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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

August 3, 2022

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

RE: TN 22-0008

Dear Ms. Aker:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of South Dakota's State Plan Amendment (SPA) Transmittal #22-0008, submitted on June 24, 2022. The SPA implements community mental health center (CMHC) and substance use disorder (SUD) agency rate increases appropriated by the state legislature during the 2022 legislative session. The SPA also makes updates clarifying the participation of collaterals in covered Medicaid services.

CMS approved SPA #22-0008 on August 2, 2022, with an effective date of June 1, 2022. 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,



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 2 — 0 0 0 8

2. STATE
S D

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
June 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.201 and 42 CFR 430.10, 42 CFR 440.130(d) and Section 5052 of the Public Law 115-271*

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 213,747
b. FFY 2023 \$ 854,991

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement to Attachment 3.1-A, Pages 27, 28, 31, 31a, 31b, 31c. Attachment 4.19-B, Introduction Page 1 and page 26.

8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement to Attachment 3.1-A, Pages 27, 28, 31, 31a, 31b, 31c. Attachment 4.19-B, Introduction Page 1 and page 26.
TN# 20-09, 21-0012, 18-004, ~~19-001~~, 19-011, 21-0009, and 19-05.*

9. SUBJECT OF AMENDMENT

Implement inflationary increase appropriated by the state legislature and clarify collateral contacts coverage.

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

[Redacted Signature]

15. RETURN TO
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

12. TYPED NAME
Laurie R. Gill

13. TITLE
Cabinet Secretary

14. DATE SUBMITTED
June 24, 2022

FOR CMS USE ONLY

16. DATE RECEIVED
June 24, 2022

17. DATE APPROVED
August 2, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

* South Dakota authorized pen & ink changes on August 2, 2022 to add additional citations to box 5 and remove the superseded SPA #19-001 from box 8 of the 179. Additionally, the superseded SPA numbers were corrected on Supplement to Attachment 3.1-A, page 28 and page 31a.

SUPPLEMENT TO ATTACHMENT 3.1-A

13d. Rehabilitative Services

Rehabilitation services are medical and remedial services that have been recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level and furnished by one of the following practitioners:

1. Community Mental Health Centers (CMHCs) accredited by the state mental health authority. Services are covered for an individual for whom an integrated assessment has been prepared that includes a primary diagnosis of a mental illness. Services must be medically necessary and provided in accordance with a treatment plan.

CMHC Covered Services

- a. Outpatient services are nonresidential diagnostic and treatment services that are distinct from specialized outpatient services for children, specialized outpatient services for adults, and assertive community treatment services.
 - i. Integrated assessment, evaluation, and screening. Contact where the primary purpose is to develop information regarding a recipient's emotional state, and social history for use in formulating a treatment plan. Screening and evaluation includes psychosocial, psychological, and psychiatric examinations for diagnosis and treatment recommendations. An assessment may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the recipient.
 - ii. Individual therapy. Therapeutic contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progress toward therapeutic goals. There may be times when, based on the clinical judgment, that a collateral contact may participate in the therapy for the direct benefit of the recipient or the recipient is not present for the delivery of the service, but remains the focus of the service.
 - iii. Group therapy. Therapeutic contact between a therapist and two or more individuals in which the therapist delivers therapies/counseling to multiple individuals, and in which the therapist and the group seek to assist progress towards treatment goals. Group therapy services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery. There may be times when, based on clinical judgment, the recipient is not present during the delivery of the service, but remains the focus of the service.
 - iv. Family education, support, and therapy. Therapeutic contact between one or more family members and the therapist in which the therapist delivers direct therapy relating to the identified recipient's therapeutic goals. Family therapy services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery. There may be times when, based on the clinical judgment, the recipient is not present during the delivery of the service, but remains the focus of the service.
 - v. Psychiatric services. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals. There may be times when, based on the clinical judgment, that a collateral contact may participate in the service for the direct benefit of the recipient or the recipient is not present for the delivery of the service, but remains the focus of the service.
- b. Specialized Outpatient Services for Children are comprehensive services and support provided to a child or youth under age 21 with serious emotional disturbance (SED) and the child or youth's family, including a child or youth with a co-occurring disorder.

SUPPLEMENT TO ATTACHMENT 3.1-A

- i. Integrated assessment, evaluation, and screening. Contact where the primary purpose is to develop information regarding a recipient's emotional state, and social history for use in formulating a treatment plan. Screening and evaluation includes psychosocial, psychological, and psychiatric examinations for diagnosis and treatment recommendations. An assessment may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the recipient.
 - ii. Care coordination. Care coordination is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services to meet an individual's health needs as identified in the treatment plan Care coordination may include contact with a collateral, when it is for the direct benefit of the recipient.
 - iii. Individual therapy. Therapeutic contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progress toward therapeutic goals. There may be times when, based on the clinical judgment, that a collateral contact may participate in the therapy for the direct benefit of the recipient or the recipient is not present for the delivery of the service, but remains the focus of the service.
 - iv. Group therapy. Therapeutic contact between a therapist and two or more individuals in which the therapist delivers therapies/counseling to multiple individuals, and in which the therapist and the group seek to assist progress towards treatment goals. Group therapy services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery There may be times when, based on clinical judgment, the recipient is not present during the delivery of the service, but remains the focus of the service.
 - v. Parent or guardian group therapy. Goal directed therapeutic intervention with the parents/guardians of a recipient and one or more parents/guardians who are treated at the same time. Parent or guardian group therapy services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery. There may be times when, based on clinical judgment, the recipient is not present during the delivery of the service, but remains the focus of the service.
 - vi. Family education, support, and therapy. Therapeutic contact between one or more family members and the therapist in which the therapist delivers direct therapy, education relating to the identified child's condition, or support services to develop coping skills for the parents and family members, in regards to the identified child. Family education, support, and therapy services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery. There may be times when, based on clinical judgment, the recipient is not present during the delivery of the service, but remains the focus of the service.
 - vii. Crisis assessment and intervention services. An immediate therapeutic response available 24 hours a day 7 days a week that involves direct telephone or face-to-face contact with a recipient exhibiting acute psychiatric symptoms and/or inappropriate behavior that left untreated, presents an immediate threat to the recipient or others. The service may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the recipient.
 - viii. Psychiatric services. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals. There may be times when, based on the clinical judgment, that a collateral contact may participate in the service for the direct benefit of the recipient or the recipient is not present for the delivery of the service, but remains the focus of the service.
 - ix. Psychiatric nursing services. Includes components of physical assessment, medication assessment and monitoring, and medication administration for recipients unable to self administer their medications. The service may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the recipient.
- c. Specialized outpatient services for adults are medically necessary related treatment, and rehabilitative and support services to a recipient age 18 or older with serious mental illness(SMI), including those with co-occurring disorders. The individual must have at least one functional impairment as a result of the SMI.

SUPPLEMENT TO ATTACHMENT 3.1-A

CMHC Practitioners and Qualifications

All CMHCs must have a clinical supervisor. A clinical supervisor is a mental health professional who has at least a master's degree in psychology, social work, counseling, or nursing and currently holds a license in that field. The clinical supervisor must have two years of supervised postgraduate clinical experience in a mental health setting. Individuals with an associate, bachelors, or master's degree that do not meet the definition of a clinical supervisor must be supervised by a clinical supervisor. Registered nurses and licensed practical nurses must comply with state regulations regarding supervision. The table below lists the provider qualifications for furnishing mental health services:

Services	Practitioner Qualifications
<ul style="list-style-type: none"> • Psychiatric services 	<ul style="list-style-type: none"> • A licensed physician or psychiatrist, or a licensed physician assistant or licensed certified nurse practitioner.
<ul style="list-style-type: none"> • Individual therapy; • Group therapy; • Family therapy; and • Parent or guardian therapy. 	<ul style="list-style-type: none"> • A master's degree in psychology, social work, counseling, or nursing; a social work license.
<ul style="list-style-type: none"> • Care coordination; and • Symptom assessment and management. 	<ul style="list-style-type: none"> • At least an associate's degree in social sciences or human related services field; or • A master's degree in psychology, social work, counseling, or nursing; a social work license; or bachelor's degree in a human services field and two years of related experience; or • A licensed physician or psychiatrist, or a licensed physician assistant or licensed certified nurse practitioner; or • A registered nurse or licensed practical nurse to provide psychiatric nursing services.
<ul style="list-style-type: none"> • Family education and support; • Recovery support services; and • Psychosocial rehabilitation services. 	<ul style="list-style-type: none"> • At least an associate's degree in social sciences or human related services field; or • A master's degree in psychology, social work, counseling, or nursing; a social work license; or bachelor's degree in a human services field and two years of related experience.
<ul style="list-style-type: none"> • Crisis assessment and intervention 	<ul style="list-style-type: none"> • A master's degree in psychology, social work, counseling, or nursing; a social work license; or bachelor's degree in a human services field and two years of related experience.
<ul style="list-style-type: none"> • Psychiatric nursing services 	<ul style="list-style-type: none"> • A registered nurse or licensed practical nurse to provide psychiatric nursing services.
<ul style="list-style-type: none"> • Integrated assessment, evaluation, and screening 	<ul style="list-style-type: none"> • A master's degree in psychology, social work, counseling, or nursing; a social work license; or bachelor's degree in a human services field and two years of related experience; or • A licensed physician or psychiatrist, or a licensed physician assistant or licensed certified nurse practitioner; or • A registered nurse or licensed practical nurse to provide psychiatric nursing services.

SUPPLEMENT TO ATTACHMENT 3.1-A

2. Substance use disorder agencies accredited by the single state agency for substance abuse. Services are covered for an individual for whom an integrated assessment has been prepared that includes a primary diagnosis of substance use disorder. The agency must prepare an individual treatment plan as a result of the integrated assessment. Crisis intervention services do not require an integrated assessment or individual treatment plan.

Substance Use Disorder Agency Services

- a. 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.
- b. Crisis intervention services. Crisis intervention services are provided to a recipient in a crisis situation related to the recipient's use of substances, including crisis situations where co-occurring mental health symptoms may be present. The focus of the intervention is to restore the recipient to the level of functioning before the crisis or provide means to place the recipient into a secure environment. The service may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the recipient.
- c. Early intervention services. Nonresidential services provided to individuals that may have substance use related problems, but do not meet the diagnostic criteria for a substance use disorder. The service may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the recipient. The following services at a minimum must be included:
 - i. Initial screening and planning within 48 hours of initial contact.
 - ii. Crisis intervention services as described above in item b.
 - iii. Individual or family counseling regarding substance abuse and dependence. Family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery.
 - iv. Discharge planning services to include continued care planning and counseling, referral to and coordination of care with other resources that will assist a client's recovery, including educational, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services which includes the availability of tuberculosis and human immunodeficiency virus services.
- d. Outpatient treatment services provided by an accredited nonresidential program to a recipient or a person harmfully affected by alcohol or other drugs through regularly scheduled counseling services. The following services are covered:
 - i. Individual, group and family counseling regarding substance abuse and dependence. Group and family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery. There may be times when, based on the clinical judgment, that a collateral contact may participate in the therapy for the direct benefit of the recipient or the recipient is not present for the delivery of the service, but remains the focus of the service.
 - ii. Discharge planning services to include continued care planning and counseling, referral to and coordination of care with other resources that will assist a client's recovery, including educational, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services, and referral to and coordination of medical services which includes the availability of tuberculosis and human immunodeficiency virus services. The service may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the recipient.
- e. Intensive outpatient treatment services are provided by an accredited nonresidential program providing services to a recipient in a clearly defined, structured, intensive outpatient treatment program on a regularly scheduled basis. The following services are covered:
 - i. Individual, group, and family counseling regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery. There may be times when, based on the clinical judgment, that a collateral contact may participate in the therapy for the direct benefit of the recipient or the recipient is not present for the delivery of the service, but remains the focus of the service.
 - ii. Discharge planning which 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 availability of tuberculosis and human immunodeficiency virus services. The service may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the recipient.

SUPPLEMENT TO ATTACHMENT 3.1-A

- f. Day treatment services are provided by an accredited program providing services to a recipient in a clearly defined, structured, intensive treatment program. The following services are covered:
- i. Individual, group, and family counseling regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery.
 - ii. Discharge planning which 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.
- g. Clinically-managed low-intensity residential treatment services provided by an accredited residential program providing services to a recipient in a structured environment designed to aid re-entry into the community. Clinically-managed, low-intensity residential treatment programs are not institutions for mental diseases as described in 42 CFR 435.1010. The following services are covered:
- i. Individual, group, and family counseling regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery.
 - ii. Discharge planning to 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.
- h. Medically-monitored intensive inpatient treatment programs are an accredited residential program providing services to a recipient in a structured environment. These medically-monitored intensive inpatient treatment program may be provided to eligible individuals in an eligible IMD as allowed in Attachment 3.1-M. The following services are covered:
- i. Individual, group, and family counseling regarding alcohol and drug abuse and dependence. Group and family counseling services to the recipient's family and significant others is for the direct benefit of the recipient, in accordance with the recipient's needs and treatment goals identified in the recipient's treatment plan, and for the purpose of assisting in the recipient's recovery.
 - ii. Discharge planning to 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.

SUPPLEMENT TO ATTACHMENT 3.1-A

Substance Use Disorder Agencies Non-Covered Services

The following services are non-covered for substance use disorder agencies:

- a. Treatment for a diagnosis of substance use disorder that exceeds the limits established by the division, unless prior authorization is approved by the division;
- b. Out-of-state substance use disorder treatment unless the division determines that appropriate in-state treatment is not available;
- c. Treatment for a gambling disorder;
- d. Room and board for residential services;
- e. Substance use disorder treatment before the integrated assessment is completed;
- f. Substance use disorder treatment after 30 days if the treatment plan has not been completed;
- g. Substance use disorder treatment if a required review has not been completed;
- h. Court appearances, staffing sessions, or treatment team appearances; and
- i. Substance use disorder services provided to a recipient incarcerated in a correctional facility.

Substance Use Disorder Agencies Practitioners and Qualifications

All agency staff providing addiction counseling must meet the standards for addiction counselors or addiction counselor trainees in accordance with South Dakota Board of Addiction and Prevention Professionals requirements. Each agency must have a clinical supervisor that supervises clinical services. Clinical supervisors must be licensed as either a certified addiction counselor or licensed addiction counselor. The table below lists the services each provider can provide, provider qualifications, and supervisory requirements:

Practitioner Type	Services Furnished	Qualifications	Supervisory Requirements
Licensed Addiction Counselor	<ul style="list-style-type: none"> • Integrated assessment; • Crisis intervention; • Early intervention services; • Individual, group, and family counseling; and • Discharge planning. 	Must meet be licensed as a Licensed Addiction Counselor by the South Dakota Board of Addiction and Prevention Professionals.	None
Certified Addiction Counselor	<ul style="list-style-type: none"> • Integrated assessment; • Crisis intervention; • Early intervention services; • Individual, group, and family counseling; and • Discharge planning. 	Must meet be certified as a Certified Addiction Counselor by the South Dakota Board of Addiction and Prevention Professionals.	None
Addiction Counselor Trainee	<ul style="list-style-type: none"> • Integrated assessment; • Crisis intervention; • Early intervention services; • Individual, group, and family counseling; and • Discharge planning. 	Must meet be recognized as an Addiction Counselor Trainee by the South Dakota Board of Addiction and Prevention Professionals.	Must be supervised by a certified addiction counselor or licensed addiction counselor.

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, 2021
Physician Services	Attachment 4.19-B, Page 6	July 1, 2021
Optometrist Services	Attachment 4.19-B, Page 9	July 1, 2021
Chiropractic Services	Attachment 4.19-B, Page 10	July 1, 2021
Independent Mental Health Practitioners	Attachment 4.19-B, Page 11	July 1, 2021
Nutritionist and Dietician Services	Attachment 4.19-B, Page 11	July 1, 2021
Home Health Services	Attachment 4.19-B, Page 12	July 1, 2021
Durable Medical Equipment	Attachment 4.19-B, Page 13	July 1, 2021
Clinic Services	Attachment 4.19-B, Page 15	July 1, 2021
Dental Services	Attachment 4.19-B, Page 16	July 1, 2021
Physical Therapy	Attachment 4.19-B, Page 17	July 1, 2021
Occupational Therapy	Attachment 4.19-B, Page 18	July 1, 2021
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	July 1, 2021
Dentures	Attachment 4.19-B, Page 21	July 1, 2021
Prosthetic Devices	Attachment 4.19-B, Page 22	July 1, 2021
Eyeglasses	Attachment 4.19-B, Page 23	July 1, 2021
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	July 1, 2021
Community Health Workers	Attachment 4.19-B, Page 26	July 1, 2022
Community Mental Health Centers	Attachment 4.19-B, Page 26	June 1, 2022
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	June 1, 2022 *
Nurse Midwife Services	Attachment 4.19-B, Page 31	July 1, 2021
Transportation	Attachment 4.19-B, Page 38	July 1, 2021
Personal Care Services	Attachment 4.19-B, Page 38a	July 1, 2021
Freestanding Birth Centers	Attachment 4.19-B, Page 39	July 1, 2021
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	July 1, 2021

*Room and board is not included in these rates.

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

13c. Preventive Services

1. Payments for Diabetes Self-Management Training will be made to the providers and are based on an hourly rate as determined by the lesser of the established Medicaid fee schedule, the established Medicare 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.
2. Payments for Community Health Workers will be made to the provider and 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 4.19B Introduction Page, Page 1.

13d. Rehabilitation Services

Payment for services will be the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule published on the agency's website <http://dss.sd.gov/medicaid/providers/feeschedules/>.

1. Community Mental Health Centers (CMHCs). The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page, Page 1. CMHC services are paid on a fee-for-service basis and are not bundled unless noted below.

The following specialized outpatient services for children services are paid via a bundled payment, which is paid at a 15-minute unit rate:

- a. Integrated assessment, evaluation, and screening;
- b. Care coordination;
- c. Individual therapy;
- d. Family education, support, and therapy; and
- e. Crisis assessment and intervention services.

The following specialized outpatient services for adults and assertive community treatment services are paid via a bundle using separate daily rates:

- a. Integrated assessment, evaluation, and screening;
- b. Crisis assessment and intervention services;
- c. Care coordination;
- d. Symptoms assessment and management, including medication monitoring and education;
- e. Individual therapy;
- f. Group therapy;
- g. Recovery support services; and
- h. Psychosocial rehabilitation services.

Any provider delivering services through a specialized outpatient services for children, specialized outpatient services for adults, or assertive community treatment services bundle will be paid through a bundled payment rate and cannot bill separately with the exception of the integrated assessment, evaluation, and screening. The integrated assessment, evaluation, and screening is separately billable when conducted by a licensed physician or psychiatrist, resident, nurse practitioner, physician assistant, registered nurse, or licensed practical nurse. Medicaid providers performing the assessment can bill for the assessment in accordance with their particular benefit category in Attachment 4.19B.

At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.

The bundled rates do not include costs related to room and board or other unallowable facility costs. The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that the beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

2. Substance Use Disorder Agencies. The rates are effective for services on or after the date listed on the Attachment 4.19B Introduction Page.