December 20, 2019

Richard Allen
Associate Regional Administrator
Centers for Medicare and Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294

Re: South Dakota Medicaid State Plan Amendment SD-19-011

Dear Mr. Allen:

Please find enclosed South Dakota’s Medicaid State Plan Amendment (SPA) SD-19-011 regarding substance use disorder treatment services. The proposed State Plan Amendment (SPA) clarifies that early intervention services provided by a substance use disorder agency are covered and substance use disorder treatment services may be provided in an institution for mental disease in accordance with Section 5052 of Public Law 115-271. The SPA amends page 3a of Attachment 2.6-A, pages 31a, 31b, and 31c of Supplement to Attachment 3.1-A, adds Attachment 3.1-M pages 1 and 2, and amends Introduction page 1 of Attachment 4.19-B of the South Dakota Medicaid State Plan.

The Department intends to make this SPA effective November 1, 2019. The Department estimates there will be a negligible state fiscal impact associated with this SPA in Federal Fiscal Year 2020 and Federal Fiscal Year 2021. The services are currently covered for Medicaid recipients through Division of Behavioral Health funding. It is estimated that current expenditures for Medicaid recipients were $470,557.38 in State Fiscal Year 2019. Due to Medicaid recipients already receiving these services through Division of Behavioral Health funding, it is expected that there will be no or minimal additional state expenditures associated with covering the services through Medicaid. The federal fiscal impact associated with this SPA in is estimated to be $271,135.16 Federal Fiscal Year 2020 and $271,135.16 in Federal Fiscal Year 2021.

The State conducted Tribal Consultation beginning with notification on October 21, 2019. We have attached a copy of the notification sent to the Tribes. Public notice was published in the South Dakota REGISTER, http://sdlegislature.gov/docs/rules/Register/10212019.pdf, on October 21, 2019. We received no comments during the tribal consultation and public comment periods.

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

Sincerely,

Laurie Gill
Cabinet Secretary

CC: Brenda Tidball-Zeltinger, Deputy Secretary
William Snyder, Director
Sarah Aker, Deputy Director
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN  ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN  ☑ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 5052 of Public Law 115-271, 42 CFR 440.130, 42 435.10

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
74d of Section 4.26

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

10. SUBJECT OF AMENDMENT:
The proposed State Plan Amendment (SPA) clarifies that early intervention services provided by a substance use disorder agency are covered and substance use disorder treatment services may be provided in an institution for mental disease in accordance with Section 5052 of Public Law 115-271.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Laurie Gill

14. TITLE:
Cabinet Secretary

15. DATE SUBMITTED:
December 20, 2019

16. RETURN TO:
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

17. DATE RECEIVED:

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

FORM CMS-179 (07-92)
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation(s)</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) General Conditions of Eligibility (continued)</td>
<td></td>
</tr>
<tr>
<td>5. 42 CFR Part 435.1008</td>
<td>a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.</td>
</tr>
<tr>
<td>42 CFR Part 435.1008 Section 1905(a) of the Act</td>
<td>b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program or as allowed for in Attachment 3.1-M.</td>
</tr>
<tr>
<td>42 CFR 433.145 Section 1912 of the Act</td>
<td>6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third part. (Medical support is defined as support specified as being for medical care by a court or administrative order.)</td>
</tr>
</tbody>
</table>

TN No. 19-11 Supersedes Approval Date ________ Effective Date 11/01/19
TN No. 91-19
State/Territory: South Dakota

State Option to Provide Medicaid Coverage for Certain Individuals with Substance Use Disorders who are Patients in Certain Institutions for Mental Diseases

South Dakota Medicaid covers substance use disorder treatment services provided to eligible individuals in an eligible institution for mental disease (IMD) in accordance with Section 1915(l) of the Social Security Act.

Eligible Individuals
Eligibility is limited to Medicaid recipients age 21 through 64 who have at least one substance use disorder and reside in an eligible IMD

General Assurances
The State provides the following assurances regarding the scope of IMD services:

1. Coverage is limited to services provided during the period beginning October 1, 2019 and ending September 30, 2023.
2. Coverage is limited to a maximum of 30 days per 12-month period per eligible individual from the date an eligible individual is first admitted to an eligible IMD.

IMD Assurances
The State provides the following assurances regarding eligible IMDs:

1. Eligible IMDs follow reliable evidence-based practices and offer at least two forms of medication-assisted treatment (MAT) onsite, including one antagonist and one partial agonist for opioid use disorder. The State ensures IMDs meet these requirements through standards established by the State’s Single State Agency for Substance Abuse Services for providers.
2. Eligible IMDs provide services at lower levels of clinical intensity or establish relationships with Medicaid-enrolled providers offering services at lower levels of care. The State ensures IMDs meet these requirements through standards established by the State’s Single State Agency for Substance Abuse Services for providers.

Evidence-Based Clinical Screening Assurance
The State provides the following assurance regarding evidence-based clinical screenings:

1. Eligible individuals receive an appropriate evidence-based clinical screening prior to receiving services in an eligible IMD, including initial and periodic reassessments to determine the appropriate level of care, length of stay, and setting for each individual. Eligible IMDs are required to perform an integrated assessment. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the recipient’s alcohol and drug abuse or dependence and shall assess the recipient’s treatment needs.

TN # 19-011 Approval Date_______ Effective Date 11/01/19
SUPERCEDES
TN # New
Continuum of Services Assurance
The State provides the following assurances regarding the continuum of services:

1. South Dakota Medicaid covers the following outpatient levels of care under the state plan:
   a. Early intervention services;
   b. Outpatient treatment services;
   c. Intensive outpatient treatment services; and
   d. Day treatment services (also referred to as partial hospitalization).
2. South Dakota Medicaid covers the following residential and inpatient levels of care under the state plan:
   a. Clinically-managed low-intensity residential treatment services; and
   b. Medically-monitored intensive inpatient treatment services.

Transition of Care Assurances
The State provides the following assurance regarding transition of care:

1. Recipients residing in an IMD are required to be transitioned to the community upon discharge. Eligible IMDs are required to provide discharge planning services. Discharge planning services must include continued care planning and counseling, referral to and coordination of care with other resources that will assist a recipient's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services.
2. Substance use disorder agencies accredited by the single state agency for substance abuse. Services are covered for an individual for whom an integrated assessment has been prepared that includes a primary diagnosis of substance use disorder. The agency must prepare an individual treatment plan as a result of the integrated assessment. Crisis intervention services do not require an integrated assessment or individual treatment plan.

Substance Use Disorder Agency Services

a. **Integrated assessment.** The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the recipient’s alcohol and drug abuse or dependence and shall assess the recipient’s treatment needs.

b. **Crisis intervention services.** Crisis intervention services are provided to a recipient in a crisis situation related to the recipient's use of substances, including crisis situations where co-occurring mental health symptoms may be present. The focus of the intervention is to restore the recipient to the level of functioning before the crisis or provide means to place the recipient into a secure environment.

c. **Early intervention services.** Nonresidential services provided to individuals that may have substance use related problems, but do not meet the diagnostic criteria for a substance use disorder. The following services at a minimum must be included:
   
i. **Initial screening and planning** within 48 hours of initial contact.
   
   ii. **Crisis intervention services** as described above in item b.
   
   iii. **Individual or family counseling** regarding substance abuse and dependence. Family counseling services to the recipient’s family and significant others is for the direct benefit of the recipient, in accordance with the recipient’s needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient’s recovery.
   
   iv. **Discharge planning services** to include continued care planning and counseling, referral to and coordination of care with other resources that will assist a client's recovery, including educational, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services which includes the availability of tuberculosis and human immunodeficiency virus services.

d. **Outpatient treatment services** provided by an accredited nonresidential program to a recipient or a person harmfully affected by alcohol or other drugs through regularly scheduled counseling services. The following services are covered:
   
i. **Individual, group and family counseling** regarding substance abuse and dependence. Group and family counseling services to the recipient’s family and significant others is for the direct benefit of the recipient, in accordance with the recipient’s needs and treatment goals identified in the recipient’s treatment plan, and for the purpose of assisting in the recipient’s recovery.
   
   ii. **Discharge planning services** to include continued care planning and counseling, referral to and coordination of care with other resources that will assist a client's recovery, including educational, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services which includes the availability of tuberculosis and human immunodeficiency virus services.
   
   iii. **Collateral Contacts** which is a telephone or face-to-face contact with an individual other than the identified recipient in order to plan appropriate treatment, to assist an individual so the individual can respond therapeutically to the recipient’s substance abuse problem, or to refer the recipient, family, or both, to other necessary community supports.

e. **Intensive outpatient treatment services** are provided by an accredited nonresidential program providing services to a recipient in a clearly defined, structured, intensive outpatient treatment program on a regularly scheduled basis. The following services are covered:
   
i. **Individual, group, and family counseling** regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient’s family and significant others is for the direct benefit of the recipient, in accordance with the recipient’s needs and treatment goals identified in the recipient’s treatment plan, and for the purpose of assisting in the recipient’s recovery.
   
   ii. **Discharge planning** which must include continued care planning and counseling, referral to and coordination of care with other resources that will assist a recipient's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services.
iii. **Collateral Contacts** which is a telephone or face-to-face contact with an individual other than the identified recipient in order to plan appropriate treatment, to assist an individual so the individual can respond therapeutically to the recipient’s substance abuse problem, or to refer the recipient, family, or both, to other necessary community supports.

f. **Day treatment services** are provided by an accredited program providing services to a recipient in a clearly defined, structured, intensive treatment program. The following services are covered:
   i. **Individual, group, and family counseling** regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient’s family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient’s treatment plan, and for the purpose of assisting in the recipient’s recovery.
   ii. **Discharge planning** which must include continued care planning and counseling, referral to and coordination of care with other resources that will assist a recipient's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services.

h. **Medically-monitored intensive inpatient treatment programs** are an accredited residential program providing services to a recipient in a structured environment. These medically-monitored intensive inpatient treatment program may be provided to eligible individuals in an eligible IMD as allowed in Attachment 3.1-M. The following services are covered:
   i. **Individual, group, and family counseling** regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient’s family and significant others is for the direct benefit of the recipient, in accordance with the recipient’s needs and treatment goals identified in the recipient’s treatment plan, and for the purpose of assisting in the recipient’s recovery.
   ii. **Discharge planning** to include continued care planning and counseling, referral to and coordination of care with other resources that will assist a recipient’s recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services.
Substance Use Disorder Agencies Non-Covered Services

The following services are non-covered for substance use disorder agencies:

a. Treatment for a diagnosis of substance use disorder that exceeds the limits established by the division, unless prior authorization is approved by the division;

b. Out-of-state substance use disorder treatment unless the division determines that appropriate in-state treatment is not available;

c. Treatment for a gambling disorder;

d. Room and board for residential services;

e. Substance use disorder treatment before the integrated assessment is completed;

f. Substance use disorder treatment after 30 days if the treatment plan has not been completed;

g. Substance use disorder treatment if a required review has not been completed;

h. Court appearances, staffing sessions, or treatment team appearances; and

i. Substance use disorder services provided to a recipient incarcerated in a correctional facility.

Substance Use Disorder Agencies Practitioners and Qualifications

All agency staff providing addiction counseling must meet the standards for addiction counselors or addiction counselor trainees in accordance with South Dakota Board of Addiction and Prevention Professionals requirements. Each agency must have a clinical supervisor that supervises clinical services. Clinical supervisors must be licensed as either a certified addiction counselor or licensed addiction counselor. An addiction counselor trainee must be supervised by a certified addiction counselor or licensed addiction counselor. Certified addiction counselors and licensed addiction counselors do not require supervision to provide services. The table below lists the provider qualifications for furnishing substance use disorder services:

<table>
<thead>
<tr>
<th>Services</th>
<th>Practitioner Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Integrated assessment;</td>
<td>• Addiction counselor trainee, certified addiction counselor, or licensed addiction counselor.</td>
</tr>
<tr>
<td>• Crisis intervention;</td>
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<tr>
<td>• Early intervention services;</td>
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<tr>
<td>• Individual, group, and family counseling;</td>
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<td>• Discharge planning; and</td>
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<tr>
<td>• Collateral contacts.</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Attachment</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early and Periodic Screening, Diagnosis, and Treatment</td>
<td>Attachment 4.19-B, Page 4</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>(EPSDT)</td>
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<tr>
<td>Physician Services</td>
<td>Attachment 4.19-B, Page 6</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Optometrist Services</td>
<td>Attachment 4.19-B, Page 9</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>Attachment 4.19-B, Page 10</td>
<td>April 1, 2019</td>
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<tr>
<td>Independent Mental Health Practitioners</td>
<td>Attachment 4.19-B, Page 11</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Nutritionist and Dietician Services</td>
<td>Attachment 4.19-B, Page 11</td>
<td>April 1, 2019</td>
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<tr>
<td>Home Health Services</td>
<td>Attachment 4.19-B, Page 12</td>
<td>April 1, 2019</td>
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<tr>
<td>Durable Medical Equipment</td>
<td>Attachment 4.19-B, Page 13</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>Attachment 4.19-B, Page 15</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Attachment 4.19-B, Page 16</td>
<td>April 1, 2019</td>
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<tr>
<td>Physical Therapy</td>
<td>Attachment 4.19-B, Page 17</td>
<td>April 1, 2019</td>
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<tr>
<td>Occupational Therapy</td>
<td>Attachment 4.19-B, Page 18</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Speech, Hearing, or Language Disorder Services</td>
<td>Attachment 4.19-B, Page 19</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Dentures</td>
<td>Attachment 4.19-B, Page 21</td>
<td>April 1, 2019</td>
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<tr>
<td>Prosthetic Devices</td>
<td>Attachment 4.19-B, Page 22</td>
<td>April 1, 2019</td>
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<tr>
<td>Eyeglasses</td>
<td>Attachment 4.19-B, Page 23</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Diabetes Self-Management Training</td>
<td>Attachment 4.19-B, Page 26</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>Attachment 4.19-B, Page 26</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Community Mental Health Centers</td>
<td>Attachment 4.19-B, Page 26</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Substance Use Disorder Agencies</td>
<td>Attachment 4.19-B, Page 26</td>
<td>October 1, 2019</td>
</tr>
<tr>
<td>Nurse Midwife Services</td>
<td>Attachment 4.19-B, Page 31</td>
<td>April 1, 2019</td>
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<tr>
<td>Transportation</td>
<td>Attachment 4.19-B, Page 38</td>
<td>April 1, 2019</td>
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<tr>
<td>Personal Care Services</td>
<td>Attachment 4.19-B, Page 38</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Freestanding Birth Centers</td>
<td>Attachment 4.19-B, Page 39</td>
<td>April 1, 2019</td>
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<tr>
<td>Professional Services Provided in a Freestanding Birth</td>
<td>Attachment 4.19-B, Page 39</td>
<td>April 1, 2019</td>
</tr>
<tr>
<td>Center</td>
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</tbody>
</table>

TN# 19-11
SUPERCEDES Approval Date ___________ Effective Date 11/01/19
TN# 19-06
Notice

The Department of Social Services intends to make changes to the South Dakota Medicaid State Plan concerning substance use disorder treatment services. The proposed State Plan Amendment clarifies that early intervention services provided by a substance use disorder agency are covered and substance use disorder treatment services may be provided in an institution for mental disease in accordance with Section 5052 of Public Law 115-271. It amends page 3a of Attachment 2.6-A, pages 31a, 31b, and 31c of Supplement to Attachment 3.1-A, adds Attachment 3.1-M pages 1 and 2, and amends Introduction page 1 of Attachment 4.19-B of the South Dakota Medicaid State Plan. The department intends to make this Amendment effective November 1, 2019 and estimates there will be a negligible state fiscal impact in Federal Fiscal Years 2020 and 2021 with a federal fiscal impact of $271,135.16 in Federal Fiscal Year 2020 and $271,135.16 in Federal Fiscal Year 2021. The Amendment can be viewed on the department’s website at http://dss.sd.gov/medicaid/medicaidstateplan.aspx. Written requests for a copy of these changes, and corresponding comments, may be sent to Division of Medical Services, Department of Social Services, 700 Governors Drive, Pierre, South Dakota 57501-2291.

SCHEDULED PUBLIC HEARINGS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-21-19</td>
<td>South Dakota Board of Barber Examiners (Department of Labor and Regulation): Amend rules to update language to current nationally recognized terminology; update safety and infection control requirements; add blood exposure procedures; and update rules that affect barber schools including instructor-to-student ratio, allow for substitute instructors, establish equipment requirements, change board approval of a school from accreditation to school license, and establish the number of hours barber students must spend in classrooms, demonstrations, and practice before performing service on a client; 46 SDR 49, September 30, 2019.</td>
</tr>
<tr>
<td>10-22-19</td>
<td>South Dakota Electrical Commission (Department of Labor and Regulation): Amend rules to increase the fees for certain inspections and establish an allotted amount of inspections per permit type; 46 SDR 54, October 7, 2019.</td>
</tr>
<tr>
<td>10-23-19</td>
<td>South Dakota Real Estate Commission (Department of Labor and Regulation): Amend a rule to require team leaders to keep a current list of their team members, require the responsible broker to maintain the list, and make the list available upon request from the commission; 46 SDR 50, September 30, 2019.</td>
</tr>
<tr>
<td>10-24-19</td>
<td>Department of Transportation: Amend and establish rules to expand the 35 mile-per-hour limited speed zone through Bryant; shift the locations of the 45 mile-per-hour limited speed zones on the east and west ends of Bryant; expand the approved routes for longer combination vehicles; and allow the testing and operation of groups of individual motor vehicles traveling in a unified manner at electronically coordinated speeds and distance intervals that are closer than otherwise allowed under SDCL 32-26-40 through 32-26-42; 46 SDR 54, October 7, 2019.</td>
</tr>
</tbody>
</table>
Good Morning,

The South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid State Plan regarding substance use disorder treatment services. The proposed State Plan Amendment (SPA) clarifies that early intervention services provided by a substance use disorder agency are covered and substance use disorder treatment services may be provided in an institution for mental disease in accordance with Section 5052 of Public Law 115-271. The SPA amends page 3a of Attachment 2.6-A, pages 31a, 31b, and 31c of Supplement to Attachment 3.1-A, adds Attachment 3.1-M pages 1 and 2, and amends Introduction page 1 of Attachment 4.19-B of the South Dakota Medicaid State Plan. The Department intends to make this SPA effective November 1, 2019.
The Department estimates there will be a negligible state fiscal impact associated with this SPA in Federal Fiscal Year 2020 and Federal Fiscal Year 2021. The services are currently covered for Medicaid recipients through Division of Behavioral Health funding. It is estimated that current expenditures for Medicaid recipients were $470,557.38 in State Fiscal Year 2019. Due to Medicaid recipients already receiving these services through Division of Behavioral Health funding, it is expected that there will be no or minimal additional state expenditures associated with covering the services through Medicaid. The federal fiscal impact associated with this SPA is estimated to be $271,135.16 Federal Fiscal Year 2020 and $271,135.16 in Federal Fiscal Year 2021.

A copy of the SPA package is attached. Please contact me within 30 days of receipt of this message with any questions or comments.

Sincerely,

Matthew Ballard | State Plan Program Manager
South Dakota Department of Social Services
Division of Medical Services
(605) 773-3495

This message is being sent by or on behalf of the South Dakota Department of Social Services. It is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, attorney-client privileged, confidential, or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy, or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by telephone at (605) 773-3495 or by reply transmission by e-mail, and delete all copies of the message.

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor’s Drive, Pierre SD 57501, 605-773-3305.
October 21, 2019

RE: South Dakota Medicaid State Plan Amendment #SD-19-011

The South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid State Plan regarding substance use disorder treatment services. The proposed State Plan Amendment (SPA) clarifies that early intervention services provided by a substance use disorder agency are covered and substance use disorder treatment services may be provided in an institution for mental disease in accordance with Section 5052 of Public Law 115-271. The SPA amends page 3a of Attachment 2.6-A, pages 31a, 31b, and 31c of Supplement to Attachment 3.1-A, adds Attachment 3.1-M pages 1 and 2, and amends Introduction page 1 of Attachment 4.19-B of the South Dakota Medicaid State Plan. The Department intends to make this SPA effective November 1, 2019.

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Please contact me within 30 days of receipt of this message with any questions or comments.

Sincerely,

Sarah Aker
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Laurie Gill, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary
William Snyder, Director
Medicaid State Plan Amendment Proposal

Transmittal Number:  SD-19-011

Effective Date:  11/1/2019

Brief Description:  This State Plan Amendment clarifies substance use disorder treatment coverage.

Area of State Plan Affected:  Attachment 2.6-A, Supplement to Attachment 3.1-A, Supplement to Attachment 3.1-A, Attachment 3.1-M, Attachment 4.19-B

Page(s) of State Plan Affected:  The SPA Amends page 3a of Attachment 2.6-A, pages 31a, 31b, and 31c of Supplement to Attachment 3.1-A, adds Attachment 3.1-M pages 1 and 2, and amends Introduction page 1 of Attachment 4.19-B.

Estimate of Fiscal Impact, if Any:  FFY20:  $271,135.16 federal fiscal impact

$0.00 state fiscal impact

FFY21:  $271,135.16 federal fiscal impact

$0.00 state fiscal impact

Reason for Amendment:  To clarify substance use disorder treatment coverage.