

SUPPLEMENT TO ATTACHMENT 3.1-A

1. Inpatient Hospital.
- 2.a. Outpatient Hospital.
- 2.b. Rural Health Clinics (RHCs).
- 2.c. Federally Qualified Health Clinics (FQHCs).

For Inpatient Hospital, Outpatient Hospital, Rural Health Clinics (RHCs), and Federally Qualified Health Clinics (FQHCs), services not payable include:

1. Abortion, unless the life of the mother is threatened;
2. Cosmetic surgery when not incidental to the prompt repair of an accidental injury;
3. All procedures or items which are considered non-proven medical value practices or which may be of questionable effectiveness or long-term benefit;
4. All procedures and items, including prescribed drugs, considered experimental by the United States Department of Health and Human Services or any other appropriate Federal agency; and
5. All procedures and items, including prescribed drugs, provided as part of a control study approved by the appropriate Federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in curing, preventing, correcting, or alleviating the effects of certain medical conditions.

All procedures and items, including prescribed drugs, which may be subject to question but that are not covered in 1 through 5 above, will be evaluated by the State agency's designated medical review organization. The medical (professional) review organization designated by the State agency will evaluate and determine whether any procedure or items that are questioned fall within the provisions of items 1 through 5 above, inclusive. This review does not require prior authorization but may be done after a questioned service has been provided.

Outpatient hospital services are provided in accordance with 42 CFR 440.20. In addition, under the provisions of 42 CFR 440.20(a)(4), outpatient hospital services payable do not include outpatient psychiatric services or outpatient chemical dependency treatment services. Inpatient chemical dependency treatment is not a payable hospital service.

SUPPLEMENT TO ATTACHMENT 3.1-A

3. Other Lab and X-Ray

No limitations.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

4a. Nursing Facility Services

No limitations.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

4b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Any Medicaid eligible child under 21 years of age, pursuant to Section 1905(r)(5) of the Act, has access to necessary health care, diagnostic services, treatment and other measures described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services whether or not such services are covered under this State plan.

Payment will also be allowed under EPSDT for the following medically necessary services for children less than 21 years of age even though these services are not a benefit for Medicaid eligible adult beneficiaries:

1. Nutrition items, prior authorization required for total parenteral nutrition.
2. Orthodontic services, prior authorization required.
3. Private duty nursing services, prior authorization required.

Payment will also be made for any medically necessary services in excess of any limitations indicated under this supplement provided to children less than 21 years of age.

SUPPLEMENT TO ATTACHMENT 3.1-A

4c. Family Planning Services

The following services are not payable:

1. Agents to promote fertility.
2. Procedures to reverse a previous sterilization.
3. Removal of implanted contraceptive capsules when done to reverse the intent of the original implant.

SUPPLEMENT TO ATTACHMENT 3.1-A

5a. Physician Services

Physician services not payable include:

1. Abortion unless the life of the mother is threatened.
2. Cosmetic surgery when not incidental to the prompt repair of an accidental injury.
3. All procedures or items which are considered non-proven medical value practices, which may be of questionable effectiveness or long term benefit.
4. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
5. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in curing, preventing, correcting, or alleviating the effects of certain medical conditions.
6. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in 1 through 5 above, will be evaluated by the Department's designated medical review organization.

TN # 98-017
SUPERSEDES
TN # 91-015

APPROVAL DATE 3-22-94 EFFECTIVE DATE 10-1-93

SUPPLEMENT TO ATTACHMENT 3.1-A

5b. Medical Services by a Dentist

See section 5a of this attachment.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

6a. Podiatrist Services

Services not payable include stock orthopedic shoes unless they are part of a leg brace, treatment of flatfoot, routine foot care, treatment of fungal infection of the toenail, and surgical or non-surgical treatment of subluxations of the foot undertaken for the sole purpose of correcting a subluxated structure in the foot as an isolated entity.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

6b. Optometrist Services

Eye examinations and refractions.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

6c. Chiropractic Services

Chiropractic services payable are limited to manual manipulation of the spine to correct a subluxation which is demonstrated by an x-ray to exist. Manual manipulations are limited to no more than 30 during a 12-month period.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

6d. Other Practitioner Services

1. Physician Assistants. See service limitations under section 5a of this attachment.
2. Nurse practitioners other than Pediatric or Family Nurse Practitioners. See service limitations under section 5a of this attachment.
3. Certified Registered Nurse Anesthetist. See service limitations under section 5a of this attachment.
4. Nursing services which are determined medically necessary by the Department, and are limited to no more than 18 hours of nursing during a calendar quarter.

SUPPLEMENT TO ATTACHMENT 3.1-A

7. Home Health Services

a, b, d. The following home health services are not payable:

1. Home health agency services provided to individuals residing in a hospital, nursing facility, or intermediate care facility for the mentally retarded.

SUPPLEMENT TO ATTACHMENT 3.1-A

- 7c. Medical equipment for use in an individual's home is limited to: bed pans; urinals; fracture pans; commodes; canes; crutches; walkers; trapeze bars for persons confined to bed; manually operated hospital beds including mattresses and side rails; replacement mattresses after a minimum of three years; oxygen regulators, tubing, masks, tents, and other equipment necessary for the administration of oxygen; oxygen concentrators; manually operated wheelchairs; slide boards; kidney dialysis equipment; electric hospital beds; mechanical ventilators or respirators; suction machines; nebulizers; traction equipment; electric wheelchairs; Hoyer-type patient lifts; apnea and bradycardia monitors; sleep study equipment; wheelchair seats that serve as a commode; wheelchair seat or back cushions, including accessories and drop seat if needed; oximeters; blood glucose monitors, including those that are voice activated if the recipient is legally blind, when the recipient or caregiver is capable of learning to use the device, there is reason to anticipate the recipient will be compliant, and the recipient is insulin dependent and there is documentation that the diabetes is hard to control or of keto acidosis or the recipient has been diagnosed as having gestational diabetes; intravenous therapy equipment; wheelchair trays; infusion pumps; hearing aids; CPAP; BiPAP; battery chargers; and with prior authorization, pressure reduction overlay or mattress, low air low bed therapy, or air fluidized system therapy.

Medical supplies payable are limited to those items necessary for the effective use of the medical equipment listed above or for the use of prosthetic devices, syringes and needles necessary for the administration of injectible drugs covered under item 12a, and urine test items.

TN # 92-24
SUPERSEDES
TN # 91-15

APPROVAL DATE 10/21/92 EFFECTIVE DATE 10-1-92

SUPPLEMENT TO ATTACHMENT 3.1-A

8. Private Duty Nursing Services

Not provided.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

9. Clinic Services

Clinic services include services in the following types of clinics and are provided in accordance with 42 CFR 440.90:

- a. Family planning clinics;
- b. Ambulatory surgical centers which meet conditions for Medicare participation as evidenced by an agreement with the Federal Department of Health and Human Services. Covered surgical procedures are limited to those listed by Medicare plus tonsillectomies, T & As, dental, and sterilization procedures;
- c. Endstage renal disease clinics which participate in Medicare;
- d. Indian Health Service clinics operated by the Public Health Service; and
- e. Maternal and child health clinics.

Fertility treatments and related services are not covered.

SUPPLEMENT TO ATTACHMENT 3.1-A

10. Dental Services

Dental services for adults age 21 and over are limited to the following categories of service and all services require prior authorization:

- a. Routine diagnostic and preventive services—
 - (1) Prophylaxis—twice per state fiscal year;
 - (2) Examinations—twice per state fiscal year; and
 - (3) Radiographs—
 - i. Bitewings—twice per state fiscal year;
 - ii. Full mouth or panoramic films approved only in medical necessity and only once in a five-year period.
- b. Routine restorative services—
 - (1) Restoration of decayed or fractured teeth with amalgam fillings or composite fillings—one time in 12 months for composites or amalgams;
 - (2) Stainless steel and temporary crowns;
 - (3) Emergency treatment by report;
 - (4) Oral surgery; and
 - (5) General anesthesia or sedation.
- c. Endodontic services—
 - (1) Root canal therapy—only anterior teeth, and
 - (2) Re-treatments—only anterior teeth.
- d. Periodontal services including root planing and scaling and maintenance therapy.
- e. Major services, which are beyond routine and restorative—
 - (1) Build-ups, posts, and cores (posts and cores are a benefit in only the same teeth qualifying for root canal therapy);
 - (2) Recementation of cast restorations—once per lifetime of recipient; and
 - (3) Permanent crowns—placement on anterior teeth only.

Dental services for adults 21 years of age and older, except for services for the immediate relief of severe pain, alleviation of acute infection, or necessary because of trauma, are limited to a total of \$1,000 per adult Medicaid recipient per State fiscal year.

SUPPLEMENT TO ATTACHMENT 3.1-A

11a. Physical Therapy

No limits.

TN # 06-02
SUPERSEDES
TN # 91-15

Approval Date 10/23/07

Effective Date 7/01/06

SUPPLEMENT TO ATTACHMENT 3.1-A

11b. Occupational Therapy

No limitations.

TN # 06-02
SUPERSEDES
TN # 91-15

Approval Date 10/23/07

Effective Date 7/01/06

SUPPLEMENT TO ATTACHMENT 3.1-A

11c. Services for Individuals with Speech, Hearing, or Language Disorders

No limitations.

SUPPLEMENT TO ATTACHMENT 3.1-A

12a. Prescribed Drugs

Any covered outpatient drug may be subject to prior authorization, and the agency maintains a list of drugs requiring prior authorization. Prescribing physicians, pharmacists, and/or designated representatives may contact the Medicaid Prior Authorization Unit via 1-800 phone or fax lines, mail or encrypted e-mail to request prior authorization. The program will issue responses within 24 hours of the request. Pharmacies may dispense a 72-hour supply of a prior authorized product in the event of an emergency. The program complies with requirements set forth in OBRA 1990 and 1993 pertaining to prior authorization programs.

The program does not cover the following items:

1. Delivery charges;
2. Agents when used for the treatment of sexual or erectile dysfunction;
3. Items manufactured by a firm that has not signed a rebate agreement with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services;
4. Drugs and biologicals which the federal government has determined to be less than effective;
5. Experimental items;
6. Over-the-counter items limited to non-sedating anti-histamines and smoking cessation drugs for pregnant women.

The program does not cover any Medicare Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B. (See **Attachment 3.1-A.1** for specific coverage.)

SUPPLEMENT TO ATTACHMENT 3.1-A

b. Agents when used for the symptomatic relief of cough and colds:

- (1) Brompheniramine/Pseudoephedrine
Bromphiramine/Pseudoephedrine/DM
- (2) Dexbrompheniramine/Pseudoephedrine
- (3) Dextromethorphan/Pseudoephedrine
- (4) Guaifensesin Syrup (AC, DAC, DM, Plain)
- (5) Promethzine with codeine
- (6) Benzonatate

c. Non-prescription (OTC) drugs:

- (1) Loratadine
- (2) Loratadine with Pseudoephedrine

d. Barbituates—All

e. Benzodiazepenes—All

f. Prescription Vitamins and Minerals:

- (1) Vitamin B
- (2) Vitamin D
- (3) Vitamin K
- (4) Iron
- (5) Iodine
- (6) Zinc
- (7) Multivitamin Preparations

g. Smoking Cessation Drugs (except dual eligibles, as Part D will cover)—All

SUPPLEMENT TO ATTACHMENT 3.1-A

12b. Dentures

Payable services for dentures are limited as follows:

- a. Immediate dentures and initial placement of all initial complete dentures do not require prior authorization, except replacement dentures, if within 5 years of initial placement, require prior authorization;
- b. All partial dentures, whether initial or replacement, require prior authorization and are payable for no more than eight posterior teeth in occlusion (not limited to natural teeth), with 1 replacement partial denture payable within 5 years;
- c. Covered services include denture adjustments and tissue conditioning;
- d. Denture relines and rebases, for either complete or partial dentures, are payable once per 5 years;
- e. Adjustments to complete or partial dentures are limited to two adjustments per denture per 12-month period and only after six months have elapsed since initial placement of denture or partial denture;
- f. All interim prostheses (flippers), require prior authorization; and
- g. Tissue conditioning is payable only when the recipient is eligible for relining.

All dentures, partial dentures, and interim prostheses must be billed on the date of placement.

SUPPLEMENT TO ATTACHMENT 3.1-A

12c. Prosthetic Devices

Experimental devices are not payable.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

12d. Eyeglasses

Corrective vision eyeglasses; contact lenses when necessary for the correction of irregular astigmatism, anisometropia in excess of 4 diopters or myopia in excess of 6 diopters; replacement eyeglasses after a minimum of 9 months since the old glasses were received or there is a change in correction needed of at least .5 diopters; and replacement contact lenses are limited to no more than two replacement lenses per year.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

13a. Diagnostic Services

Not provided.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

13b. Screening Services

Not provided.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

13c. Preventive Services

Diabetes Self-Management Education is a preventive health service for persons diagnosed with diabetes. The training will increase the individual's understanding of diabetes progression and teach monitoring skills to prevent complications, disease progression, and disability

Training content is based upon the American Diabetes Association and South Dakota Department of Health standards. Enrolled diabetes education training programs must be capable of offering instruction in each of the content areas as established by the American Diabetes Association and Department of Health standards. Examples include diabetes overview, nutrition, exercise and activity, foot care, skin care, dental care, medications, and additional other training content as established by the American Diabetes Association and the South Dakota Department of Health.

Limitations:

- a. Outpatient diabetes self-management education will be reimbursable when delivered by an American Diabetes Association or South Dakota Department of Health recognized program and a claim is submitted by an enrolled provider.
- b. Outpatient diabetes self-management education must be provided by a diabetes education team that is certified or recognized by the American Diabetes Association or the South Dakota Department of Health. The team must consist of licensed RNs and licensed dietitians to meet certification standards.
- c. Coverage of outpatient diabetes self-management education requires a physician referral;
- d. Outpatient diabetes self-management education is limited to ten hours of comprehensive education per lifetime and follow-up education sessions of two hours per year based upon assessment of need and documented physician order.
- e. Outpatient diabetes self-management education includes group sessions, but must allow for direct face-to-face interaction between the educator and the patient to provide opportunity for questions and personal application of learned skills.
- f. Diabetes self-management education is not separately reimbursable when:
 - (1) The individual is institutionalized and the training is not delivered in an outpatient setting;
 - (2) The individual has already received the lifetime maximum hours of comprehensive diabetes education; or
 - (3) The individual receives this service in a FQHC or RHC.

SUPPLEMENT TO ATTACHMENT 3.1-A

13d. Rehabilitative Services

Rehabilitation services are medical and remedial services that have been recommended by a physician for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level and provided by one of the following providers:

- 1. A traumatic brain injury unit within an adjustment training center which has been approved by the Department of Human Services.

Services provided by a traumatic brain injury unit will be limited to those services outlined in an individualized rehabilitation plan that is prepared following an interdisciplinary evaluation.

- 2. Community Support Service providers are agencies or facilities certified by the South Dakota Division of Mental Health as a Community Support Services Program provider and which provide services in accordance with the South Dakota Medical Assistance standards and requirements for Community Support Services. Eligible providers must have a separate program which is organized and staffed to provide the array of services specified in an individual's treatment plan.

a. Frequency, Duration, and Scope of Community Support Services. Medically necessary Community Support Services are provided subject to the limitations of the South Dakota Medical Assistance State Plan, see section 13d.d of this attachment, to assist eligible persons cope with the symptoms of their illnesses, minimize the effects of their disabilities on their capacity for independent living, or to limit periods of hospital treatment.

Community Support Services are reimbursable only when provided in accordance with a treatment plan approved by a physician. Crisis intervention (emergency) services are payable even though they are not included in the treatment plan when the services are recommended by a Community Support Services program staff or physician on duty during the crisis.

Eligible recipients are Medicaid recipients who are prior authorized for receipt of Community Support Services through a Community Support Services provider by the South Dakota Division of Mental Health. Comprehensive evaluations and emergency services do not require prior authorization by the Division of Mental Health. Prior authorization for entry into the program shall be made within a specified period of time as determined by the South Dakota Division of Mental Health and be based on a review of the program physician's comprehensive medical/psychological evaluation.

b. Covered Service Activities. Community Support Services are medically related rehabilitative treatment and support services provided through a self-contained program by teams of qualified staff under the supervision or direction of a physician. Certified and enrolled Community Support Program providers may bill Medicaid for Community Support Services when one or more of the following activities are rendered to a client by qualified staff that are employed by or under contract with the provider:

TN # 91-07
 SUPERSEDES
 TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91

SUPPLEMENT TO ATTACHMENT 3.1-A

- (1) **Comprehensive Medical/Psychosocial Evaluation.** A multi-functional assessment of the client conducted by a physician (psychiatrist, internist, or family practitioner), and clinicians under the supervision of the physician, to establish the medical necessity of providing services to a client by the Community Support Services Program provider and to formulate an individual treatment plan.

The comprehensive medical/psychosocial evaluation will include the following assessments:

- (a) Extent and effects of drug abuse and/or alcohol use;
- (b) Medical systems survey and physical examination;
- (c) Medication history;
- (d) Psychiatric and mental status examinations;
- (e) Diagnosis on all axes in accordance with DSM-III-R criteria; and
- (f) Clinical risk factors.

(2) **Medical Services.** Medical or psychiatric assessment, treatment, and prescription of pharmacotherapy. Medical and psychiatric nursing services including components of physical assessment, medication, assessment, and medication administration provided by registered nurses and licensed practical nurses shall be provided under the personal supervision of a physician. All medical services must be provided by qualified staff employed by or under contract with the provider.

(3) **Emergency Services.** Therapy performed in a direct and face-to-face involvement with a client available on a 24-hour basis to respond to a psychiatric or other medical condition which threatens to cause the admission of the client to a hospital or other crisis facility.

(4) **Counseling and Psychotherapy.** Counseling services are provided when medically necessary in a direct and face-to-face involvement with the client available on a 24-hour basis to listen to, interpret, and respond to the client's expression of his physical, emotional, and/or cognitive functioning or problems. Counseling services are provided within the context of the goals of the program's clinical intervention as stated in the client's treatment plan. Its purpose is to help the client achieve psychiatric stability.

Psychotherapy includes several highly specific modalities of therapy, each based on an empirically valid body of knowledge about human behavior. Provision of each requires specific credentials. The assessments, treatment plans, and progress notes in client records must justify, specify, and document the initiation, frequency, duration, and progress of such specific modalities of psychotherapy.

(5) **Psychiatric Rehabilitative Services.** Rehabilitative therapy is provided on an individual and small group basis to assist the client gain or relearn the self-care, interpersonal, and community living

TN # 91-07
 SUPERSEDES
 TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91

SUPPLEMENT TO ATTACHMENT 3.1-A

skills needed to live independently and sustain medical/psychiatric stability. Psychiatric rehabilitation is provided primarily in the home or in community based settings where skills must be practiced.

(6) **Billable Unit.** A billable unit of Community Support Services is defined as all contact with an eligible client on one day. Each contact shall be documented in the client's record indicating the date, the type of activity, and the duration.

d. **Other Limitations.** Community Support Services shall be authorized by a physician's determination of medical necessity, shall be supported by an individual treatment plan signed by the physician, and shall be provided by or under the supervision of a physician.

Vocational counseling, vocational training at a classroom or job site, academic/remedial educational services, and services which are solely recreational in nature shall not be reimbursed.

Clients shall receive a minimum of one face-to-face clinical contact each week.

Services provided with individuals other than the client shall not be reimbursed.

Services delivered by telephone shall not be reimbursed.

Services provided in an institution for mental disease shall not be reimbursed.

Case management services shall not be reimbursed in addition to Community Support Services for clients who are certified to receive services through the Community Support Services Program.

3. Mental Health Rehabilitation Services are recommended by a physician or a mental health Clinical Supervisor who is a licensed practitioner of the healing arts, within the scope of their practice under State law. Services must be provided by a Division of Mental Health accredited community mental health center as defined in South Dakota Administrative Rules. These services must be based on a medical/psychological evaluation.

Covered service is Mental Health Rehabilitative Services which include:

a. **Therapy Services.** Therapeutic discussions or interventions to assist individuals in identifying and eliminating or reducing the adverse effects of psychological, emotional or behavioral disorders or symptoms. Included are screening, psychological evaluation, diagnostic assessment and referral to other appropriate services, clinical interviews, collateral contact outside of the agency to gather or coordinate pertinent information, review of treatment, and psychotherapy.

b. **Psychiatric Services.** Medical services which are provided to diagnose and treat mental illnesses and related disorders.

TN# 95-008
 SUPERSEDES
 TN# 91-07

APPROVAL DATE 07/06/95 EFFECTIVE DATE 7-1-95

SUPPLEMENT TO ATTACHMENT 3.1-A

c. **Community Support Program (CSP) Services.** Those activities which meet basic physical, psychological and emotional needs; included are rehabilitative services designed to (1) assist individuals to develop competence in basic living skills in the areas of food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment, and appropriate compliance with the medication regimen; (2) assist individuals to develop community awareness; (3) awareness of impairment related to illness and development of corresponding coping skills and supports; and (4) assist individuals to develop social skills including teaching communication and socialization skills and techniques. These services may also include supportive counseling directed toward eliminating psychosocial barriers that impede the individual's ability to function successfully in the community. These services are designed to strengthen individual skills and to develop the environmental supports necessary to sustain the individual as actively and independently as possible in a community setting to prevent or to reduce the need for inpatient psychiatric hospitalization.

d. **Inpatient Diversion Services.** Those activities based on a medical/psychiatric/psychological evaluation which provide prescribed treatment, monitoring of mental status and assessment of mental health indicators to alleviate a crisis which left untreated would result in a psychiatric hospitalization.

TN# 95-008

SUPERSEDES

APPROVAL DATE 7/06/95EFFECTIVE DATE 7-1-95TN# 91-07

SUPPLEMENT TO ATTACHMENT 3.1-A

14. Services for individuals age 65 or older in institutions for mental diseases
 - a. Inpatient Hospital

Not provided.
 - b. Skilled nursing services

No limitations.
 - c. Intermediate care facility services

No limitations.

SUPPLEMENT TO ATTACHMENT 3.1-A

15a. Intermediate Care Facilities

No limitations.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

15b. Intermediate Care Facilities for the Mentally Retarded

No limitations.

SUPPLEMENT TO ATTACHMENT 3.1-A

16. Inpatient Psychiatric Facility Services for Individuals Under Age 22

Preauthorization is required for service. Services provided must meet the requirements of 42 CFR 483.350 through 483.376. All facilities must be enrolled with the Department as Medicaid providers, surveyed and licensed by the South Dakota Department of Health, and provide attestations of accreditation by national organizations prior to licensure. Services fall within the regulations at 42 CFR 441.151.

TN # 08-6
SUPERSEDES
TN # 06-2

Approval Date 10/29/09

Effective Date 7/01/08

SUPPLEMENT TO ATTACHMENT 3.1-A

17. Nurse-Midwife Services

No limitations.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

18. Hospice Care

The hospice care benefit will follow the amount, duration, and scope of services as outlined in the State Medicaid Manual, Hospice Services, Section 4305.

TN # 02-02
SUPERSEDES
TN # 91-15

Approval Date 6/12/02

Effective Date 1/01/02

SUPPLEMENT TO ATTACHMENT 3.1-A

19. Case Management Services

See targeted case management supplements to Attachment 3.1-A.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

20. Extended Services to Pregnant Women

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHCs, FQHCs, clinics, medical equipment, prosthetic devices, home health services, and transportation services.

- b. Services for any other medical conditions that may complicate pregnancy.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHCs, FQHCs, clinics, medical equipment, prosthetic devices, home health services, and transportation services.

- c. Services related to pregnancy that may complicate pregnancy.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHCs, FQHCs, clinics, medical equipment, prosthetic devices, home health services, transportation services, and treatment for chemical dependency and substance abuse.

21. Ambulatory Prenatal Care for Pregnant Women Furnished During a Presumptive Eligibility Period by a Qualified Provider

Not provided.

SUPPLEMENT TO ATTACHMENT 3.1-A

21. Ambulatory Prenatal Care for Pregnant Women Furnished During a Presumptive Eligibility Period by a Qualified Provider

Not provided.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

22. Respiratory Care Services

Not provided.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

23. Pediatric or Family Nurse Practitioners

See service limits under section 5a of this attachment.

TN # 91-15
SUPERSEDES
TN # 91-04

Approval Date 1/28/92

Effective Date 7/01/91

SUPPLEMENT TO ATTACHMENT 3.1-A

24. Any Other Medical Care and Any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary

a. Transportation.

Ambulance services will be provided when the use of other methods of transportation is contraindicated by the individual's condition. Wheelchair van transportation will be paid for individuals that are wheelchair bound. Purchase of tickets from commercial carriers when appropriate (airlines, bus, etc.), and mileage, meals, and lodging for friends or relatives will be paid when necessary to get an eligible individual to a provider and back home.

b. Services provided in religious non-medical home health care institutions.

Not provided.

c. Reserved.

d. Nursing facility services for patients under 21 years of age.

No limitations.

e. Emergency hospital services.

No limitations.

f. Personal care services in recipient's home or recipient's place of employment, prescribed in accordance with a plan of treatment and provided by an individual who is qualified to provide the services and not a member of the recipient's family.

Individuals who qualify for personal care services in the home may also receive personal care services for employment-related personal care services, in order to retain competitive employment of at least 40 hours per month.

Personal care services are limited to a maximum of 120 hours of services during a calendar quarter.

SUPPLEMENT TO ATTACHMENT 3.1-A

26.a. Licensed or otherwise State-approved freestanding birth centers

No limitations.

26.b. Licensed or otherwise State-recognized, covered professionals providing services in the freestanding birth center

Services provided in licensed or otherwise State-approved freestanding birth centers are limited to the following providers:

- Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan (i.e., physicians and certified nurse midwives).

- Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).

- Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).