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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 21-0007

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Financial Management Group

September 23, 2021

Laurie R. Gill, Cabinet Secretary
Department of Social Service Division of Medical Service
700 Governors Drive
Pierre, SD 57501-229

RE: South Dakota State Plan Amendment (SPA) Transmittal Number 21-0007

Dear Cabinet Secretary:

We have reviewed the proposed South Dakota State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Center for Medicare & Medicaid Services (CMS) on June 29, 2021. This plan amendment implements community mental health center and substance use disorder agency inflationary rate increases appropriated by the state legislature during the 2021 legislative session.

Based upon the information provided by the State, we have approved the amendment with an effective date of June 01, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

1. TRANSMITTAL NUMBER: SD-21-0007
   2. STATE: South Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE: June 1, 2021

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 Transmission for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   42 CFR 447.201

7. FEDERAL BUDGET IMPACT:
   a. FFY 2021: $ 470,329.00
   b. FFY 2022: $ 1,419,959.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Attachment 4.19-A, B Introduction Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Attachment 4.19-A B Introduction Page 1

10. SUBJECT OF AMENDMENT:
   This State Plan Amendment implements community mental health center and substance use disorder agency inflationary rate increases appropriated by the state legislature during the 2021 legislative session.

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 AGENCY OFFICIAL:

13. TYPED NAME:
   Laurie R. Gill

14. TITLE:
   Cabinet Secretary

15. DATE SUBMITTED:
   June 29, 2021

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

17. DATE RECEIVED: 06/29/21
18. DATE APPROVED: September 23, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL:
   06/01/21

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
   Todd McMillion

22. TITLE:
   Director, Division of Reimbursement Review

23. REMARKS:
   Pen and ink change authorized by the state for Block 8 and Block 9 to correctly reflect submitted 419B plan page(s)

FORM CMS-179 (07-92)
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/](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.

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*Room and board is not included in these rates.

TN# 21-0007
SUPERCEDES Approval Date 09/23/2021 Effective Date 06/01/21
TN# 20-0007