
Table of Contents

State/Territory Name: South Dakota

State Plan Amendment (SPA) #: SD-10-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

Mr. Larry Iversen, Administrator
Medical Services
Department of Social Services
Kneip Building
700 Governors Drive
Pierre, SD 57501-2291

JUL - 1 2010

Re: South Dakota 10-001

Dear Mr. Iversen:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-001. Effective for services on or after April 9, 2010, this amendment modifies the reimbursement methodology for nursing facility payments to recognize costs associated with total parenteral nutrition therapy. Facilities will receive an additional add on to the per diem rate for qualifying residents of skilled nursing facilities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 10-001 is approved effective April 9, 2010. We are enclosing the CMS-179 and the amended plan page.

If you have any questions, please call Christine Storey at (303) 844-7044.

Sincerely,

Cindy Mann
Director, CMCS

cc: Deborah K. Bowman, Secretary
Department of SD Social Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

10-1

2. STATE

SOUTH DAKOTA

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

4. PROPOSED EFFECTIVE DATE

April 9, 2010

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 Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 430.10 447.250 ~~447.252~~ and ~~447.253~~ 447.250⁸⁰
m2

7. FEDERAL BUDGET IMPACT:

a. FFY10--\$0

b. FFY11--\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 15

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-D, Page 15

10. SUBJECT OF AMENDMENT:

This is a State Plan Amendment to update skilled nursing facility reimbursement methodology to allow for a rate add-on to reflect cost of total parenteral nutrition therapy for qualifying recipients.

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 STATE AGENCY OFFICIAL:

13. TYPED NAME:

Deborah K. Bowman

14. TITLE:

Department Secretary

15. DATE SUBMITTED:

16. RETURN TO:

**Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre SD 57501-2291**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

JUL - 1 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 9 2010

20.

21. TYPED NAME:

Penny Thompson

22.

Deputy Director, CMCS

23. REMARKS:

11. The State Agency may allow an add-on payment for the In-state care of recipients needing extraordinary care. This payment is designed to recognize and compensate providers for patients who require an inordinate amount of resources due to the intensive labor involved in their care.

Extraordinary care recipients are:

- a. **Chronic Ventilator Dependant Individuals:** Individuals who are ventilator dependant due to major complex medical disease or other accidents.
- b. **Chronic Wound Care Recipients:** Individuals who need therapeutic dressings/treatments/equipment that are designed to actively manipulate the sound healing process.
- c. **Behaviorally Challenging Individuals:** Individuals who meet the following criteria:
 1. Individual must meet the criteria for nursing facility level of care.
 2. Individual has a history of regular/recurrent, persistent disruptive behavior which is not easily altered. Behaviors which require increased resource use from nursing facility staff must exist.
 3. Individuals receiving specialized rehabilitation services are excluded from this rate.
- d. **Traumatic Brain or Spinal Cord Injured:** Individuals who have had an injury to the skull, brain, or spinal cord. The injury may produce a diminished or altered state of consciousness resulting in impairment in cognitive abilities or physical functioning, as well as behavioral and/or emotional functioning. The individual must have completed an acute rehabilitation program in another facility and must be continuing the rehabilitation plan.
- e. **Individuals requiring total parenteral nutritional therapy:** The therapy must be prior authorized by the department and all of the following criteria must be met:
 1. The individual has a permanently inoperative internal body organ or body function such as severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the individual's general condition.
 2. There is a physician's order or prescription for the therapy and medical documentation describing the diagnosis and the medical necessity for the therapy.
 3. The therapy is the only means the individual has to receive nutrition.