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State/Territory Name:  South Dakota

State Plan Amendment (SPA) #:  21-0006

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 22, 2021

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

Re: South Dakota 21-0006

Dear Ms. Gill:

We have reviewed the proposed amendment to Attachment 4.19-A and Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0006. Effective for services on or after May 5, 2021, this amendment extends the supplemental payments for qualifying, private hospitals and nursing facilities, for an additional state fiscal year.

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 and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 21-0006 is approved effective May 5, 2021. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at Christine.storey@cms.hhs.gov or (303) 844-7044.

Sincerely,

For
Rory Howe
Acting Director
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

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 447.201

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

10. SUBJECT OF AMENDMENT:
The proposed State Plan Amendment updates the provider lists and supplemental payment amounts for inpatient and nursing facility providers.

11. GOVERNOR'S REVIEW (Check One):
   □ GOVERNOR'S OFFICE REPORTED NO COMMENT
   □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
   □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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:
   June 29, 2021

18. DATE APPROVED:
   September 22, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL:
   May 5, 2021

21. Typed NAME:
   Rory Howe

22. TITLE:
   Acting Director, Financial Management Group

FORM CMS-179 (07-92)
The Department of Social Services (DSS) supports ensuring access and proper coordination of care. The department will make supplemental payments to further these goals to the following private providers in the following amounts:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbot House Inc</td>
<td>$6,874</td>
</tr>
<tr>
<td>Aurora Plains Academy</td>
<td>$523</td>
</tr>
<tr>
<td>Avera</td>
<td>$318,465</td>
</tr>
<tr>
<td>Bennett County</td>
<td>$9,444</td>
</tr>
<tr>
<td>Black Hills Surgical</td>
<td>$11,463</td>
</tr>
<tr>
<td>Mobridge Regional</td>
<td>$5,013</td>
</tr>
<tr>
<td>Monument Health</td>
<td>$951,916</td>
</tr>
<tr>
<td>Lutheran Social Services</td>
<td>$10,331</td>
</tr>
<tr>
<td>Our Home</td>
<td>$4,274</td>
</tr>
<tr>
<td>Rushmore Ambulatory Surgery</td>
<td>$4,289</td>
</tr>
<tr>
<td>Sanford</td>
<td>$121,258</td>
</tr>
<tr>
<td>Sioux Falls Children’s Home</td>
<td>$13,485</td>
</tr>
</tbody>
</table>

Supplemental payments will be made using data calculated for the period of May 1, 2020 to December 31, 2020. Payments for the supplemental payment period will be made during the last quarter of the state fiscal year.

The payment will be made to the provider through the MMIS system. Payments will be made directly to the qualifying provider through a supplemental payment mechanism and will appear on their remittance advice. Each provider will receive written notification at the time of payment of the payment amount from the Division of Medical Services.

Payments made in error will be recovered via a supplemental recovery mechanism and will appear on the provider’s remittance advice. The agency will notify the provider in writing explaining the error prior to the recovery. The Federal share of payments made in excess will be returned to CMS in accordance with 42 CFR Part 433, Subpart F.

The maximum aggregate payment to all qualifying providers shall not exceed the available upper payment limit in accordance with 42 CFR 447.272.

TN # 21-0006  
Supersedes  
TN # 20-0005  
Approval Date 9/22/2021  
Effective Date 5/5/21
The Department of Social Services (DSS) supports ensuring access and proper coordination of care. The department will make supplemental payments to further these goals to the following private providers in the following amounts:

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<thead>
<tr>
<th>Provider</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avera</td>
<td>$24,287</td>
</tr>
<tr>
<td>Bennett County</td>
<td>$17,098</td>
</tr>
<tr>
<td>Monument Health</td>
<td>$2,649</td>
</tr>
<tr>
<td>Sanford</td>
<td>$24,075</td>
</tr>
</tbody>
</table>

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