>
</table>

Supplemental payments will be made using data calculated for the period of January 1, 2021 to December 31, 2021. Payments for the supplemental payment period will be made during the last quarter of the state fiscal year.

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