



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)

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



# PUBLIC NOTICE

## South Dakota Medicaid and CHIP Program

Notice is hereby given that 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 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, 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.

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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;

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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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**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.

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**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*

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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**

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  
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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**

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).

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**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

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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.

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TN:25-0003  
Supersedes TN: NEW

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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.

Service	Attachment	Effective Date
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.

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*year period. Orthodontic services in excess of \$500 must be prior authorized.*

*All dental services are exempt from the PCCM program.*

6.2.16.  Vision screenings and services (Section 2110(a)(24))

*Vision screenings and services, in addition to the services of physicians in 6.2.3 include the services of optometrists. Covered services include examinations, removal of foreign bodies from the eye, vision screenings, and refractive services, eyeglasses and contact lenses. Services are outside of the PCCM program. Eyeglasses are limited to replacement after 15 months unless significant vision changes have occurred.*

6.2.17.  Hearing screenings and services (Section 2110(a)(24))

*Hearing screenings and services are limited to services provided by a physician as described in 6.2.3 or a clinical audiologist if the recipient has a referral from a physician or other licensed practitioner and the services are necessary to diagnose or treat a medical problem.*

6.2.18.  Case management services (Section 2110(a)(20))

*Case management services are provided to all SCHIP children through the primary care case management program. Each program enrollee select or is assigned a primary care case management physician to provide the management and treatment of medical conditions and provide for referral for specialty care services. The primary care case manager can be either a physician (Family Practice, Internal Medicine, Pediatrics, OB-GYN, General Practice) or rural health clinic, federally qualified health center, or IHS facility. Services excluded from case management are emergency services, family planning, dental, podiatry, optometry, chiropractic, immunization, transportation and mental health services for chronically mentally ill clients.*

*Targeted case management services are available to eligible juveniles under 21 years of age who are determined eligible for any eligibility group, or an individual determined eligible for the mandatory eligibility group for former foster care children, immediately before becoming an inmate of a public institution or while an inmate of a public institution. The case managers provide services as defined in 42 CFR 440.169.*

6.2.19.  Care coordination services (Section 2110(a)(21))