

**South Dakota Medicaid**  
**HOPE Waiver Fee Schedule**  
Effective July 1, 2025

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Codes	Description	Modifier	LTSS State-Funded KIND Program Service Codes	DHS/LTSS Reimbursement Rate	Frequency	Rate per 15 min. unit
T2031	Assisted Living Waiver Reimbursement Base <sup>1.3.</sup>		n/a	\$80.95	per day	n/a
T2031	Assisted Living Waiver Reimbursement Tier 1 <sup>1.3.</sup>	U1	n/a	\$91.85	per day	n/a
T2031	Assisted Living Waiver Reimbursement Tier 2 <sup>1.3.</sup>	U2	n/a	\$107.11	per day	n/a
T2033	Community Living Home Base <sup>1.3.</sup>		n/a	\$49.59	per day	n/a
T2033	Community Living Home Tier 1 <sup>1.3.</sup>	U1	n/a	\$61.99	per day	n/a
T2033	Community Living Home Tier 2 <sup>1.3.</sup>	U2	n/a	\$69.45	per day	n/a
S5150	Residential Respite Care		08055	\$297.99	per day	n/a
n/a	State Optional Supplemental Assisted Living <sup>2.</sup>		08054	\$75.05	per day	n/a
T2033	Structured Family Caregiving Base <sup>3.</sup>		n/a	\$80.87	per day	n/a
T2033	Structured Family Caregiving Tier 1 <sup>3.</sup>	U1	n/a	\$101.09	per day	n/a
T2033	Structured Family Caregiving Tier 2 <sup>3.</sup>	U2	n/a	\$113.22	per day	n/a
S5100	Adult Day		08055 (<60) <u>OR</u> 08094	\$14.88	per hour	\$3.72
T1016	Community Transition Coordination		n/a	\$86.80	per hour	\$21.71
T1028	Environmental Accessibility Adaptations Assessment		n/a	\$84.12	per hour	\$21.03
T1000	In-Home: Nursing RN	TD	08093	\$91.52	per hour	\$22.88
T1000	In- Home: Nursing LPN	TE	08092	\$76.28	per hour	\$19.07
S5135	In-Home: Adult Companion		n/a	\$42.64	per hour	\$10.66
S5120	In-Home: Chore Services		n/a	\$42.64	per hour	\$10.66
S5130	In-Home: Homemaker		03003	\$44.08	per hour	\$11.02
T1019	In-Home: Personal Care		03004	\$44.08	per hour	\$11.02
T1005	In-Home: Respite Care		08055	\$42.64	per hour	\$10.66
S5170	Meals		08098	Rate varies by provider	per meal	n/a
S5161	Emergency Response Service		08096	Usual and customary fee up to \$45.00	per month	n/a
S5165	Environmental Accessibility Adaptations		n/a	Usual and customary fee	per project	n/a
A9279	Assistive Technology		n/a	Usual and customary fee	per purchase	n/a
T2038	Community Transition Supports		n/a	Usual and customary fee	per purchase	n/a
T2029	Specialized Medical Equipment		03020	State Plan fee schedule or usual and customary fee	per purchase	n/a
T5999	Specialized Medical Supplies		08095	State Plan fee schedule or usual and customary fee	per purchase	n/a

S9977	Nutritional Supplements		08098	Usual and customary fee	per supplement	n/a
<p>1. This rate does not include the Room and Board. The provider must collect the Room and Board portion of the payment from the participant unless subsidized by DHS. The CY2025 Room and Board rate is \$30.48 per day or \$927.00 per month.</p>						
<p>2. This rate includes Room and Board. The State Optional Supplemental Assisted Living service rate is adjusted annually in January based on the Social Security Administration (SSA) Cost of Living Adjustment (COLA). The State Optional Supplemental Assisted Living service, also known as the Regular Assisted Living Program, rate is effective 01/01/2025.</p>						
<p>3. Services with a percentage increase for tiering purposes billed at a per diem rate are subject to rounding rules in the MMIS payment system. Due to these rounding rules, the "billed charges amount" that are calculated by the provider may be slightly different (+/- ¢) from the reimbursement. This may occur when multiple dates of service are billed within a single claim. When billing for single day increments, rounding rules do not apply and will equal the amount shown on the fee schedule.</p>						
<p>NOTE: All services must be authorized by LTSS in order to be reimbursed at the state rates.</p>						
<p>NOTE: When the Medicaid State Plan is exhausted, the rate is limited to the lesser of the provider's usual and customary fee or the Medicaid rate contained within the fee schedule located at <a href="https://dss.sd.gov/medicaid/providers/feeschedules/">https://dss.sd.gov/medicaid/providers/feeschedules/</a></p>						
<p>NOTE: The State's reimbursement rates may not exceed the provider's private pay rate. LTSS Providers must attest to their established private pay rate, also known as usual and customary charge, at the beginning of each state fiscal year. To verify and attest to your agency's private pay rate, complete the Private Pay Rate Verification form located at <a href="https://sddhs.seamlessdocs.com/f/ltssprovider_privatepayrateverificationform">https://sddhs.seamlessdocs.com/f/ltssprovider_privatepayrateverificationform</a></p>						