

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

700 GOVERNORS DRIVE

PIERRE, SD 57501-2291

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April 4, 2019

ATTENTION: Community Health Workers
FROM: South Dakota Medicaid
RE: Community Health Worker Services

Effective April 1, 2019, South Dakota Medicaid covers Community Health Worker (CHW) services provided by a CHW agency enrolled with South Dakota Medicaid. Individual community health workers must be employed by a CHW agency, meet established education criteria, and pass a background check; however, individual CHW are not eligible to enroll with South Dakota Medicaid.

CHW Agency Enrollment

CHW agencies must be appropriately enrolled to receive payment and must continue to maintain their enrollment records. CHWs providing services may begin the enrollment process starting April 1, 2019.

To get started, a CHW Agency must have a Type 2 (organization) NPI. If an agency does not have an NPI, please visit <https://nppes.cms.hhs.gov/#/> for additional information. Once an CHW agency has an NPI the online enrollment process can begin. Please go to <https://dss.sd.gov/sdmedx/includes/providers/becomeprovider/> for additional information and to get started.

- **Application type:** Select facility/agency/organization/institution/pharmacy (FAOIP) or Tribal/IHS if CHW services are part of a 638 Contract, refer to the website for additional information.
- **Requested effective date:** April 1, 2019 or thereafter.
- **Specialization** (taxonomy code): 172V00000X – Community Health Worker
- **Licensure/Certification:** Select “professional” as the type, populate “CHW” as the license #, and use the effective date as the license start date with “12/31/2999” as the end date.
- **Servicing Providers:** None

- Paperwork (sent via email or fax): Provider Agreement, Supplemental Ownership & Disclosure Document, letter from the financial institution listed in the application, and CHW Addendum

Remember to click “submit” when the application is completed. If done successfully, a pop-up message will display advising the application has been submitted to the State for review. All applications must be submitted and required documentation must be received within 30 days of the application start date or the application will be rejected or denied.

If you will be utilizing an NPI already enrolled with South Dakota Medicaid, you will need to login to your existing enrollment record within SD MEDX, update the specialization and licensure steps, and submit the CHW Addendum.

Questions about the enrollment process may be directed to the South Dakota Medicaid Provider Enrollment team via email at sdmedxgeneral@state.sd.us or by calling 1-866-718-0084.

CHW Agency Coverage and Requirements

CHW agencies can learn more about covered services, noncovered services, documentation requirements, and other policies in the enclosed Community Health Worker Services provider manual. In addition, the enclosed Community Health Worker Agency Addendum includes further requirements that CHW agencies must abide by.

CHW Agency Reimbursement

CHW agencies must bill for services at the provider’s usual and customary rate. Covered services will be reimbursed at the lesser of the provider’s usual and customary rate or the rate on the Community Health Worker [fee schedule](#).

Sincerely,
South Dakota Medicaid

Enclosures

COMMUNITY HEALTH WORKER

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

South Dakota Medicaid does not enroll individual community health workers (CHW). A community health worker (CHW) agency is required to be enrolled with South Dakota Medicaid to be reimbursed for services.

Individual CHWs must be employed and supervised by an enrolled CHW agency. CHW agencies must complete a supplemental provider agreement addendum and submit their written policies and procedures outlined in the supplemental agreement addendum as part of the provider enrollment process.

The staff training policy must identify a process to certify that the individual has completed the Indian Health Service Community Health Representative basic training or a CHW program approved by the South Dakota Board of Technical Education, the South Dakota Board of Regents, or a CHW training program approved by the State. The agency will ensure that each CHW receives a minimum of 6 hours of training annually thereafter.

The staff training policy must include identification of the processes and timelines for new staff orientation and annual staff training. The new employee orientation must occur before the employee enters an individual's home unsupervised.

The agency must conduct fingerprint-based criminal background check (FCBC) or other State approved background check to screen for abuse, neglect, and exploitation for all employees hired to work in homes of individuals. The supplemental agreement includes the fitness criteria used to determine whether the background check is deemed to have been passed or failed. The agency must routinely check the Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and System for Award Management (SAM) to ensure that new hires and current employees are not excluded from participating.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid – Pregnancy Related Postpartum Care Only (47)	Coverage restricted to family planning and postpartum care only.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

CHW services are a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health.

The following are examples of qualifying conditions:

- Asthma;
- Cancer;
- COPD;
- Depression;
- Diabetes;
- Heart Disease;
- Hypercholesterolemia;
- Hypertension;
- Mental Health Conditions;
- Musculoskeletal and neck/back disorders;
- Obesity;
- Pre-Diabetes;
- High Risk Pregnancy;
- Substance Use Disorder;
- Tobacco use; and
- Use of multiple medications (6 or more classes of drugs).

Barriers must be based on a risk assessment or prior health care experiences with the individual. The following are examples of barriers affecting an individual's health that could result in CHW services being necessary:

- Geographic distance from health services results in inability to attend medical appointment or pick-up prescriptions;
- Lack of phone results in the individual going to the emergency department instead of scheduling a medical appointment; or
- Cultural/language communication barriers results in the individual not following a medical professional's recommendation.

Physician or Other Licensed Practitioner Order

Community health worker services must be ordered by a physician, physician assistant, nurse practitioners, or a certified nurse midwife. The service must be ordered or referred by the recipient's primary care provider or health home if applicable.

Care Plan

Services must be delivered according to a care plan. The care plan must be written by the ordering provider or a qualified healthcare professional supervised by the ordering provider. The care plan must be finalized prior to CHW services being rendered. The ordering provider must specify the condition that the service is being ordered for and the duration of the service. An order may not exceed a period of one year. The plan must meet the following requirements:

- The plan must be relevant to the condition;
- Include a list of other healthcare professionals providing treatment for the condition or barrier;
- Contain written objectives which specifically address the recipient's condition or barrier affecting their health;
- List the specific services required for meeting the written objectives; and
- Include the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the care plans objectives.

Care Plan Review

The ordering provider must review the recipient's care plan at least semiannually with the first review completed no later than six months from the effective date of the initial care plan. The ordering provider must determine if progress is being made toward the written objective and whether services are still medically necessary. If there is a significant change in the recipient's condition, providers should consider amending or discharging from the care plan. The ordering provider and the CHW agency must communicate regarding changes or amendments to the care plan.

Covered Services

CHW Services must be related to a medical intervention outlined in the individual's care plan. Service must be provided face-to-face (including via telemedicine) with the recipient. Services are only allowed to be provided in a home or community setting with the exception of a CHW attending a medical appointment with a recipient and group services that take place in a meeting room of a medical setting. The care plan must be finalized prior to CHW services being rendered. Covered services include:

- Health system navigation and resource coordination including helping a recipient find Medicaid providers to receive a covered service, helping a recipient make an appointment for a Medicaid covered service, arranging transportation to a medical appointment, attending an appointment with the recipient for a covered medical service, and helping a recipient find other relevant community resources such as support groups.
- Health promotion and coaching including providing information or education to recipients that makes positive contributions to their health status such as cessation of tobacco use, reduction in the misuse of alcohol or drugs, improvement in nutrition, improvement of physical fitness, family planning, control of stress, pregnancy and infant care including prevention of fetal alcohol syndrome.
- Health education to teach or promote methods and measures that have been proven effective in avoiding illness and/or lessening its effects such as immunizations, control of high blood pressure, control of sexually transmittable disease, prevention and control of diabetes, control of toxic agents, occupational safety and health, and accident prevention. The content of the education must be consistent with established or recognized healthcare standards.

Services may be provided to the parent or legal guardian of a recipient 18 or younger if the service is for the direct benefit of the recipient, in accordance with the recipient's needs and care plan objectives, and for the purpose of addressing the diagnosis identified in the care plan.

Individual and Group Services

Services may be provided to an individual recipient or a group of recipients. The group may consist of Medicaid recipients and non-Medicaid recipients. The group may not be larger than 8 individuals. CHW agencies may only bill South Dakota Medicaid for Medicaid recipients in the group with an active care plan. If the group consists of non-Medicaid recipients, South Dakota Medicaid must not be billed at a rate higher than other group participants are billed at. If the CHW agency does not charge other group members, South Dakota Medicaid must not be billed.

When services are provided to a single recipient that is a child and one or more parents or legal guardians is present the service is considered an individual service. If services are provided to more than one Medicaid recipient at the same time, they must be billed using the applicable group CPT code.

NON-COVERED SERVICES

Noncovered services include, but are not limited to:

- Advocacy on behalf of the recipient;
- Case management/care management;
- Child care;
- Chore services including shopping and cooking;
- Companion services;
- Covered services provided in a clinic or medical facility setting except for attending a medical appointment;
- Employment services;
- Helping a recipient enroll in government programs or insurance;

- Interpreter services;
- Missed or broken appointments;
- Medication, medical equipment, or medical supply delivery;
- Personal Care services/homemaker services;
- Respite care;
- Services not listed in the recipient's care plan;
- Services provided prior to the recipient's care plan being finalized;
- Services provided to non-Medicaid patients.
- Services that duplicate another covered Medicaid service;
- Services that the require licensure;
- Socialization;
- Transporting the recipient; and
- Travel time.

CHWs may provide non-covered services at their discretion if appropriate; however, these services must not be billed to South Dakota Medicaid. CHW agencies may not charge recipients for non-covered services.

DOCUMENTATION REQUIREMENTS

Record Retention

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. Medical and financial records must be retained for at least six years after the last claim is paid or denied. Records may not be destroyed when an audit or investigation is pending. Providers must grant access to these records to agencies involved in a Medicaid review or investigation.

Required Medical Records

Per [ARSD 67:16:01:08](#) health services that are not documented are not covered. A provider must maintain a medical record on each recipient which discloses the extent of services furnished. Each page of the record must name or otherwise identify the recipient and each entry in the record must be signed and dated by the individual providing the care. If care is provided by one individual who is working under the supervision of another who is a participating provider, the supervising individual must countersign each entry. If the care is provided in an institution by one of its employees, the entry need not be countersigned unless the institutional provider is responsible for monitoring the provision of such health care. The individual's medical record must include the following additional items as applicable:

- Diagnoses, assessments, or evaluations;
- Case history and results of examinations;
- Plan of treatment or patient care plan;
- Quantities and dosages of drugs prescribed or administered;
- Results of diagnostic tests and examinations;

- Progress notes detailing the recipient's treatment responses, changes in treatment, and changes in diagnosis;
- Copies of any consultation reports;
- Dates of hospitalization relating to the services provided; and
- A copy of the summary of surgical procedures billed to the medical services program.

CHW Documentation

Each service provided by a CHW agency must be documented. Services that are not documented are considered to have not occurred and are subject to recoupment of payment in the event of an audit. The following documentation must be maintained by the CHW agency:

- Type of service performed including whether it was an individual or group service;
- A summary of services provided including the objectives in the care plan the service is related to;
- Recipient receiving services;
- Number of group members if a group service was provided;
- Date of the service;
- Location of service delivery;
- Time the service begins and ends;
- Name of the individual providing the service; and
- CHW signature;

It is recommended that the CHW obtain a signed and dated statement/form from the recipient or their parent or legal guardian that indicates services were provided on that date.

Both the ordering provider and the CHW agency must keep record of a recipient's care plan. The ordering provider and CHW agency must also document when the care plan was reviewed.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months of the date of service. Requests for reconsiderations will only be considered if they are received within 6 months of the date of service or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid if one or more of the following situations exist:

- The claim is an adjustment or void of a previously paid claim and is received within 3 months after the previously paid claim;
- The claim is received within 6 months after a retroactive initial eligibility determination was made as a result of an appeal;
- The claim is received within 3 months after a previously denied claim;

- The claim is received within 6 months after the provider receives payment from Medicare or private health insurance or receives a notice of denial from Medicare or private health insurance; or
- To correct an error made by the department.

Reimbursement

CHW agencies must bill for services at the provider's usual and customary rate. Covered services will be reimbursed at the lesser of the provider's usual and customary rate or the rate on the [Community Health Worker](#) fee schedule.

Claim Instructions

CHW services must be billed on a CMS 1500 claim form. Please refer to the [Professional Services Billing Manual](#) for detailed claim form instructions.

CHW services may only be billed using one of the following CPT Codes:

- 98960 - Self-management education & training 1 patient - 30 minutes
- 98961 - Self-management education & training 2-4 patients - 30 minutes
- 98962 - Self-management education & training 5-8 patients - 30 minutes

Services are only billable if at least 22 minutes of service were provided. Providers must use the following table to determine if one or two units should be billed.

Unit	Time
1 Unit	16-44 Minutes of Service
2 Units	45 or More Minutes of Service

No more than 2 units of any combination of 98960, 98961, or 98962 are billable on a single date of service. A recipient is limited to 104 units of services in a plan year from July 1 to June 30. It is a fraudulent billing practice to list a date of service on the claim other than the date the service was rendered. A provider engaged in this practice may be subject to recoupment of payment, termination of the provider agreement, and referral to the Medicaid Fraud Control Unit in the Attorney General's Office.

The diagnosis code(s) included on the claim must relate to the medical reason for the recipient's care plan. The billing provider and servicing provider listed on the claim must be the CHW agency, not the individual CHW. Services may be billed on a monthly basis, but documentation must be for each date of service.

DEFINITIONS

1. "Telemedicine" - The use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance.

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

QUICK ANSWERS

1. What is the difference between Community Health Worker services and Health Homes?

Health home services are provided in a clinic setting. Community health worker services are provided in a home or community setting with the exception of a CHW attending a medical appointment with the recipient. Group services may also take place in a meeting room of a medical setting.

2. Can services be provided via telemedicine?

Yes, services can be provided via telemedicine. Please refer to the [Professional Services Billing Manual](#) for additional information regarding telemedicine services.

3. Can I provide more than two units a day?

Yes, but only two units are reimbursable per day. A recipient may not be charged for services provided in excess of two units.

4. Can a CHW agency bill a recipient for services not covered by South Dakota Medicaid?

No, per the CHW supplemental addendum CHW agencies are not allowed to charge recipients for noncovered services.

5. Can a CHW agency bill Medicaid or the recipient for transportation?

No. If a CHW agency meets the standards to become a community transportation provider or a secure medical transportation provider, they can enroll with South Dakota Medicaid as that type of provider and provide covered transportation services. For transportation provider qualifications please refer to [ARSD Ch. 67:16:25](#).

6. Is attending an appointment with a recipient a covered service?

This is covered if the CHW services have been ordered for the recipient and this is specified as a service in the recipient's care plan. Like all other CHW services, this service is considered noncovered if provided prior to the care plan being finalized.

COMMUNITY HEALTH WORKER (CHW) AGENCY ADDENDUM
TO THE SOUTH DAKOTA MEDICAID PROVIDER AGREEMENT

This document serves as a formal addendum to your South Dakota Medicaid Provider Agreement and enables you to become an enrolled Community Health Worker (CHW) Agency.

As a participating Provider, the CHW Agency hereby agrees to the provisions of the Provider Agreement and the following:

A. Definitions:

1. "Community Health Worker Agency" is an enrolled South Dakota Medicaid provider that employs CHWs to provide CHW Services to eligible recipients.
2. "Community Health Worker" (CHW) is an individual meeting the staffing requirements including the education requirements contained in this addendum, eligibility to participate in federally funded health care programs, and pass a background check. A CHW may be a relative or legal guardian of an eligible recipient if they meet all the CHW Agency's qualifications and training requirements.
3. "CHW Service" is a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health. The service must be ordered by a physician, nurse practitioner, physician assistant, or nurse midwife and must be related to a medical intervention outlined in the recipient's care plan. Services must be provided by a CHW face-to-face with an eligible recipient.
4. "Eligible Recipient" is an individual with either full South Dakota Medicaid/CHIP coverage or South Dakota Medicaid or CHIP coverage under aid categories 47, 77, or 79. The individual must have a chronic condition or be at risk for a chronic condition and be unable to self-manage the condition or have a documented barrier that is affecting his or her health.
5. "Care Plan" is a written plan specifying the condition that the CHW Service is being ordered for and the duration of the service. A care plan must contain written objectives which specifically address the recipient's condition or barrier affecting their health and list the specific services required for meeting the written objectives. Care plans must be reviewed at least semiannually by the ordering provider.

B. Requirements:

- 1) The CHW Agency shall comply with all applicable Administrative Rules of South Dakota ("ARSD"), South Dakota Medicaid State Plan requirements, the SD Medicaid Provider Agreement, and this CHW Supplemental Addendum.

- 2) The CHW Agency agrees that CHW Services are reimbursed at the lesser of the agency's usual and customary charge or the established Medicaid fee and are deemed payment in full. South Dakota Medicaid rates are posted online at <http://dss.sd.gov/medicaid/providers/feeschedules/>.
- 3) The CHW Agency is required to maintain documentation and verification demonstrating compliance with all provisions in this Supplement. Verification and documentation must be readily available upon request.
- 4) The CHW Agency meet the requirements as well as have a Policy and Procedure Manual outlining the minimum written policies on the following topics:
 - a) Abuse and Neglect Reporting
 - i) The policy must conform to any applicable mandatory reporting laws.
 - ii) The CHW Agency and their employees are required to immediately report any suspected abuse or neglect of an eligible recipient to law enforcement.
 - b) Staffing
 - i) The CHW Agency process will include the process utilized to hire individuals qualified to act as a CHW following certification that the individual has completed the Indian Health Service Community Health Representative basic training, a CHW program approved by the South Dakota Board of Technical Education or the South Dakota Board of Regents, or a CHW training program approved by the State.
 - ii) The CHW Agency will check the Office of the Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) at <https://exclusions.oig.hhs.gov/> and the System for Award Management (SAM) at <https://www.sam.gov/SAM/> prior to hire and routinely for current employees to ensure the individual has not been excluded from being eligible to receive federal funds. Excluded individuals are not eligible to be a CHW Worker.
 - iii) The CHW Agency must conduct a fingerprint-based criminal background check or other State approved background check to screen for abuse, neglect, and exploitation for all employees hired to work in homes of eligible recipients prior to entering an eligible recipient's home.
 - iv) The CHW Agency will not hire an individual meeting any of the following criteria unless a request is made to DSS to have the findings reviewed further to determine if an exception should be allowed:
 - (1) A crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;
 - (2) A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state;
 - (3) Within the preceding five years, a conviction for any other felony;
 - (4) Misdemeanor convictions related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct;
 - (5) Any convictions, including any form of suspended sentence, for perjury or fraud related charges;
 - (6) Conviction related to obstruction of a criminal investigation.
 - v) The CHW Agency is responsible for the oversight of staff including CHW who are relatives/legal guardians of the eligible recipient in the completion of their assigned tasks.
 - c) Staff Training
 - i) The staff training policy which includes identification of the processes and timelines for new staff orientation and annual staff training.

- ii) The CHW Agency must provide a new Employee Orientation to each new employee before the employee enters an eligible recipient's home unsupervised.
 - iii) Each CHW must receive a minimum of 6 hours of training annually.
 - iv) The CHW Agency must maintain a training record for each CHW will include the date, length, and topic of each training completed.
 - v) The CHW Agency must provide training on mandatory reporting laws to staff on at least an annual basis.
 - vi) The CHW Agency training must provide CHW and other staff training on the eligible recipient rights and responsibility policy on an annual basis.
 - vii) The CHW Agency must educate employees on the scope of services policy annually.
- d) Intake/Admission
- i) The intake/admission process must include the provider's process for reviewing and accepting referrals from ordering providers as well as the process to ensure CHW Services will begin in a timely manner.
 - ii) The CHW Agency is expected to consider all referrals but may turn down a referral due to safety concerns, unavailability of staff, or inability to serve the eligible recipient's need.
- e) Discharge
- i) When the CHW Agency determines services to an eligible recipient must be discontinued by their agency the CHW Agency must provide 30 days advance written notice prior to the discharge date, unless the eligible recipient's home constitutes an unsafe environment for provider staff and/or the eligible recipient.
 - ii) The policy will include the discharge reasons.
 - iii) Any discharge reason must specify the reason for discharge
- f) Eligible Recipient Confidentiality
- i) The confidentiality policy must include specifics on maintenance of recipient records, transmission of personal recipient information and confidentiality practices by staff.
- g) Recipient Rights and Responsibilities
- h) Documentation
- i) The documentation policy must outline how CHWs document each interaction with an eligible recipient.
 - ii) Documentation must be kept for each eligible recipient.
 - iii) Documentation can be kept in written or electronic form and must be easily accessible upon request.
 - iv) Documentation must include, at a minimum, the type of service performed including whether it was an individual or group service; a summary of services provided including the objectives in the care plan the service is related to; the eligible recipient receiving the service; the number of group members if a group service was provided; the date of the service; the location of service delivery; the time the service begins and ends; the name of the individual providing the service; and the signature of the individual providing the service.
- i) Incident Reporting

- i) The CHW Agency must immediately notify South Dakota Medicaid of any eligible recipient-related concerns, incidents and occurrences, including possible exploitation, that are not consistent with routine care.
 - ii) CHW agencies must submit an incident report to South Dakota Medicaid documenting the circumstances of any incident that involves serious injury, missing person, restraint, seclusion, or death.
- j) Emergency Response
- i) "Emergency" is a situation that is sudden, generally unexpected, and demands immediate attention.
 - ii) When a CHW is in an eligible recipient's home and an emergency occurs, the CHW must call 911 immediately.
- k) Health and Safety including Universal Precautions
- i) The policy must include detail on the use of universal precautions.
- l) Quality Assurance
- i) The written quality assurance and improvement plan must detail all activities conducted by the CHW Agency to ensure quality service provision.
 - ii) The CHW Agency must also specify how the CHW Agency will discover, fix, and report problems.
- m) Eligible Recipient Grievances
- i) The eligible recipient grievance policy must include how the eligible recipient is notified of the grievance policy, where grievances are reported and the process for addressing and resolving eligible recipient grievances and feedback.
- n) Gifting Policy
- i) The gifting policy must detail the CHW Agency's expectations and prohibitions for staff accepting gifts from eligible recipients.
 - ii) Per ARSD 67:16:01:07 payment by South Dakota Medicaid is considered payment in full for CHW Services. No additional charges may be made to the eligible recipient, family, or friends for covered services.
- o) Scope of Services
- i) The CHW Agency must have a written policy regarding the scope of services a CHW may provide.
 - ii) The policy must prohibit CHW from providing services that require a license.
 - iii) CHW and CHW agencies are not allowed to charge eligible recipients for noncovered services.

TO BE COMPLETED BY PROVIDER

I declare and affirm under the penalties of perjury that this Agreement has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further declare and affirm under the penalties of perjury that any claim to be submitted pursuant to this Agreement will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

PROVIDER NAME: _____

(Legal Name of Organization)

BY: _____
Authorized Signature

DATE: _____

NAME: _____
(Printed Name of Signatory)

APPLICATION ID: _____
(Complete only if new application)

BILLING NPI: _____

ENROLLMENT TYPE: FAOIP ____ Tribal/IHS____
(Check one type, found on enrollment record)

TO BE COMPLETED BY MEDICAL SERVICES

POLICIES & PROCEDURES APPROVED BY: _____

REFERENCE NUMBER: _____

DATE: _____ NEW ____ REVALIDATION ____



Certificate of Medical Necessity

RECIPIENT NAME: _____ Date of Birth _____

MEDICAID ID NUMBER: _____

DIAGNOSIS - Including an explanation of the particular problem resulting from the diagnosis which relates to this equipment request (if O₂ is being prescribed please include the results of the most recent test, the condition of the test- at rest, during exercise or during sleep):

PROGNOSIS:

EXPLANATION OF THE MEDICAL NECESSITY/JUSTIFICATION FOR CONTINUED RENTAL:

OXYGEN PRESCRIPTIONS ONLY:

STATIONARY

PORTABLE (if portable the recipient must be mobile within their home)

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).

HOW LONG IS THIS CONDITION EXPECTED TO LAST?

MONTHS _____ **INDEFINITELY** **PERMANENTLY**

EQUIPMENT BEING PRESCRIBED; INCLUDING CPT CODE/S:

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PHYSICIAN'S NPI: _____

EXPLANATION OF THE EQUIPMENT'S FUNCTION:

MANUFACTURER:

EQUIPMENT SERIAL #:

EQUIPMENT STATUS: **NEW RENTAL**

CONTINUOUS RENTAL

PURCHASE

REPAIR

PURCHASE PRICE: \$

RENTAL PRICE (Per month price): \$

DME PROVIDER NAME:

DME PROVIDER'S NPI:

DME PROVIDER MAILING ADDRESS:

DME CONTACT NUMBER:

DME FAX NUMBER:

DME PROVIDER'S CONTACT NAME:

Last Revised April 2018

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.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).