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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER | 2. STATE |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 3. PROGRAM IDENTIFICATION: TITLE C SECURITY ACT | F THE SOCIAL |
| | 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 (Amou | unts in WHOLE dollars) |
| | | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT | 8. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable) | DED PLAN SECTION |
| 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 | 5. RETURN TO | |
| Heather Petermann | | |
| 12. TYPED NAME | | |
| 13. TITLE | | |
| 14. DATE SUBMITTED | | |
| FOR CMS US | EONLY | |
| 16. DATE RECEIVED | 7. DATE APPROVED | |
| PLAN APPROVED - ONE | COPY ATTACHED | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL | 9. SIGNATURE OF APPROVING OFFIC | AL |
| 20. TYPED NAME OF APPROVING OFFICIAL 2 | 1. TITLE OF APPROVING OFFICIAL | |
| 22. REMARKS | | |
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DEPARTMENT OF SOCIAL SERVICES



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

November 04, 2024

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-24-0016

Dear Dr. Abbott:

Please find enclosed South Dakota's Medicaid State Plan Amendment (SPA) SD-24-0016. The SPA clarifies the state plan to reflect current practice for PASRR specialized services in nursing facilities and the available categorical determinations options. The SPA does not change the State's current level of care determination process.

South Dakota

The SPA amends pages 79s and 79t of Section 4.39, page 1 of Attachment 4.39, and page 1 of Attachment 4.39-A, and adds page 2 of Attachment 4.39 to the South Dakota Medicaid state plan. The proposed State Plan Amendment (SPA) will have an effective date of October 1, 2024. The Department estimates there will be no fiscal impact in Federal Fiscal Year 2025 and Federal Fiscal Year 2026 as the amendment allows for alignment with current practice.

The State conducted Tribal Consultation beginning with notification on September 30, 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/268540.pdf, September 30, 2024. No comments were received.

If you have any questions regarding this package, please contact Matthew Ballard, Deputy Director of the Division of Medical Services, 700 Governors Drive, Pierre, SD 57501-2291, e-mail Matthew.Ballard@state.sd.us, or telephone (605) 773-3495.

Sincerely,

Alertha fetuman

Heather Petermann Director

CC: Matt Althoff, Cabinet Secretary



SOUTH DAKOTA REGISTER

Published weekly by the Legislative Research Council

Volume 51

Monday, 8:00 a.m., September 30, 2024

FILINGS WITH THE LEGISLATIVE RESEARCH COUNCIL

Petition for Rules

The **South Dakota State Board of Dentistry (Department of Health)** on September 23, 2024, served on the Interim Rules Review Committee and the director of the Legislative Research Council, petitions received from interested persons, per <u>SDCL 1-26-13</u>, to add new sections to Article <u>20:43</u> to allow dental hygienists and registered dental assistants to perform limited restorative functions and allow registered dental assistants to perform supragingival scaling; and amend ARSD <u>20:43:09:06</u> to allow dental assistants to administer nitrous oxide and monitor patients under nitrous oxide. The <u>South Dakota State Board of Dentistry</u> will review the petitions at its October 18, 2024, meeting.

Notice

The **Department of Social Services** intends to amend the South Dakota Medicaid State Plan regarding Preadmission Screening and Annual Resident Reviews (PASRR). The proposed state plan amendment (SPA) clarifies the state plan to reflect current practice for PASRR specialized services in nursing facilities and the available categorical determination options. It does not change the State's current level of care determination process. The SPA amends pages 79s and 79t of Section 4.39, page 1 of Attachment 4.39, and page 1 of Attachment 4.39-A, and adds page 2 of Attachment 4.39 to the South Dakota Medicaid State Plan.

The department intends to make this SPA effective October 1, 2024, and estimates there will be no fiscal impact in Federal Fiscal Year 2025 and Federal Fiscal Year 2026 as the amendment allows for alignment with current practice.

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 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 September 30, 2024, and end October 30, 2024.

FILINGS WITH THE OFFICE OF THE SECRETARY OF STATE

Final Administrative Rules

SOUTH DAKOTA BOARD OF EDUCATION STANDARDS (DEPARTMENT OF EDUCATION): 24:05:30:08.03, 24:05:30:08.04, 24:05:30:08.12, 24:05:30:08.13, 24:05:30:09.04, 24:05:30:11, 24:05:30:13.

History/Notice: 50 SDR 128, April 29, 2024 Hearing: July 8, 2024 Filed: September 24, 2024 Effective: October 14, 2024

Hericks, Renae

| From: | DSS Medical Services < DSSMedicalServices@STATE.SD.US> |
|--------------|--|
| Sent: | Monday, September 30, 2024 7:54 AM |
| То: | DSSMEDICAIDTRIBAL@LISTSERV.SD.GOV |
| Subject: | State Plan Amendment |
| Attachments: | 24-0016 Notice Package.pdf |

Good morning,

The South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding Preadmission Screening and Annual Resident Reviews (PASRR). The proposed state plan amendment (SPA) clarifies the state plan to reflect current practice for PASRR specialized services in nursing facilities and the available categorical determinations options. The SPA does not change the State's current level of care determination process.

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

The public comment period will start September 30, 2024, and end October 30, 2024.

Sincerely,

South Dakota Medicaid Department of Social Services 700 Governors Drive Pierre, SD 57501 In-State: 1-800-452-7691 Out-of-State 605-945-5006



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DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES

Department of Social Services

South Dakota

700 GOVERNORS DRIVE PIERRE, SD 57501-2291 PHONE: 605.773.3495 FAX: 605.773.5246 WEB: <u>dss.sd.gov</u>

September 30, 2024

RE: South Dakota Medicaid Plan Amendment # SD-24-0016

The South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding Preadmission Screening and Annual Resident Reviews (PASRR). The proposed state plan amendment (SPA) clarifies the state plan to reflect current practice for PASRR specialized services in nursing facilities and the available categorical determinations options. The SPA does not change the State's current level of care determination process.

The SPA amends pages 79s and 79t of Section 4.39, page 1 of Attachment 4.39, and page 1 of Attachment 4.39-A, and adds page 2 of Attachment 4.39 to the South Dakota Medicaid state plan.

The proposed State Plan Amendment (SPA) will have an effective date of October 1, 2024. The Department estimates there will be no fiscal impact in Federal Fiscal Year 2025 and Federal Fiscal Year 2026 as the amendment allows for alignment with current practice.

The SPAs are available to view on the department's website at <u>http://dss.sd.gov/medicaid/medicaidstateplan.aspx</u>. 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 <u>MedicaidSPA@state.sd.us</u> or sent to:

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

The public comment period will start September 30, 2024, and end October 30, 2024.

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-24-0016

Effective Date: 10/1/2024

Brief Description: Clarifies the state plan to reflect current practice for Preadmission Screening and Annual Resident Reviews (PASRR) specialized services in nursing facilities and the available categorical determinations options. The SPA does not change the State's current level of care determination process.

Area of State Plan Affected: Section 4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities

Page(s) of State Plan Affected: Pages 79s and 79t of Section 4.39, page 1 of Attachment 4.39, and page 1 of Attachment 4.39-A, and adds page 2 of Attachment 4.39 to the South Dakota Medicaid state plan.

| Estimate of Fiscal Impact, if Any: | FFY25: \$0 |
|------------------------------------|------------|
| | FFY26: \$0 |

Reason for Amendment: To reflect current practice.

Anticipated Impact to Tribes: None, as the amendment does not change current practice for Preadmission Screening and Annual Resident Review in Nursing Facilities.

Comment Period: September 30, 2024, and end October 30, 2024.

PUBLIC NOTICE South Dakota Medicaid Program

Notice is hereby given that the South Dakota Department of Social Services intends to amend the South Dakota Medicaid State Plan regarding Preadmission Screening and Annual Resident Reviews (PASRR). The proposed state plan amendment (SPA) clarifies the state plan to reflect current practice for PASRR specialized services in nursing facilities and the available categorical determinations options. The SPA does not change the State's current level of care determination process.

The SPA amends pages 79s and 79t of Section 4.39, page 1 of Attachment 4.39, and page 1 of Attachment 4.39-A, and adds page 2 of Attachment 4.39 to the South Dakota Medicaid state plan.

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The SPA is available to view on the department's website at <u>http://dss.sd.gov/medicaid/medicaidstateplan.aspx</u>. 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 <u>MedicaidSPA@state.sd.us</u> or sent to:

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

The public comment period will start September 30, 2024, and end October 30, 2024.

Page 79s

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

SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation

Sections 1902(a)(28)(D)(i) and 1919(e)(7) of the Act, P.L. 100-203 (section 4211(c)); P.L. 101-508 (section 4801(b)). (a) The Medicaid agency has in effect a written agreement with the State mental health and State intellectual/developmental disability authorities that meets the requirements of 42 CFR 431.621(c).

4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities

- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State Plan" the cost of NF services to individuals who are found not to require NF services.
- **_X_** (e) **ATTACHMENT 4.39** specifies the State's definition of specialized services.

Revision: HCFA-PM-93-1 (BPD) JANUARY 1993

Page 79t

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

SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation

4.39 <u>Preadmission Screening and Annual Resident Review in Nursing</u> <u>Facilities (continued)</u>

Sections 1902(a)(28)(D)(i) and 1919(e)(7) of the Act, P.L. 100-203 (section 4211(c)); P.L. 101-508 (section 4801(b)). Except for residents identified in 42 CFR 438.118(c), the State mental health or State intellectual/developmental disability authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.

X (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A

TN No. <u>24-0016</u> Supersedes TN No. <u>93-13</u>

Approval Date

Effective Date 10/01/24

Revision: HCFA-PM-93-1 (BPD) JANUARY 1993

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

DEFINITION OF SPECIALIZED SERVICES

Serious Mental Illness

Specialized outpatient services for adults are medically necessary related treatment, and rehabilitative, and support services to a recipient age 18 or older with serious mental illness (SMI), including those with co-occurring disorders. The individual must have at least one functional impairment as a result of the SMI. These "Specialized Services" are psychiatric services resulting in the continuous and aggressive implementation of an individual plan of care that is developed 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 to below the level of specialized services at the earliest possible time. The State Mental Health Authority has identified the following Specialized Services:

- 1. Psychiatric medication management and monitoring
 - a. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals.
- 2. Individual mental health therapy
 - a. Therapeutic contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progressing toward therapeutic goals.
- 3. Case management services as provided through a Community Mental Health Center, which includes:
 - a. Care Coordination A collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs as identified in the treatment plan.
 - b. Symptom Assessment and Management The assessment of an individual's symptoms and providing education regarding managing their symptoms including medication and monitoring education.

TN No. <u>24-0016</u> Supersedes TN No. <u>93-13</u>

Approval Date

Effective Date 10/01/24

- c. Recovery Support Services- Supportive counseling/psychotherapy (when diagnostically indicated) and the development of psychosocial and recovery skills may be provided to help the recipient cope with and gain mastery over symptoms and disabilities, including those related to co-occurring disorders, in the context of daily living.
- 4. Psychoeducational or other therapeutic group
 - a. Provided to assist the recipient to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery.

Intellectual or Developmental Disability

Specialized services available for eligible individuals with intellectual/developmental disabilities include the following:

- 1. Day habilitation services;
- 2. Career exploration;
- 3. Small Group Vocational Support;
- 4. Group Supported Employment;
- 5. Individual Supported Employment;
- 6. Assistive Technology; and
- 7. Specialized Medical Equipment and Drugs.

Specialized services for eligible individuals with intellectual/developmental disabilities must be provided by certified providers as determined by the State intellectual/developmental disability authority. Certified providers must meet all service specifications as outlined by the State intellectual/developmental disability authority.

Revision: HCFA-PM-93-1 (BPD) JANUARY 1993 ATTACHMENT 4.39-A Page 1

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

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 of applicants:
 - 1. Terminal Illness

Terminal illness diagnosis, determined by a physician or hospice involvement, that includes a life expectance 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 active treatment.

3. Convalescent Stay

A physician has identified the need for a NF stay following a hospitalization which will be less than 100 days.

4. Respite Stay

A physician has ordered for a respite stay of 30 days or less.

- 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.
- 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.