



The Division of Long Term Services and Supports
FY2023 Reimbursement Rates
Effective 07/01/2022

Service	Service Code	SFY23 Rate	Frequency	Rate per 15 minute unit
Nursing	T1000	\$78.23	per hour	\$19.56
Homemaker	S5130	\$33.96	per hour	\$8.49
Personal Care	T1019	\$33.96	per hour	\$8.49
Adult Companion	S5135	\$29.30	per hour	\$7.33
Respite Care	T1005	\$29.30	per hour	\$7.33
Residential Respite Care	S5150	\$269.51	per day	n/a
Chore Services	S5120	\$29.30	per hour	\$7.33
Structured Family Caregiving	T2033 Base	\$73.14	per day	n/a
Structured Family Caregiving	T2033 Tier 1	\$91.43	per day	n/a
Structured Family Caregiving	T2033 Tier 2	\$102.40	per day	n/a
Community Living Home	T2033 Base	\$44.86	per day	n/a
Community Living Home	T2033 Tier 1	\$56.07	per day	n/a
Community Living Home	T2033 Tier 2	\$62.81	per day	n/a
Community Transition Coordination	T1016	\$78.52	per hour	\$19.63
Environmental Accessibility Adaptations Assessment	T1028	\$76.07	per hour	\$19.02
Adult Day	S5100	\$6.42	per hour	\$1.60
Assisted Living Waiver Reimbursement Base	T2031	\$59.52	per day	n/a
Assisted Living Waiver Reimbursement Tier 1	T2031 U1	\$70.23	per day	n/a
Assisted Living Waiver Reimbursement Tier 2	T2031 U2	\$81.54	per day	n/a
Specialized Medical Equipment	T2029	State Plan fee schedule or usual and customary fee*	per purchase	n/a
Specialized Medical Supplies	T5999	State Plan fee schedule or usual and customary fee*	per purchase	n/a
Emergency Response Service	S5161	Usual and customary fee	per month	n/a
Environmental Accessibility Adaptations	S5165	Usual and customary fee	per project	n/a
Community Transition Supports	T2038	Usual and customary fee	per purchase	n/a
Nutritional Supplements	S9977	Usual and customary fee	per supplement	n/a
Interpreter Rate	N/A State Funded Service	\$59.06	per hour	\$14.77

*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: Medicaid reimbursement rates may not exceed the provider's private pay rate

NOTE: Services billed with a modifier are subject to rounding rules. Billing more than one unit at a time may effect the reimbursement rate due to the rounding rules.

NOTE: The rate for Structred Family Caregiving is the rate paid to the provider. The stipend paid to the structured family caregiver must be 50% or more of the HOPE Waiver consumer's identified rate.

NOTE: Payments made for Assisted Living services or Community Living Home services are not made for room and board. The room and board portion of the rate remains at \$801.00 per month or \$26.33 per day. The Provider is responsible for collecting the room and board portion of payment from the Consumer. If the Consumer is unable to cover the cost of room and board portion, they may be eligible for a subsidy.