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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 18-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

April 4, 2019

William Snyder, Medicaid Director
South Dakota Department of Social Services
Richard F. Kneip Building
700 Governors Drive
Pierre, SD 57501-2291

Dear Mr. Snyder:

CMS has reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-004 and approved as SD-18-0004. This amendment expands coverage of substance use disorder treatment to all enrolled South Dakota Medicaid beneficiaries and updates services covered in community mental health centers. Corresponding reimbursement pages were also submitted with this amendment.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2018. We are enclosing the CMS-179 and the amended plan pages(s).

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Mary Marchioni
Acting Deputy Director

cc: Sarah Aker, South Dakota

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

1. TRANSMITTAL NUMBER:
SD-18-004

2. STATE:
South Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2018

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 440.130, 42 CFR 440.225, and 42 CFR
447.201

7. FEDERAL BUDGET IMPACT:
a. FFY 2018: \$ 281,949.00
b. FFY 2019: \$ 1,127,795.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 3.1-A, page 27- 31c and Attachment 4.19-B,
page 26, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Supplement to Attachment 3.1-A, page 27, 28, 29, and 30
and Attachment 4.19-B, page 26, page 1

10. SUBJECT OF AMENDMENT:
The proposed state plan amendment clarifies covered services and the reimbursement methodologies for substance use disorder agencies and community mental health centers. The SPA implements substance use disorder treatment as a covered service for all Medicaid recipients as appropriated for by the state legislature during the 2018 legislative session.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:


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

13. TYPED NAME:
Amy Iversen-Pollreis

14. TITLE:
Interim Cabinet Secretary

15. DATE SUBMITTED: Submitted: August 13, 2018
~~June 21, 2018~~
Resubmitted: 10/30/18, 1/23/2019, 3/18/2019


FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
August 13, 2018

18. DATE APPROVED:
April 4, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Mary Marchioni

22. TITLE:
Acting Deputy Director, DROG

23. REMARKS: Please note the pen and ink changes made to boxes 8, 9, and
FORM CMS-179 (07-92) 15.

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	April 1, 2018
Physician Services	Attachment 4.19-B, Page 6	April 1, 2018
Optometrist Services	Attachment 4.19-B, Page 9	April 1, 2018
Chiropractic Services	Attachment 4.19-B, Page 10	April 1, 2018
Home Health Services	Attachment 4.19-B, Page 12	April 1, 2018
Durable Medical Equipment	Attachment 4.19-B, Page 13	April 1, 2018
Clinic Services	Attachment 4.19-B, Page 15	April 1, 2018
Dental Services	Attachment 4.19-B, Page 16	April 1, 2018
Physical Therapy	Attachment 4.19-B, Page 17	April 1, 2018
Occupational Therapy	Attachment 4.19-B, Page 18	April 1, 2018
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	April 1, 2018
Dentures	Attachment 4.19-B, Page 21	April 1, 2018
Prosthetic Devices	Attachment 4.19-B, Page 22	April 1, 2018
Eyeglasses	Attachment 4.19-B, Page 23	April 1, 2018
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	April 1, 2018
Community Mental Health Centers	Attachment 4.19-B, Page 26	July 1, 2018
Substance Use Disorder Agencies	Attachment 4.19-B, Page 26	July 1, 2018
Nurse Midwife Services	Attachment 4.19-B, Page 31	April 1, 2018
Transportation	Attachment 4.19-B, Page 38	April 1, 2018
Personal Care Services	Attachment 4.19-B, Page 38	April 1, 2018
Freestanding Birth Centers	Attachment 4.19-B, Page 39	April 1, 2018
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	April 1, 2018

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.
 - ii. Individual therapy. Face-to-face contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progress toward therapeutic goals.
 - iii. Group therapy. Face-to-face 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.
 - iv. Family therapy. Face-to-face 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.
 - v. Psychiatric services. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals.
 - vi. Collateral contacts. Telephone or face-to-face contact with an individual other than the identified recipient to plan appropriate treatment, assist others so they can respond therapeutically regarding the recipient's difficulty or illness, or link the recipient, family, or both, to other necessary and therapeutic community support.
- 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.
 - 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.
 - iii. Individual therapy. Face-to-face contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progress toward therapeutic goals.
 - iv. Group therapy. Face-to-face 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.
 - v. Parent or guardian group therapy. Goal directed face-to-face 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.
 - vi. Family education, support, and therapy. Face-to-face 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.
 - 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.
 - viii. Psychiatric services. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals.
 - ix. Psychiatric nursing services. Includes components of physical assessment, medication assessment and monitoring, and medication administration for recipients unable to self-administer their medications.
 - x. Collateral contacts. Telephone or face-to-face contact with an individual other than the identified recipient to plan appropriate treatment, assist others so they can respond therapeutically regarding the recipient's difficulty or illness, or link the recipient, family, or both, to other necessary and therapeutic community support.
- 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

- 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.
 - ii. 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.
 - iii. 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.
 - iv. Psychiatric services. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals.
 - v. Psychiatric nursing services. Includes components of physical assessment, medication assessment and monitoring, and medication administration for recipients unable to self-administer their medications.
 - vi. Symptom assessment and management. Assessment of an individual recipient's symptoms and providing education regarding managing their symptoms including medication and monitoring education.
 - vii. Individual therapy. Face-to-face contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progress toward therapeutic goals.
 - viii. Group therapy. Face-to-face 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.
 - ix. Recovery support services. Supportive counseling/psychotherapy (when diagnostically indicated) and the development of psychosocial and recovery skills may be provided to help the recipient cope with and gain mastery over symptoms and disabilities, including those related to co-occurring disorders, in the context of daily living.
 - x. Psychosocial rehabilitation services. Provided on an individual or group basis to assist the recipient to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery.
- d. Assertive community treatment (ACT) services. Designed for an individual age 18 or older with a serious mental illness and functional impairments as a result of the serious mental illness. ACT provides medically necessary related treatment, rehabilitative, and support services to an eligible recipient who require more intensive services than can be provided by specialized outpatient services for adults.
- 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.
 - ii. 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.

SUPPLEMENT TO ATTACHMENT 3.1-A

- iii. 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.
- iv. Psychiatric services. Psychiatric assessment, treatment, and prescription of pharmacotherapy with the primary purpose of prescribing or reviewing a recipient's use of pharmaceuticals.
- v. Psychiatric nursing services. Includes components of physical assessment, medication assessment and monitoring, and medication administration for recipients unable to self-administer their medications.
- vi. Symptom assessment and management. Assessment of an individual recipient's symptoms and providing education regarding managing their symptoms including medication and monitoring education.
- vii. Individual therapy. Face-to-face contact between a recipient and therapist in which the therapist delivers direct therapy/counseling to assist the recipient in progress toward therapeutic goals.
- viii. Group therapy. Face-to-face 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.
- ix. Recovery support services. Supportive counseling/psychotherapy (when diagnostically indicated) and the development of psychosocial and recovery skills may be provided to help the recipient cope with and gain mastery over symptoms and disabilities, including those related to co-occurring disorders, in the context of daily living.
- x. Psychosocial rehabilitative services. Provided on an individual or group basis to assist the recipient to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery.

Non-covered CMHC Services

a. The following are non-covered CMHC services:

- i. Vocational counseling and vocational training at a classroom or job site;
- ii. Academic educational services;
- iii. Services that are solely recreational in nature;
- iv. Services for individuals other than an eligible recipient or a recipient's family if the recipient is receiving specialized outpatient services for children;
- v. Services provided to recipients who are in detoxification centers.
- vi. Services provided to recipients who are incarcerated in a correctional facility;
- vii. Services provided to recipients who are in juvenile detention facilities;
- viii. Services provided to recipients who are in psychiatric residential treatment facilities, inpatient psychiatric hospital, or institutions for mental disease; and
- ix. Transportation services.
- x. Services delivered via telephone or through other non-face-to-face contact are not covered for recipients receiving specialized outpatient services for adults or ACT services.

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"> • Collateral contacts; • 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.
- c. 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.
 - 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.
 - iii. Collateral Contacts which is a telephone or face-to-face contact with an individual other than the identified recipient in order to plan appropriate treatment, to assist an individual so the individual can respond therapeutically to the recipient's substance abuse problem, or to refer the recipient, family, or both, to other necessary community supports.
- d. 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.
 - 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.

SUPPLEMENT TO ATTACHMENT 3.1-A

- iii. Collateral Contacts which is a telephone or face-to-face contact with an individual other than the identified recipient in order to plan appropriate treatment, to assist an individual so the individual can respond therapeutically to the recipient's substance abuse problem, or to refer the recipient, family, or both, to other necessary community supports.
- e. 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.
- f. 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.
- g. 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 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 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. An addiction counselor trainee must be supervised by a certified addiction counselor or licensed addiction counselor. Certified addiction counselors and licensed addiction counselors do not require supervision to provide services. The table below lists the provider qualifications for furnishing substance use disorder services:

Services	Practitioner Qualifications
<ul style="list-style-type: none"> • Integrated assessment; • Crisis intervention; • Individual, group, and family counseling; • Discharge planning; and • Collateral contacts. 	<ul style="list-style-type: none"> • Addiction counselor trainee, certified addiction counselor, or licensed addiction counselor.

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

13c. Preventive Services

Payments for Diabetes Self-Management Training will be made to the enrolled program, 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.

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;
- e. Crisis assessment and intervention services; and
- f. Collateral contacts.

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.