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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 21-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 22, 2022

Sarah Aker, Medicaid Director
Department of Social Services
Richard F. Kneip Building
700 Governors Drive
Pierre, SD 57501-2291

RE: TN 21-0013

Dear Ms. Aker:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of South Dakota's State Plan Amendment (SPA) Transmittal #21-0013, submitted on December 30, 2021. The SPA provides an assurance that the State complies with federal minimum requirements regarding medical transportation added by the Consolidated Appropriations Act, 2021. The SPA also clarifies language on the coverage and reimbursement transportation pages to better reflect current practice.

CMS approved SPA #21-0013 on March 22, 2022, with an effective date of December 27, 2021. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the South Dakota State Plan.

If you have any questions regarding this amendment, please contact Mandy Strom at mandy.strom@cms.hhs.gov or (303)844-7068.

Sincerely,

Digitally signed by
James G. Scott -S
Date: 2022.03.22
17:14:00 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Matthew Ballard, South Dakota Medicaid
Renae Hericks, South Dakota Medicaid

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 1 — 0 0 1 3

2. STATE
SD

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 27, 2021

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(87)


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY — 2022 ————— \$ 0
b FFY — 2023 ————— \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
*Page 43 of Supplement to Attachment 3.1-A
Page 38 of Attachment 4.19-B
Pages 1 and 2 of Attachment 3.1-D
*Page 43a of Supplement to Attachment 3.1-A
*Page 38a of Attachment 4.19-B
*Page 9 of Attachment 3.1-A
*Page 9a of Attachment 3.1-A

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
*Page 43 of Supplement to Attachment 3.1-A TN# 17-0003
Page 38 of Attachment 4.19-B TN# 18-0001
Pages 1 and 2 of Attachment 3.1-D TN# 87-0010 & 79-0004
*Page 9 of Attachment 3.1-A TN# 17-0003

9. SUBJECT OF AMENDMENT
Provides assurance that the State is in compliance with federal regulations regarding medical transportation.

10. 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
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Laurie R. Gill

13. TITLE
Cabinet Secretary

14. DATE SUBMITTED
December 30, 2021

15. RETURN TO
Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre, SD 57501-2291

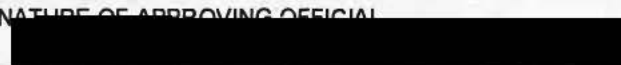
FOR CMS USE ONLY

16. DATE RECEIVED
December 30, 2021

17. DATE APPROVED
March 22, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 27, 2021

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
* South Dakota requested pen & ink changes to the 179 in Box 7 and 8 on March 16, 2022.

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
 Provided: No limitations With limitations*
 Not provided.
- b. Services provided in religious non-medical health care institutions.
 Provided: No limitations With limitations*
 Not provided.
- c. Reserved.
- d. Nursing facility services for patients under 21 years of age.
 Provided: No limitations With limitations*
 Not provided.
- e. Emergency hospital services.
 Provided: No limitations With limitations*
 Not provided.

*Description provided in Supplement to this Attachment.

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

Provided:

State Approved (Not Physician) Service Plan Allowed

Services Outside the Home Also Allowed

Limitations Described on Attachment 3.1-A

Not Provided.

SUPPLEMENT TO ATTACHMENT 3.1-A

24. Any Other Medical Care and Any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary

a. Transportation.

Ground and air ambulance services are covered if other methods of transportation are contraindicated by the recipient's condition.

Secure medical transportation to or from a covered medically necessary appointment is covered for recipients who are confined to a wheelchair or stretcher. Community transportation to or from a covered medically necessary appointment is covered. Purchase of tickets from commercial carriers (airlines, bus, etc.) to or from a covered medically necessary appointment outside the recipient's city of residence is covered. Mileage incurred by the recipient or a volunteer driver to or from a covered medically necessary appointment outside the recipient's city of residence is covered. Meals and Lodging incurred as a result of travel of at least 150 miles or more one way from the recipient's city of residence to receive covered specialty care or treatments and that results in an overnight stay is covered for the recipient and if necessary one escort or volunteer driver.

Transportation must be to the closest medical facility or medical provider capable of providing the necessary services, unless the recipient has a written referral or a written authorization from the recipient's medical provider to seek treatment at a different facility or from a different provider.

b. Services provided in religious non-medical home health care institutions.

Not provided.

c. Reserved.

d. Nursing facility services for patients under 21 years of age.

No limitations.

e. Emergency hospital services.

No limitations.

SUPPLEMENT TO ATTACHMENT 3.1-A

25. Personal care services

Personal care services are provided in accordance with 42 CFR 440.167.

Personal care services are limited to a maximum of 500 hours of services annually.

TRANSPORTATION ASSURANCE

The State will ensure medical transportation for recipients to or from medically necessary appointments when the services are covered by Medicaid and are provided in accordance with the State's coverage policies. The State attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

METHODS OF TRANSPORTATION

Refer to Supplement to Attachment 3.1-A, page 43 for covered methods of transportation

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

24. Any Other Medical Care and Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary

a. Transportation.

The rates for transportation services paid based on a fee schedule are effective on the date listed on Attachment 4.19-B Introduction Page, Page 1. Reimbursement for air ambulance, ground ambulance, secure medical transportation, and community transportation is the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule. Mileage incurred by a recipient or volunteer driver is reimbursed in accordance with the rate on the fee schedule. Meals are reimbursed in accordance with the rate on the fee schedule. Lodging is the lower of the actual incurred cost or the fee schedule rate. The fee schedule is published on the agency's website at <https://dss.sd.gov/medicaid/providers/feeschedules/dss/>. Tickets or fares for commercial carriers arranged for and purchased by the State at the market cost.

b. Services provided in religious non-medical home health care institutions.

Not provided.

c. Nursing facility services for patients under 21 years of age.

See Attachment 4.19-D.

d. Emergency hospital services.

See Outpatient Hospital Services or Attachment 4.19-A.

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

25. Personal Care Services

The rates for personal care services paid based on a fee schedule are effective on the date listed on Attachment 4.19-B Introduction Page, Page 1. Payment for services is the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule. The fee schedule is published on the agency's website at <https://dss.sd.gov/medicaid/providers/feeschedules/dss/>.