



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)

May 4, 2026

RE: South Dakota Medicaid State Plan Amendment #SD-26-0005

South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to update the provider lists and supplemental payment amounts for the inpatient and nursing facility providers that have a signed care coordination agreement with Indian Health Services and have ensured access and proper coordination of care of health services. The supplemental payment amounts are listed below:

<b>Inpatient Provider</b>	<b>Amount</b>
Abbot House Inc	\$28,112
Aurora Plains Academy	\$16,050
Avera	\$475,337
Bennett County	\$16,768
Black Hills Surgical	\$385
Mobridge Regional	\$9,104
Monument Health	\$1,258,951
Lutheran Social Services	\$24,127
Our Home	\$20,397
Rushmore Ambulatory Surgery	\$13,325
Sanford	\$801,843
Sioux Falls Children's Home	\$46,247

<b>Nursing Facility/ICF Provider</b>	<b>Amount</b>
Aurora Plains Academy	\$8,016
Avera	\$25,127
Bennett County	\$567
Legacy	\$120,846
Monument Health	\$5,643
Sanford	\$21,751

We intend to make this SPA effective June 1, 2026. The SPA amends page 14 of Attachment 4.19-A, and amends page 17b of Attachment 4.19-D of the South Dakota Medicaid State Plan.

The department estimates the fiscal impact will be \$1,420,322 in State funds and \$1,478,886 in Federal funds, totaling \$2,899,207 in Federal Fiscal Year 2026 (June 1, 2026 to September 30, 2026) and \$0.00 in Federal Fiscal Year 2027 (October 1, 2026 to September 30, 2027).

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:

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The public comment period will start May 4, 2026, and end June 3, 2026.

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



# PUBLIC NOTICE

## South Dakota Medicaid Program

Notice is hereby given that the South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to update the provider lists and supplemental payment amounts for the inpatient and nursing facility providers that have a signed care coordination agreement with Indian Health Services and have ensured access and proper coordination of care of health services. The supplemental payment amounts are listed below:

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The public comment period will start May 4, 2026, and end June 3, 2026.

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:

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Effective June 1, 2026, supplemental payments will be made using data calculated for the period of January 1, 2025 to December 31, 2025. 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.

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