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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 19-0010

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 S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

February 13, 2020

Laurie Gill
Cabinet Secretary
South Dakota Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre, South Dakota 57501-2291

Dear Ms. Gill:

The CMS Division of Pharmacy team has reviewed South Dakota's State Plan Amendment (SPA) 19-0010 received in the Denver Regional Operations Group on November 20, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0010 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into South Dakota's state plan will be forwarded by the Denver Regional Operations Group.

If you have any questions regarding this request, please contact Lisa Shochet at (410) 786-5445 or Lisa.Shochet@cms.hhs.gov.

Sincerely,

/s/

Cynthia R. Denemark, R.Ph.
Deputy Director
Division of Pharmacy
DEHPG/CMCS/CMS

cc: Brenda Tidball-Zeltinger, Deputy Secretary, South Dakota Medicaid
William Snyder, Director, South Dakota Medicaid
Sarah Aker, Deputy Director, South Dakota Medicaid
James G. Scott, Division Director, CMS Division of Program Operations
Kirstin Michel, Denver Regional Operations Group
Mandy Strom, Denver Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: SD-19-010	2. STATE: South Dakota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2019	

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: Section 1004 of the SUPPORT for Patients and Communities Act	7. FEDERAL BUDGET IMPACT: a. FFY 2020: \$ 0.00 b. FFY 2021: \$ 0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 74d of Section 4.26	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
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10. SUBJECT OF AMENDMENT:
The state plan amendment describes how the state complies with Section 1004 of the SUPPORT for Patients and Communities Act.

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: 	16. RETURN TO: DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME: Laurie Gill	
14. TITLE: Cabinet Secretary	
15. DATE SUBMITTED: November 20, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/20/2019	18. DATE APPROVED: 2/13/2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/1/2019	20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2020.02.14 14:05:45 -06'00'
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

FORM CMS-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: SOUTH DAKOTA

SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation 4.26 Drug Utilization Review Program (continued)

Section 1004 of PL
115-271 and Section
1902(a)(85)

- (k) South Dakota Medicaid complies with Section 1004 of the SUPPORT for Patients and Communities Act through the following means:
- (1) Claims review Limitations: South Dakota Medicaid prospectively edits opioid POS claims for duplicate fills, early fills, days' supply, quantity limits, MME limitations, concurrent utilization for opioids and benzodiazepines or antipsychotics. South Dakota Medicaid also retrospectively monitors all Medicaid claims for appropriate therapy to include opioid overutilization and potential fraud and abuse. Retrospective reviews include reviews on opioid prescriptions exceeding state defined limitations on an ongoing basis and reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.
 - (2) Program to Monitor Antipsychotic Medications by Children: South Dakota Medicaid prior authorizes all atypical antipsychotic claims for children and foster children.
 - (3) Fraud and Abuse Identification: South Dakota Medicaid monitors for fraud and abuse through retrospective reviews. South Dakota Medicaid additionally monitors for fraud and abuse through the Program Integrity Unit and the Office of Recoveries and Fraud Investigation. In the event that fraud and abuse has been identified, the state may take actions including, but not limited to, recoupment of payments, termination of a provider's enrollment, and referral to the Medicaid Fraud Control Unit.