

## **Table of Contents**

**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: 22-0006**

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

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



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**Financial Management Group**

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

Re: South Dakota 22-0006

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) 22-0006. Effective for services on or after May 1, 2022, 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 22-0006 is approved effective May 1, 2022. The CMS-179 and the amended plan pages are attached.

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

Sincerely,



Rory Howe  
Director

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 6</u>	2. STATE <u>S D</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>May 1, 2022</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447.201</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>1,416,176</u> b. FFY <u>2023</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-A, Page 14</u> <u>Attachment 4.19-D, Page 17b</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-A, Page 14 TN# 21-0006</u> <u>Attachment 4.19-D, Page 17b TN# 21-0006</u>
9. SUBJECT OF AMENDMENT	


9. SUBJECT OF AMENDMENT

Updates the supplemental payment amounts for inpatient and nursing facility providers.

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  
  
Laurie R. Gill  
13. TITLE  
Cabinet Secretary  
14. DATE SUBMITTED  
June 10, 2022

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 <u>June 10, 2022</u>	17. DATE APPROVED <u>July 19, 2022</u>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>May 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Rory Howe</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, FMG</u>
22. REMARKS	

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:

<b>Provider</b>	<b>Amount</b>
Abbot House Inc	\$7,141
Aurora Plains Academy	\$467
Avera	\$423,407
Bennett County	\$20,324
Black Hills Surgical	\$10,182
Mobridge Regional	\$8,077
Monument Health	\$1,391,821
Lutheran Social Services	\$5,096
Our Home	\$4,167
Rushmore Ambulatory Surgery	\$7,563
Sanford	\$183,815
Sioux Falls Children's Home	\$8,422

Supplemental payments will be made using data calculated for the period of January 1, 2021 to December 31, 2021. 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 # 22-0006  
Supersedes  
TN # 21-0006

Approval Date \_\_\_\_\_

Effective Date 5/1/22

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:

<b>Provider</b>	<b>Amount</b>
Avera	\$61,373
Bennett County	\$29,017
Monument Health	\$5,080
Sanford	\$16,473

Supplemental payments will be made using data calculated for the period of January 1, 2021 to December 31, 2021. Payments for the supplemental payment period will be made during the last quarter of the state fiscal year.

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