



Division of Long Term Services and Supports

LTSS Fee Schedule (Effective 07.01.2026)

Service	Title XIX HOPE Waiver Service Codes and Modifier	LTSS State-Funded KIND Program Service Codes	Title III and Caregiver Services Codes	DHS/LTSS Reimbursement Rate	Frequency	Rate per 15 min. unit
Assisted Living Waiver Reimbursement Base ^{1,3.}	T2031	n/a	n/a	\$82.08	per day	n/a
Assisted Living Waiver Reimbursement Tier 1 ^{1,3.}	T2031, U1	n/a	n/a	\$93.14	per day	n/a
Assisted Living Waiver Reimbursement Tier 2 ^{1,3.}	T2031, U2	n/a	n/a	\$108.61	per day	n/a
Community Living Home Base ^{1,3.}	T2033	n/a	n/a	\$50.28	per day	n/a
Community Living Home Tier 1 ^{1,3.}	T2033, U1	n/a	n/a	\$62.86	per day	n/a
Community Living Home Tier 2 ^{1,3.}	T2033, U2	n/a	n/a	\$70.42	per day	n/a
Residential Respite Care	S5150	08055	08065	\$302.16	per day	n/a
State Optional Supplemental Assisted Living ^{2.}	n/a	08054	n/a	\$77.16	per day	n/a
Structured Family Caregiving Base ^{3.}	T2033	n/a	n/a	\$82.00	per day	n/a
Structured Family Caregiving Tier 1 ^{3.}	T2033, U1	n/a	n/a	\$102.51	per day	n/a
Structured Family Caregiving Tier 2 ^{3.}	T2033, U2	n/a	n/a	\$114.81	per day	n/a
Adult Day	S5100	08055 (<60) <u>OR</u> 08094	08055 (<60)	\$15.08	per hour	\$3.77
Community Transition Coordination	T1016	n/a	n/a	\$88.04	per hour	\$22.01
Environmental Accessibility Adaptations Assessment	T1028	n/a	n/a	\$85.28	per hour	\$21.32
In-Home: Nursing RN	T1000, TD	08093	08069	\$92.80	per hour	\$23.20
In- Home: Nursing LPN	T1000, TE	08092	08059	\$77.36	per hour	\$19.34
In-Home: Adult Companion	S5135	n/a	n/a	\$43.24	per hour	\$10.81
In-Home: Chore Services	S5120	n/a	n/a	\$43.24	per hour	\$10.81
In-Home: Homemaker	S5130	03003	08068	\$44.68	per hour	\$11.17
In-Home: Personal Care	T1019	03004	08068	\$44.68	per hour	\$11.17
In-Home: Respite Care	T1005	08055	08065	\$43.24	per hour	\$10.81
Meals	S5170	08098	08067	Rate varies by provider	per meal	n/a
Emergency Response Service	S5161	08096	08067	Usual and customary fee up to \$45.00	per month	n/a
Environmental Accessibility Adaptations	S5165	n/a	n/a	Usual and customary fee	per project	n/a
Assistive Technology	A9279	03020	08067	Usual and customary fee	per purchase	n/a
Community Transition Supports	T2038	n/a	n/a	Usual and customary fee	per purchase	n/a
Specialized Medical Equipment	T2029	03020	08067	State Plan fee schedule or usual and customary fee	per purchase	n/a
Specialized Medical Supplies	T5999	08095	08067	State Plan fee schedule or usual and customary fee	per purchase	n/a
Nutritional Supplements	S9977	08098	08067	Usual and customary fee	per supplement	n/a

1. This rate does not include the Room and Board. The provider must collect the Room and Board portion of the payment from the participant unless subsidized by DHS. The CY2026 Room and Board rate is \$31.36 per day or \$954.00 per month.

2. This rate includes Room and Board. The State Optional Supplemental Assisted Living service rate is adjusted annually in January based on the Social Security Administration (SSA) Cost of Living Adjustment (COLA). The State Optional Supplemental Assisted Living service, also known as the Regular Assisted Living Program, rate is effective 01/01/2026.

3. Services with a percentage increase for tiering purposes billed at a per diem rate are subject to rounding rules in the MMIS payment system. Due to these rounding rules, the "billed charges amount" that are calculated by the provider may be slightly different (+/- c) from the reimbursement. This may occur when multiple dates of service are billed within a single claim. When billing for single day increments, rounding rules do not apply and will equal the amount shown on the fee schedule.

NOTE: All services must be authorized by LTSS in order to be reimbursed at the state rates.

NOTE: When the Medicaid State Plan is exhausted, the rate is limited to the lesser of the provider's usual and customary fee or the Medicaid rate contained within the fee schedule located at <https://dss.sd.gov/medicaid/providers/feeschedules/>.

NOTE: The State's reimbursement rates may not exceed the provider's private pay rate. LTSS Providers must attest to their established private pay rate, also known as usual and customary charge, at the beginning of each state fiscal year. To verify and attest to your agency's private pay rate, complete the Private Pay Rate Verification form located at https://sddhs.seamlessdocs.com/f/ltssprovider_privatepayrateverificationform