



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](http://dss.sd.gov)

January 30, 2025

Dr. Sally Abbott, MS, PhD  
Regional Health Administrator  
Centers for Medicare and Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294

Re: South Dakota Medicaid State Plan Amendment SD-25-0003

Dear Dr. Abbott:

Please find enclosed South Dakota's Medicaid State Plan Amendment (SPA) SD-25-0003 regarding juvenile justice federal requirements and targeted case management (TCM) services. The proposed amendment provides assurance that the State is in compliance with requirements in Section 5121 of the Consolidated Appropriations Act, 2023. The amendment 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, the amendment establishes a fee-for-service reimbursement methodology of \$16.87 per 15-minute unit of TCM services and removes Medicaid State Plan language regarding obsolete targeted case management services that ended many years ago. The Department intends to make this SPA effective January 1, 2025.

The SPA supersedes page 8 of Attachment 3.1-A, supersedes pages 1-4 and adds pages 5-7 of Supplement 1-A, supersedes Introduction Page 1 and page 33 of Attachment 4.19-B, removes Supplement 2-A to Attachment 3.1-A, and adds Attachment 3.1-N to the Medicaid State Plan. The department estimates the fiscal impact associated with this SPA to be \$70,995 in Federal Fiscal Year 2025 and \$94,661 in Federal Fiscal Year 2026.

Please note, the State intends to submit a corresponding Alternative Benefit Plan SPA to include targeted case management services for purposes of alignment with this amendment.

The State conducted Tribal Consultation beginning with notification on December 16, 2024. We have attached a copy of the notification sent to the Tribes. 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.

If you have any questions regarding this package, please contact Renae Hericks, Policy and Programs Manager, Division of Medical Services, 700 Governors Drive, Pierre, SD 57501-2291, e-mail [Rena.Hericks@state.sd.us](mailto:Rena.Hericks@state.sd.us), or telephone (605) 773-4087.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Heather Petermann'.

Heather Petermann  
Director

CC: Matt Althoff, Cabinet Secretary

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

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

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

*Heather Petermann*

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS



South Dakota  
Department of  
**Social Services**

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PHONE: 605.773.3495  
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December 16, 2024

RE: South Dakota Medicaid and CHIP State Plan Amendment # SD-25-0003 and SD-25-0004

The South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid and CHIP State Plans regarding juvenile justice federal requirements and targeted case management (TCM) services. The proposed amendments provide assurance that the State is in compliance with requirements in Section 5121 of the Consolidated Appropriations Act, 2023. The amendment 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, the amendment establishes a fee-for-service reimbursement methodology of \$16.87 per 15-minute unit of 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, supersedes Introduction Page 1 and page 33 of Attachment 4.19-B, removes Supplement 2-A to Attachment 3.1-A, and adds Attachment 3.1-N to the Medicaid State Plan and amends page 68 of section 6.2.18 of the CHIP State Plan. The Department intends to make this SPA effective January 1, 2025.

The department estimates the fiscal impact associated with this SPA to be \$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](mailto: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





# SOUTH DAKOTA REGISTER

Published weekly by the Legislative Research Council

Volume 51

Monday, 8:00 a.m., December 16, 2024

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## FILINGS WITH THE LEGISLATIVE RESEARCH COUNCIL

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### Notice of Holiday Hours

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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

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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](mailto: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

Attachment 3.1-A; adds Attachment 3.1-N to the Medicaid State Plan; and amends page 68 of section 6.2.18 of the CHIP State Plan. The department intends to make this SPA effective January 1, 2025.

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The SPA is 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](mailto: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.

**FILINGS WITH THE OFFICE OF THE SECRETARY OF STATE**

Final Administrative Rules

**SOUTH DAKOTA ONE CALL BOARD (DEPARTMENT OF PUBLIC SAFETY):** 20:25:01:01; 20:25:03:01, 20:25:03:05.01, 20:25:03:07.

**History/Notice:** 50 SDR 152, June 17, 2024  
**Hearing:** July 11, 2024  
**Filed:** December 9, 2024  
**Effective:** December 29, 2024

**SOUTH DAKOTA DIVISION OF INSURANCE (DEPARTMENT OF LABOR AND REGULATION):** 20:06:10:30; 20:06:18:05.01; 20:06:21:74, 20:06:21:74.01.

**History/Notice:** 51 SDR 32, September 9, 2024  
**Hearing:** September 30, 2024  
**Filed:** December 12, 2024  
**Effective:** January 1, 2025

Executive Appointments

<u>Appointee</u>	<u>Appointed by</u>	<u>Succeeding</u>	<u>Effective/End Date</u>
<b>Board of Barber Examiners</b> Leonard J. Ivey Aberdeen	Governor	Reappointed	12/10/2024 – 10/30/2027
<b>Board of Service to the Blind and Visually Impaired</b> Felicia A. Alspach Pierre	Governor	Kendra Ringstmeyer	12/10/2024 – 6/30/2027
<b>Planning Council on Developmental Disabilities</b> Amanda R. Roberson Piedmont	Governor	Julie Nelson	10/1/2024 – 6/30/2027

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1-A to Attachment 3.1-A (in accordance with Section 1905(a)(19) or Section 1915(g) of the Act).
- Provided:  No limitations  With limitations\*  
 Not provided.
- b. Special tuberculosis (TB) related services under Section 1902(z)(2)(F) of the Act.
- Provided:  No limitations  With limitations\*  
 Not provided.
20. Extended services for pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day falls.
- Additional coverage++
- b. Services for any other medical conditions that may complicate pregnancy.
- Additional coverage++

++Attached is a description of increases in covered services beyond limitations for all groups described in this Attachment and/or any additional services provided to pregnant women only.

\*Description provided in Supplement to this Attachment.

TN No. 25-0003

Supersedes

TN No. 99-10

Approval Date

Effective Date 01/01/25

State Plan under Title XIX of the Social Security Act  
State/Territory: South Dakota

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

State will provide TCM beyond the 30 day post release requirement.

*The State provides TCM for up to 60 days post release.*

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: #25-0003  
Supersedes TN: 91-22

Approval Date: \_\_\_\_\_  
Effective : 01/01/25



State Plan under Title XIX of the Social Security Act  
State/Territory: South Dakota

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

The periodic reassessment is conducted every (check all that apply):

- 1 month
- 3 months
- 6 months
- 12 months
- Other frequency

*Reassessments are to be conducted as needed to determine if the individual's needs have changed.*

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:  
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State Plan under Title XIX of the Social Security Act  
State/Territory: South Dakota

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- Telephonic. Frequency: *Monitoring should be conducted as needed. It is recommended that monitoring is conducted no later than 30 days from release with the recipient and community-based providers to ensure that the recipient engaged in the services.*
- In-person. Frequency: *Monitoring should be conducted as needed. It is recommended that monitoring is conducted no later than 30 days from release with the recipient and community-based providers to ensure that the recipient engaged in the services.*
- Other. Audio/Video: *Monitoring should be conducted as needed. It is recommended that monitoring is conducted no later than 30 days from release with the recipient and community-based providers to ensure that the recipient engaged in the services.*

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.  
(42 CFR 440.169(e))

If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**State Plan under Title XIX of the Social Security Act  
State/Territory: South Dakota**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

*Case Managers must have the capacity to meet all core elements of case management services outlined in CFR 440.169, be at least 18 years old, and meet the following qualifications:*

1. *Case managers must be part of a care team of a Medicaid enrolled provider. Supervision of the case manager must be provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, certified addiction counselor, licensed addiction counselor, licensed psychologist, licensed professional counselor – mental health, licensed professional counselor working toward a mental health designation, licensed clinical nurse specialist, licensed certified social worker – Private Independent Practice (PIP), licensed certified social work – Private Independent Practice (PIP) candidate, or licensed marriage and family therapist. Case managers must meet the following qualifications:*
  - a. *Must have graduated from an accredited college or university with a bachelor's or associate's degree in criminology, criminal justice, psychology, social work, nursing, human services or another similar field.*
  - b. *In lieu of a bachelor's or associate's degree in an enumerated field, the individual:*
    - i. *Has a high school diploma or GED; and*
    - ii. *Is a community health worker certified by the Community Health Worker Collaborative of South Dakota; or*
    - iii. *Has a minimum combination of 6 months training or experience providing case management services.*

OR

2. *Must be employed by or under contract with the Public Safety Organization. The Case Manager must meet the following qualification:*
  - a. *Must have graduated from an accredited college or university with a bachelor's or associate's degree in criminology, criminal justice, psychology, social work, nursing, human services or another similar field.*
  - b. *In lieu of a bachelor's or associate's degree in an enumerated field, the individual:*
    - i. *Has a high school diploma or GED; and*
    - ii. *Is a community health worker certified by the Community Health Worker Collaborative of South Dakota; or*
    - iii. *Has a minimum combination of 6 months training or experience providing case management services.*

OR

3. *Is a community health worker certified by the Community Health Worker Collaborative of South Dakota employed by an enrolled Community Health Worker Agency*

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan under Title XIX of the Social Security Act  
State/Territory: South Dakota

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

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TN: #25-0003  
Supersedes TN: NEW

Approval Date: \_\_\_\_\_  
Effective: 01/01/25

State Plan under Title XIX of the Social Security Act  
State/Territory: South Dakota

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Approval Date: \_\_\_\_\_  
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**State Plan under Title XIX of the Social Security Act**  
**State/Territory: South Dakota**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State has additional limitations

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: #25-0003  
Supersedes TN: NEW

Approval Date: \_\_\_\_\_  
Effective: 01/01/25

**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public Institution  
Post Adjudication of Charges**

**State/Territory: South Dakota**

General assurances. State must indicate compliance with all four items below with a check.

In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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Additional information provided (optional):

No

Yes [provide below] Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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ATTACHMENT 4.19-B  
INTRODUCTION

Payment rates for the services listed below are effective for services provided on or after the corresponding date. Fee schedules are published on the Department's website at <http://dss.sd.gov/medicaid/providers/feeschedules/>. Effective dates listed on the introductory page supersede the effective dates listed elsewhere in Attachment 4.19-B. Unless otherwise noted in the referenced state plan pages, reimbursement rates are the same for both governmental and private providers.

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Attachment 4.19-B, Page 4	July 1, 2024
Physician Services	Attachment 4.19-B, Page 6	July 1, 2024
Optometrist Services	Attachment 4.19-B, Page 9	July 1, 2024
Chiropractic Services	Attachment 4.19-B, Page 10	July 1, 2024
Independent Mental Health Practitioners	Attachment 4.19-B, Page 11	July 1, 2024
Nutritionist and Dietician Services]	Attachment 4.19-B, Page 11	July 1, 2024
Home Health Services	Attachment 4.19-B, Page 12	July 1, 2024
Durable Medical Equipment	Attachment 4.19-B, Page 13	July 1, 2024
Clinic Services	Attachment 4.19-B, Page 15	July 1, 2024
Dental Services	Attachment 4.19-B, Page 16	July 1, 2024
Physical Therapy	Attachment 4.19-B, Page 17	July 1, 2024
Occupational Therapy	Attachment 4.19-B, Page 18	July 1, 2024
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	July 1, 2024
Dentures	Attachment 4.19-B, Page 21	July 1, 2024
Prosthetic Devices	Attachment 4.19-B, Page 22	July 1, 2024
Eyeglasses	Attachment 4.19-B, Page 23	July 1, 2024
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	July 1, 2024
Community Health Workers	Attachment 4.19-B, Page 26	July 1, 2024
Doula Services	Attachment 4.19-B, Page 26	January 1, 2025
Community Mental Health Centers	Attachment 4.19-B, Page 26	June 1, 2024
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	June 1, 2024 *
Nurse Midwife Services	Attachment 4.19-B, Page 31	July 1, 2024
Pregnancy PCCM Program	Attachment 4.19-B, Page 39a	July 1, 2024
Targeted Case Management	Attachment 4.19-B, Page 33	January 1, 2025
Transportation	Attachment 4.19-B, Page 38	July 1, 2024
Personal Care Services	Attachment 4.19-B, Page 38	July 1, 2024
Freestanding Birth Centers	Attachment 4.19-B, Page 39	July 1, 2024
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	July 1, 2024

\*Room and board is not included in these rates.

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

19. Targeted Case Management Services

- a. Supplement to 1-A to Attachment 3.1-A. Payment for 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 as defined in section 1902(nn) of the Act are reimbursed the lesser of the established Medicaid fee schedule or the provider's usual and customary charges. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page, Page 1 for Targeted Case Management Services.