

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: South Dakota

Transmittal Number: SD-25-0005

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

25-0001

Description:

Amendment brings the Alternative Benefit Plan into alignment with two Medicaid State Plan amendments for adding coverage of doula services (SPA #24-0017) and targeted case management services (SPA #25-0003).

The state attests that this SPA does not make a substantive change and therefore does not require the state to provide public notice in accordance with 42 CFR 440.386.

Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

Date public notice was issued (mm/dd/yyyy)

The state/territory assures that it has provided the public with advance notice of the amendment and reasonable opportunity to comment.

The state/territory assures that it has included in the notice a description of the method for assuring compliance with 42CFR 440.345 related to full access to EPSDT services.

The state/territory assures that it has included in the notice a description of the method for complying with the provisions of section 5006(e) of the American Recovery and Reinvestment Act of 2009.

The state/territory assures that it has performed any required tribal consultation.

Upload Public Notice Documents

Please provide a short description of this public notice:

Public notice was published in the South Dakota REGISTER, <https://mylrc.sdlegislature.gov/api/Documents/Register/271642.pdf> on December 16, 2024. No comments were received.

Uploaded Document Name:

Date Uploaded:

Register.pdf

ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.** *If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.*
- The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups.** *If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.*
- The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.** *If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.*

Enrollment is mandatory for some or all participants. *If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.*

Specify the number of **benchmark** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP5, and ABP8 for each benchmark benefit package.*

Specify the number of **benchmark-equivalent** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP6, and ABP8 for each benchmark-equivalent benefit package.*

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: South Dakota

Transmittal Number: SD-25-0005

Form Code	Form Name	Uploaded Form Count
ABP1	Alternative Benefit Plan Populations	0

Form Code	Form Name	Uploaded Form Count
ABP2a	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0
ABP2c	Enrollment Assurances - Mandatory Participants	0
ABP3	ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020) or ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020)	0
ABP4	Alternative Benefit Plan Cost-Sharing	0
ABP5	Benefits Description	1
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	0
ABP8	Service Delivery Systems	0
ABP9	Employer Sponsored Insurance and Payment of Premiums	0
ABP10	General Assurances	0
ABP11	Payment Methodology	0

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

Support Documents

Form ABP2a: Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2a Forms List

Support Documents

Form ABP2b: Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2b Forms List

Support Documents

Form ABP2c: Enrollment Assurances - Mandatory Participants

ABP2c Forms List

Form

Support Documents

Document

Form ABP3: ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020). Or ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020).

ABP3 Forms List

Form

Support Documents

Document

Form ABP4: Alternative Benefit Plan Cost-Sharing

ABP4 Forms List

Form

Support Documents

Document

Form ABP5: Benefits Description

ABP5 Forms List

Form	
Please provide a short description of this ABP5 form:	
Updated ABP5	
Uploaded Form Name:	Date Uploaded:
ABP5 25-0001.pdf	

Support Documents

Document

Form ABP6: Benchmark-Equivalent Benefit Package

ABP6 Forms List

Form

Support Documents

Document

Form ABP7: Benefits Assurances

ABP7 Forms List

Form

Support Documents

Document

Form ABP8: Service Delivery Systems

ABP8 Forms List

Form

Support Documents

Document

Form ABP9: Employer Sponsored Insurance and Payment of Premiums

ABP9 Forms List

Form

Support Documents

Document

Form ABP10: General Assurances

ABP10 Forms List

Form

Support Documents

Document

Form ABP11: Payment Methodology

ABP11 Forms List

Form

Support Documents

Document

Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name: South Dakota

Transmittal Number: SD-25-0005

- One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.
 - This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
 - The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission: Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes

Indian Tribes	
---------------	--
- Indian Health Programs

Indian Health Programs	
------------------------	--
- Urban Indian Organization

Urban Indian Organizations	
-----------------------------------	--

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document	
Please provide a short description of this support document:	
Tribal Consultation Email	
Uploaded Document Name:	Date Uploaded:
Tribal Consultation Email.pdf	

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

Summarize Response

Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **South Dakota**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

SD-25-0005

Proposed Effective Date

01/01/2025 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act Sections 1902(a)(10)(A)(i)(VIII) and 1937

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2025	\$ 146408.00
Second Year	2026	\$ 196545.00

Subject of Amendment

Amendment brings the Alternative Benefit Plan into alignment with two Medicaid State Plan amendments for adding coverage of doula services (SPA #24-0017) and targeted case management services (SPA #25-0003).

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Rena Hericks**

Last Revision Date: **Jan 30, 2025**

Submit Date: **Jan 30, 2025**



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
FAX: 605.773.5246
WEB: dss.sd.gov

December 16, 2024

RE: South Dakota Alternative Benefit Plan State Plan Amendment # SD-25-0001

The South Dakota Department of Social Services intends to make a change to the South Dakota Medicaid State Plan. The amendment proposes to bring the Alternative Benefit Plan for the expanded adult population into alignment with two Medicaid State Plan amendments currently pending approval to add coverage of doula services (SPA #24-0017) and targeted case management services (SPA #25-0003). The SPA amends pages 20 and 45 of ABP5: Benefits Description within the Alternative Benefit Plan. The Department intends to make this SPA effective January 1, 2025.

The department's estimate for the fiscal impact associated with this SPA is included in the existing projections for the Doula Services SPA #24-0017 as provided in the October 21, 2024 Public Notice which is \$50,984 in State funds and \$75,413 in Federal funds, totaling \$127,397 in Federal Fiscal Year 2025 (January 1, 2025 – September 30, 2025) and \$67,979 in State funds and \$101,884 in Federal funds, totaling \$167,863 in Federal Fiscal Year 2026 (October 1, 2025 – September 30, 2026) and in the existing projections for the Targeted Case Management SPA #25-0003 as provided in the December 16, 2024 Public Notice which is \$62,934 in State funds and \$88,896 in Federal funds, totaling \$151,830 in Federal Fiscal Year 2025 (January 1, 2025 – September 30, 2025) and \$83,911 in State funds and \$118,529 in Federal funds, totaling \$202,440 in Federal Fiscal Year 2026 (October 1, 2025 – September 30, 2026).

The SPAs are available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

DIVISION OF MEDICAL SERVICES
DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start December 16, 2024, and end January 15, 2025.

Sincerely,

Matt Ballard

Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Heather Petermann, Director

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-25-0001

Effective Date: 01/1/2025

Brief Description: Proposes to implement coverage and reimbursement for pregnancy-related doula services including prenatal, labor and delivery, and postpartum supports. Services will be provided by qualified individuals with doula certifications from programs approved by South Dakota Medicaid. The SPA also provides for targeted case management for incarcerated youth in accordance with federal regulations.

Area of State Plan Affected: Alternative Benefit Plan

Page(s) of State Plan Affected: Pages 20 and 45 of ABP5: Benefits Description within the Alternative Benefit Plan.

Estimate of Fiscal Impact, if Any: FFY25: \$279,227
 FFY26: \$370,303

Reason for Amendment: Implements coverage and reimbursement for doula services and coverage of targeted case management services for the expanded adult group.

Anticipated Impact to Tribes: Doula services will enhance support services for pregnant individuals throughout the perinatal period, which may improve birth-related outcomes and targeted case management services will allow for improved healthcare coordination for incarcerated youth.

Comment Period: December 16, 2024 to January 15, 2025.



SOUTH DAKOTA REGISTER

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FILINGS WITH THE LEGISLATIVE RESEARCH COUNCIL

Notice of Holiday Hours

The Legislative Research Council office will be closed Monday, December 23, through Wednesday, December 25, 2024, for the Christmas holiday. The office reopens for regular business hours at 8:00 a.m. on Thursday, December 26, 2024.

Notices

The **Department of Social Services** intends to make a change to the South Dakota Medicaid State Plan to bring the Alternative Benefit Plan for the expanded adult population into alignment with two Medicaid State Plan amendments currently pending approval to add coverage of doula services (SPA #24-0017) and targeted case management services (SPA #25-003). This proposed state plan amendment (SPA) amends pages 20 and 45 of ABP5: Benefits Description within the Alternative Benefit Plan. The department intends to make this SPA effective January 1, 2025.

The department's estimate for the fiscal impact associated with this SPA is included in the existing projections for the Doula Services SPA #24-0017 as provided in the October 21, 2024, Public Notice which is \$50,984 in state funds and \$75,413 in federal funds, totaling \$127,397 in Federal Fiscal Year 2025, and \$67,979 in state funds and \$101,884 in federal funds, totaling \$167,863 in Federal Fiscal Year 2026. The department's estimate for the fiscal impact associated with this SPA is also included in the existing projections for the Targeted Case Management SPA #25-0003 as provided in the December 16, 2024, Public Notice which is \$62,934 in state funds and \$88,896 in federal funds, totaling \$151,830 in Federal Fiscal Year 2025, and \$83,911 in state funds and \$118,529 in federal funds, totaling \$202,440 in Federal Fiscal Year 2026.

The SPAs are available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to the Division of Medical Services, Department of Social Services, 700 Governors Drive, Pierre, South Dakota 57501-2291. The public comment period will start December 16, 2024, and end January 15, 2025.

The **Department of Social Services** intends to make changes to the South Dakota Medicaid and South Dakota CHIP State Plans regarding juvenile justice federal requirements and targeted case management (TCM) services. The proposed state plan amendment (SPA) provides assurance that the State is in compliance with requirements in Section 5121 of the Consolidated Appropriations Act, 2023. The SPA also establishes targeted case management services for eligible juveniles under 21 years of age or between ages 18-26 for recipients in the former foster care group to improve health care coordination upon reentry to the community from a carceral setting in accordance with the Act. In addition, it establishes a fee-for-service reimbursement methodology of \$16.87 per 15-minute unit for TCM services and removes Medicaid State Plan language regarding obsolete targeted case management services that ended many years ago.

The SPA supersedes page 8 of Attachment 3.1-A; supersedes pages 1-4 and adds pages 5-7 of Supplement 1-A to Attachment 3.1-A; supersedes Introduction Page 1 and page 33 of Attachment 4.19-B; removes Supplement 2-A to



Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 13.c.3, Vaccines and Vaccine Administration

Benefit Provided:

Doula Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Effective January 1, 2025
See Attachment 3.1-A, 13.c.4, Doula services

Add



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A, 13.c.3, Vaccines and Vaccine Administration

Other 1937 Benefit Provided:

Targeted Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

Effective January 1, 2025.
See Attachment 3.1-A, 19.a., Targeted Case Management Services

Add