### **DEPARTMENT OF SOCIAL SERVICES**



DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291 PHONE: 605,773,3495

FAX: 605.773.5246 WEB: <u>dss.sd.gov</u>

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 <a href="http://dss.sd.gov/medicaid/medicaidstateplan.aspx">http://dss.sd.gov/medicaid/medicaidstateplan.aspx</a>. 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 <a href="mailto:MedicaidSPA@state.sd.us">MedicaidSPA@state.sd.us</a> 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,

Matthew Ballard Deputy Director

Division of Medical Services

Matt Ballard

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.

### **PUBLIC NOTICE**

# South Dakota Medicaid Program

Notice is hereby given that 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).

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None		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 13.c,3, Vaccines and	d Vaccine Administration	
Benefit Provided:	Source:	Remove
Ooula Services	State Plan 1905(a)	Telliove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	

Add



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 13.c.3, Vaccines at	nd Vaccine Administration	
Other 1937 Benefit Provided:	Source:	Remove
argeted Case Management Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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 Ca	se Management Services	

Add