

## **Table of Contents**

**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: 25-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS Form 179
- 4) 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

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July 11, 2025

Heather Petermann  
Medicaid Director  
South Dakota Department of Social Services  
700 Governors Drive  
Pierre, South Dakota 57501-2291

Re: South Dakota State Plan Amendment (SPA) 25-0003

Dear Director Petermann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment proposes coverage of screening, diagnostic, and targeted case management services for eligible juveniles who are inmates of a public institution in accordance with Section 5121 of the Consolidated Appropriations Act of 2023 and the termination of coverage of targeted case management services provided to adults with mental illness and to youth transitioning out of residential services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and the implementing regulations 42 CFR §440.169. This letter is to inform you that South Dakota Medicaid SPA 25-0003 was approved on July 10, 2025, with an effective date of January 1, 2025.

If you have any questions, please contact Tyler Deines at (202) 571-8533 or via email at [Tyler.Deines@cms.hhs.gov](mailto:Tyler.Deines@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Matthew Ballard, South Dakota Medicaid

**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

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July 11, 2025

Heather Petermann  
Medicaid Director  
South Dakota Department of Social Services  
700 Governors Drive  
Pierre, South Dakota 57501-2291

Re: South Dakota State Plan Amendment (SPA) 25-0003 Companion Letter

Dear Director Petermann:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to SD-25-0003, approved on July 10, 2025. This state plan amendment (SPA) amends the Medicaid state plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and state plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the state plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management (TCM) services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the

review of SD-25-0003, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the state plan.

The state is working to develop a community-based provider network to provide in-reach pre-release and post-release TCM services and build collaborative relationships with carceral settings to increase utilization of TCM, screening, and diagnostic services as follows:

1. **Stakeholder Engagement:** Conduct additional stakeholder engagement activities to identify barriers and challenges for robust implementation of section 1902(a)(84)(D) of the Act. This will include performing a systematic analysis of access to pre-release services, including screening, diagnostic, and TCM services, and potential enhancements that would facilitate or increase access to services. Develop an action plan informed by stakeholder engagement and systematic analysis with recommendations including, but not limited to, key steps, staffing, and timelines to address issues or barriers.
2. **Outreach and Recruitment:** Conduct ongoing outreach and recruitment of TCM providers leading to a community-based provider network including providers that often work with this population and provide TCM services such as community health centers and community health work agencies. If necessary, the state will develop alternative solutions to provide access to TCM services which may include:
  - Further exploring the feasibility of carceral settings staff providing TCM services; and
  - Researching the feasibility of contracting with an entity or entities to provide TCM services statewide or in specific regions of the state.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions or need any further assistance, please contact Tyler Deines at (202) 571-8533 or via email at [Tyler.Deines@cms.hhs.gov](mailto:Tyler.Deines@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

cc: Matthew Ballard, South Dakota Medicaid

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 3

2. STATE

S D3. 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

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

Section 5121 of the Consolidated Appropriations Act, 2023  
42 CFR 440.169, §1905(a)(19) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 70,995b. FFY 2026 \$ 94,661

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 8 of Attachment 3.1-A  
Pages 1-7 of Supplement 1-A to Attachment 3.1-A (Pages 5-7 NEW)  
Attachment 3.1-L-SUD/IMD, Pages 1-2 (NEW)  
~~Attachment 3.1-N~~, Attachment 3.1-M, Pages 1-2  
Introduction Page 1 and page 33 of Attachment 4.19-B8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Page 8 of Attachment 3.1-A (TN# 99-10)  
Pages 1- 4 of Supplement 1-A to Attachment 3.1-A (TN# 91-22)  
Page 1 (TN# 24-009) and Page 2 (TN# 19-011) of Attachment 3.1-M  
Introduction Page 1 (TN#24-0017) and page 33 (TN#99-10) of  
Attachment 4.19-B  
Supplement 2-~~A~~ to Attachment 3.1-A, Pages 1-2 (TN# 99-010)  
(DELETED)

9. SUBJECT OF AMENDMENT

Provides assurance that the State is in compliance with requirements in Section 5121 of the Consolidated Appropriations Act, 2023. The amendment also establishes targeted case management services for eligible juveniles under 21 years of age or between ages 18-26 for recipients in the former foster care group, and establishes a fee-for-service reimbursement methodology.

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:

OFFICIAL

12. TYPED NAME  
Heather Petermann13. TITLE  
Director14. DATE SUBMITTED  
01/30/2025

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

January 30, 2025

17. DATE APPROVED

July 10, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OF

Acting Director, Division of Program Operations

22. REMARKS

Blocks 5, 7, &amp; 8: State approved pen and ink changes on 07/08/2025.



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

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1-A to Attachment 3.1-A (in accordance with Section 1905(a)(19) or Section 1915(g) of the Act).
- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.
- b. Special tuberculosis (TB) related services under Section 1902(z)(2)(F) of the Act.
- ☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.
20. Extended services for pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day falls.
- ☐ Additional coverage++
- b. Services for any other medical conditions that may complicate pregnancy.
- ☒ Additional coverage++

++Attached is a description of increases in covered services beyond limitations for all groups described in this Attachment and/or any additional services provided to pregnant women only.

\*Description provided in Supplement to this Attachment.

TN No. #25-0003  
Supersedes TN No. 99-10

Approval Date: 07/10/2025  
Effective Date 01/01/2025

State Plan under Title XIX of the Social Security Act  
State/Territory: South Dakota

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☒ State will provide TCM beyond the 30 day post release requirement.

*The State provides TCM for up to 60 days post release.*

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: #25-0003  
Supersedes TN: 91-22

Approval Date: 07/10/2025  
Effective Date : 01/01/2025

State Plan under Title XIX of the Social Security Act  
State/Territory: **South Dakota**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☒ Other frequency

*Reassessments are to be conducted as needed to determine if the individual's needs have changed.*

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:  
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State Plan under Title XIX of the Social Security Act  
State/Territory: **South Dakota**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- ☒ Telephonic. Frequency: *Monitoring should be conducted as needed. It is recommended that monitoring is conducted no later than 30 days from release with the recipient and community-based providers to ensure that the recipient engaged in the services.*
- ☒ In-person. Frequency: *Monitoring should be conducted as needed. It is recommended that monitoring is conducted no later than 30 days from release with the recipient and community-based providers to ensure that the recipient engaged in the services.*
- ☒ Other. Audio/Video: *Monitoring should be conducted as needed. It is recommended that monitoring is conducted no later than 30 days from release with the recipient and community-based providers to ensure that the recipient engaged in the services.*

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.  
(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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State Plan under Title XIX of the Social Security Act  
State/Territory: **South Dakota**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

*Case Managers must have the capacity to meet all core elements of case management services outlined in CFR 440.169, be at least 18 years old, and meet the following qualifications:*

1. *Case managers must be part of a care team of a Medicaid enrolled provider. Supervision of the case manager must be provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, certified addiction counselor, licensed addiction counselor, licensed psychologist, licensed professional counselor – mental health, licensed professional counselor working toward a mental health designation, licensed clinical nurse specialist, licensed certified social worker – Private Independent Practice (PIP), licensed certified social work – Private Independent Practice (PIP) candidate, or licensed marriage and family therapist. Case managers must meet the following qualifications:*
  - a. *Must have graduated from an accredited college or university with a bachelor's or associate's degree in criminology, criminal justice, psychology, social work, nursing, human services or another similar field.*
  - b. *In lieu of a bachelor's or associate's degree in an enumerated field, the individual:*
    - i. *Has a high school diploma or GED; and*
    - ii. *Is a community health worker certified by the Community Health Worker Collaborative of South Dakota; or*
    - iii. *Has a minimum combination of 6 months training or experience providing case management services.*

OR

2. *Must be employed by or under contract with the Public Safety Organization. The Case Manager must meet the following qualification:*
  - a. *Must have graduated from an accredited college or university with a bachelor's or associate's degree in criminology, criminal justice, psychology, social work, nursing, human services or another similar field.*
  - b. *In lieu of a bachelor's or associate's degree in an enumerated field, the individual:*
    - i. *Has a high school diploma or GED; and*
    - ii. *Is a community health worker certified by the Community Health Worker Collaborative of South Dakota; or*
    - iii. *Has a minimum combination of 6 months training or experience providing case management services.*

OR

3. *Is a community health worker certified by the Community Health Worker Collaborative of South Dakota employed by an enrolled Community Health Worker Agency*

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State Plan under Title XIX of the Social Security Act  
State/Territory: **South Dakota**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

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TN: #25-0003  
Supersedes TN: NEW

Approval Date: 07/10/2025  
Effective Date: 01/01/2025

State Plan under Title XIX of the Social Security Act  
State/Territory: **South Dakota**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: #25-0003  
Supersedes TN: NEW

Approval Date: 07/10/2025  
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**State Plan under Title XIX of the Social Security Act**  
**State/Territory: South Dakota**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations

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TN: #25-0003  
Supersedes TN: NEW

Approval Date: 07/10/2025  
Effective Date: 01/01/2025



**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public Institution  
Post Adjudication of Charges**

**State/Territory: South Dakota**

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:25-0003  
Supersedes TN: 24-0009

Approval Date:07/10/2025  
Effective Date: 01/01/2025

Additional information provided (optional):

☐ No

☒ Yes

*The State may determine that it is not feasible for recipients to access the required services during the pre-release period in certain carceral facilities (e.g., local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays).*

*That State assures that clear documentation will be maintained in the internal operational plan indicating where implementation of services during the pre-release period in certain carceral facilities (e.g., local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays) are not feasible, including the reason why the state has determined it is not feasible which will be available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.*

*The State assures that clear documentation will be maintained in the internal operational plan indicating which carceral facility/facilities, if any, are furnishing services but not enrolling in or billing Medicaid which will be available to CMS upon request.*

*The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.*

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State/Territory: South Dakota

State Option to Provide Medicaid Coverage for Certain Individuals with Substance Use Disorders who are Patients in Certain Institutions for Mental Diseases

South Dakota Medicaid covers substance use disorder treatment services provided to eligible individuals in an eligible institution for mental disease (IMD) in accordance with Section 1915(l) of the Social Security Act.

Eligible Individuals

Eligibility is limited to Medicaid recipients age 21 through 64 who have at least one substance use disorder and reside in an eligible IMD primarily to receive withdrawal management or substance use disorder treatment services.

General Assurances

The State provides the following assurances regarding the scope of IMD services:

1. Coverage is limited to services provided after October 1, 2019.
2. Coverage is limited to a maximum of 30 days per 12-month period per eligible individual from the date an eligible individual is first admitted to an eligible IMD.

IMD Assurances

The State provides the following assurances regarding eligible IMDs:

1. Eligible IMDs follow reliable evidence-based practices and offer at least two forms of medication-assisted treatment (MAT) onsite, including one antagonist and one partial agonist for opioid use disorder. The State ensures IMDs meet these requirements through standards established by the State's Single State Agency for Substance Abuse Services for providers.
2. Eligible IMDs provide services at lower levels of clinical intensity or establish relationships with Medicaid-enrolled providers offering services at lower levels of care. The State ensures IMDs meet these requirements through standards established by the State's Single State Agency for Substance Abuse Services for providers.

Evidence-Based Clinical Screening Assurance

The State provides the following assurance regarding evidence-based clinical screenings:

1. Eligible individuals receive an appropriate evidence-based clinical screening prior to receiving services in an eligible IMD, including initial and periodic reassessments to determine the appropriate level of care, length of stay, and setting for each individual. Eligible IMDs are required to perform an integrated assessment. The integrated assessment includes both functional and diagnostic components. The assessment shall

establish the historical development and dysfunctional nature of the recipient's alcohol and drug abuse or dependence and shall assess the recipient's treatment needs.

#### Continuum of Services Assurance

The State provides the following assurances regarding the continuum of services:

1. South Dakota Medicaid covers the following outpatient levels of care under the state plan:
  - a. Early intervention services;
  - b. Outpatient treatment services;
  - c. Intensive outpatient treatment services; and
  - d. Day treatment services (also referred to as partial hospitalization).
2. South Dakota Medicaid covers the following residential and inpatient levels of care under the state plan:
  - a. Clinically-managed low-intensity residential treatment services; and
  - b. Medically-monitored intensive inpatient treatment services.

#### Transition of Care Assurances

The State provides the following assurance regarding transition of care:

1. Recipients residing in an IMD are required to be transitioned to the community upon discharge. Eligible IMDs are required to provide discharge planning services. Discharge planning services must include continued care planning and counseling, referral to and coordination of care with other resources that will assist a recipient's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services.

## ATTACHMENT 4.19-B INTRODUCTION

Payment rates for the services listed below are effective for services provided on or after the corresponding date. Fee schedules are published on the Department's website at <http://dss.sd.gov/medicaid/providers/feeschedules/>. Effective dates listed on the introductory page supersede the effective dates listed elsewhere in Attachment 4.19-B. Unless otherwise noted in the referenced state plan pages, reimbursement rates are the same for both governmental and private providers.

Service	Attachment	Effective Date
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Attachment 4.19-B, Page 4	July 1, 2024
Physician Services	Attachment 4.19-B, Page 6	July 1, 2024
Optometrist Services	Attachment 4.19-B, Page 9	July 1, 2024
Chiropractic Services	Attachment 4.19-B, Page 10	July 1, 2024
Independent Mental Health Practitioners	Attachment 4.19-B, Page 11	July 1, 2024
Nutritionist and Dietician Services]	Attachment 4.19-B, Page 11	July 1, 2024
Home Health Services	Attachment 4.19-B, Page 12	July 1, 2024
Durable Medical Equipment	Attachment 4.19-B, Page 13	July 1, 2024
Clinic Services	Attachment 4.19-B, Page 15	July 1, 2024
Dental Services	Attachment 4.19-B, Page 16	July 1, 2024
Physical Therapy	Attachment 4.19-B, Page 17	July 1, 2024
Occupational Therapy	Attachment 4.19-B, Page 18	July 1, 2024
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	July 1, 2024
Dentures	Attachment 4.19-B, Page 21	July 1, 2024
Prosthetic Devices	Attachment 4.19-B, Page 22	July 1, 2024
Eyeglasses	Attachment 4.19-B, Page 23	July 1, 2024
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	July 1, 2024
Community Health Workers	Attachment 4.19-B, Page 26	July 1, 2024
Doula Services	Attachment 4.19-B, Page 26	January 1, 2025
Community Mental Health Centers	Attachment 4.19-B, Page 26	June 1, 2024
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	June 1, 2024 *
Nurse Midwife Services	Attachment 4.19-B, Page 31	July 1, 2024
Pregnancy PCCM Program	Attachment 4.19-B, Page 39a	July 1, 2024
Targeted Case Management	Attachment 4.19-B, Page 33	January 1, 2025
Transportation	Attachment 4.19-B, Page 38	July 1, 2024
Personal Care Services	Attachment 4.19-B, Page 38	July 1, 2024
Freestanding Birth Centers	Attachment 4.19-B, Page 39	July 1, 2024
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	July 1, 2024

\*Room and board is not included in these rates.



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

19. Targeted Case Management Services

- a. Supplement to 1-A to Attachment 3.1-A. Payment for targeted case management services for eligible juveniles under 21 years of age or between ages 18-26 for recipients in the former foster care group as defined in section 1902(nn) of the Act are reimbursed the lesser of the established Medicaid fee schedule or the provider's usual and customary charges. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page, Page 1 for Targeted Case Management Services.

The State assures that payment for will not be made for services provided to an inmate of a public institution, except when the individual is a patient in a medical institution or in the case of an eligible juvenile described in section 1902(a)(84)(D) with respect to the screenings, diagnostic services, referrals, and targeted case management services required under such section, or, at the option of the State, for an individual who is an eligible juvenile (as defined in section 1902(nn)(2)), while such individual is an inmate of a public institution (as defined in section 1902(nn)(3)) pending disposition of charges) as specified in paragraph (A) following the last numbered paragraph of section 1905(a) of the Social Security Act.