

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

September 22, 2021

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

Re: South Dakota 21-0006

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) 21-0006. Effective for services on or after May 5, 2021, 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 21-0006 is approved effective May 5, 2021. 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 or (303) 844-7044.

Sincerely,

Francis T. McCullough

For

Rory Howe

Acting Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: SD-21-0006	2. STATE: South Dakota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 5, 2021	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201	7. FEDERAL BUDGET IMPACT: a. FFY 2021: \$ 983,606.00 b. FFY 2022: \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, page 14 and Attachment 4.19-D, page 17b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A, page 14 and Attachment 4.19-D, page 17b
10. SUBJECT OF AMENDMENT: The proposed State Plan Amendment updates the provider lists and supplemental payment amounts for inpatient and nursing facility providers.	

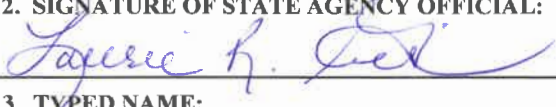
11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

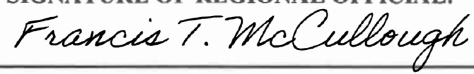
OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME: Laurie R. Gill	
14. TITLE: Cabinet Secretary	
15. DATE SUBMITTED: June 29, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 29, 2021	18. DATE APPROVED: September 22, 2021
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 5, 2021	20. SIGNATURE OF REGIONAL OFFICIAL:  For
21. TYPED NAME: Rory Howe	22. TITLE: Acting Director, Financial Management Group

23. REMARKS:

FORM CMS-179 (07-92)

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	\$6,874
Aurora Plains Academy	\$523
Avera	\$318,465
Bennett County	\$9,444
Black Hills Surgical	\$11,463
Mobridge Regional	\$5,013
Monument Health	\$951,916
Lutheran Social Services	\$10,331
Our Home	\$4,274
Rushmore Ambulatory Surgery	\$4,289
Sanford	\$121,258
Sioux Falls Children's Home	\$13,485

Supplemental payments will be made using data calculated for the period of May 1, 2020 to December 31, 2020. 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.

TN # 21-0006
Supersedes
TN # 20-0005

Approval Date 9/22/2021

Effective Date 5/5/21

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	\$24,287
Bennett County	\$17,098
Monument Health	\$2,649
Sanford	\$24,075

Supplemental payments will be made using data calculated for the period of May 1, 2020 to December 31, 2020. 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.