

## **Table of Contents**

**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: 24-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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January 17, 2025

Heather Petermann  
Medicaid Director  
South Dakota Department of Social Services  
700 Governors Drive  
Pierre, South Dakota 57501-2291

Re: South Dakota State Plan Amendment (SPA) 24-0016

Dear Director Petermann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0016. This amendment proposes changes to Preadmission Screening and Resident Review (PASRR) policies.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and the implementing regulations 42 CFR §483.100 through 138. This letter is to inform you that South Dakota Medicaid SPA 24-0016 was approved on January 17, 2025, with an effective date of October 1, 2024.

If you have any questions, please contact Tyler Deines at 202-571-8533 or via email at [tyler.deines@cms.hhs.gov](mailto:tyler.deines@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James G.  
Scott -S  
Date: 2025.01.17 16:31:11  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Matthew Ballard, South Dakota Medicaid

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</u> <u>6</u>	2. STATE <u>SD</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  
**October 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 431.621(c), 42 CFR 483.100-138, and 42 CFR 483.118(c) (1).

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 0  
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
~~Pages 79s and 79t of Section 4.39~~  
Pages 1 and 2 of Attachment 4.39  
Page 1 of Attachment 4.39-A

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
~~Pages 79s and 79t of Section 4.39 (TN# 93-13)~~  
Page 1 of Attachment 4.39 (TN# 93-13)  
Page 1 of Attachment 4.39-A (TN# 93-13)

9. SUBJECT OF AMENDMENT  
**Clarifies current practice for PASRR specialized services in nursing facilities and the available categorical determinations options.**

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  
*Heather Petermann*

12. TYPED NAME  
Heather Petermann

13. TITLE  
Director

14. DATE SUBMITTED  
11/04/2024

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 November 4, 2024	17. DATE APPROVED January 17, 2025
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL <i>James G. Scott</i> Digitally signed by James G. Scott -S Date: 2025.01.17 16:31:44 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS  
Blocks 7 & 8: Pen and ink changes approved by the state on 01/15/2025.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
State/Territory: SOUTH DAKOTA

DEFINITION OF SPECIALIZED SERVICES

Serious Mental Illness

These "Specialized Services" are psychiatric services specified by the State which, combined with services provided by a nursing facility, result in the continuous and aggressive implementation of an individual plan of care that is developed and supervised by an interdisciplinary team which includes a physician, qualified mental health professionals, and other professionals which prescribes specific therapies and activities for the treatment of individuals experiencing an acute episode of serious mental illness requiring supervision by trained mental health professionals to obtain improvement in function that would permit a reduction in the level of intensity of mental health services to below the level of specialized services at the earliest possible time.

Intellectual Disability or Developmental Disability and Related Conditions

Specialized services for eligible individuals with intellectual or developmental disabilities or a related condition means the services specified by the State which, combined with services provided by the nursing facility or other service providers, results in treatment which meets the active treatment condition of participation of 42 CFR 483.440(a)(1) including that each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services directed toward:

1. The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and
2. The prevention or deceleration of regression or loss of current optimal functional status.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
State/Territory: SOUTH DAKOTA

CATEGORICAL DETERMINATIONS

- A. The state mental health or intellectual/developmental disability authority may make an advanced determination that nursing facility services are needed for the following groups
1. Terminal Illness  
Terminal illness diagnosis, determined by a physician or hospice involvement, that includes a life expectancy of 6 months or less.
  2. Severe Physical Illness  
Severe physical illness which has resulted in a coma or ventilator dependence (ex: functioning at a brain stem level, or a diagnosis such as end stage COPD, Parkinson's disease, Huntington's, amyotrophic lateral sclerosis (ALS), which results in a level of impairment so severe that a person cannot be expected to benefit from specialized service.
  3. Convalescent Stay  
A physician has identified the need for a NF stay following a hospitalization for the same condition which will be less than 100 days.
  4. Respite Stay  
A physician has ordered for a respite stay of 30 days or less.
  5. Emergency Placement  
Provisional admission pending further assessment requiring a referral from adult protective services or law enforcement, with placement in the nursing facility not to exceed 7 days.

If an individual is later determined to need a longer stay than the State's limit allows, the individual must be subjected to a resident review before continuation of the stay may be permitted and payment made for days of NF care beyond the State's time limit.

- B. The state mental health or intellectual/developmental disability authorities may make categorical determinations that individuals with dementia, which exists in combination with a PASRR condition, do not need specialized services.