

**South Dakota Medicaid
HOPE Waiver Fee Schedule**

Effective July 1, 2023

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.

Code	Description	Modifier	Rate
T1000	Nursing-Per 15 min (RN)	TD	\$ 21.42
T1000	Nursing-Per 15 min (LPN)	TE	\$ 17.82
S5130	Homemaker-Per 15 min		\$ 10.22
T1019	Personal Care-Per 15 min		\$ 10.22
S5135	Adult Companion-Per 15 min		\$ 9.89
T1005	Respite Care-Per 15 min		\$ 9.89
S5150	Residential Respite Care-Per Day		\$ 282.99
S5120	Chore Services-Per 15 min		\$ 9.89
T2033	Structured Family Caregiving-Per Day Base		\$ 76.80
T2033	Structured Family Caregiving-Per Day Tier 1	U1	\$ 96.00
T2033	Structured Family Caregiving-Per Day Tier 2	U2	\$ 107.52
T2033	Community Living Home-Per Day Base		\$ 47.10
T2033	Community Living Home-Per Day Tier 1	U1	\$ 58.87
T2033	Community Living Home-Per Day Tier 2	U2	\$ 65.95
T1028	Enviromental Accessibility Adaptions Assessment-Per 15 min		\$ 19.97
S5100	Adult Day-Per 15 min		\$ 3.53
T2031	Assisted Living Waiver Reimbursement Base-Per Day		\$ 67.56
T2031	Assisted Living Waiver Reimbursement Tier 1-Per Day U1	U1	\$ 79.71
T2031	Assisted Living Waiver Reimbursement Tier 2-Per Day U2	U2	\$ 92.55
T2029	Specialized Medical Equipment- Per Purchase		State Plan fee schedule or usual and customary fee*
T5999	Specialized Medical Supplies-Per Purchase		State Plan fee schedule or usual and customary fee*
S5161	Emergency Response Service-Per Month		Usual and customary fee
S5165	Enviromental Accessibility Adaptions Assessment-Per Project		Usual and customary fee
T2038	Community Transition Supports-Per Purchase		Usual and customary fee
S5170	Home Delivered Meals		Usual and customary fee
S9977	Nutritional Supplements-Per Supplement		Usual and customary fee
N/A State Funded	Interpreter Rate-Per Hour		\$ 15.51

*When the Medicaid State Plan benefit is exhausted, the rate is limited to the lesser of the provider's usual and customary fee or the Medicaid rate. Medicaid reimbursement rates may not exceed the provider's private pay rate.