<table>
<thead>
<tr>
<th>Service</th>
<th>Service Code</th>
<th>Rate SFY 23</th>
<th>per</th>
<th>Rate/15 minute unit SFY 23</th>
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</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>T1000</td>
<td>$78.24</td>
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<td>Homemaker</td>
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<td>$33.96</td>
<td>per hour</td>
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<td>Personal Care</td>
<td>T1019</td>
<td>$33.96</td>
<td>per hour</td>
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<tr>
<td>Adult Companion</td>
<td>S5135</td>
<td>$29.32</td>
<td>per hour</td>
<td>$7.33</td>
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<tr>
<td>Respite Care</td>
<td>T1005</td>
<td>$29.32</td>
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<tr>
<td>Residential Respite Care</td>
<td>S5150</td>
<td>$269.51</td>
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<td>Chore Services</td>
<td>S5120</td>
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<td>Structured Family Caregiving</td>
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<tr>
<td>Structured Family Caregiving Tier 1</td>
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<tr>
<td>Community Living Home</td>
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<td>Community Living Home</td>
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<td>Community Transition Coordination</td>
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<tr>
<td>Environmental Accessibility Adaptations</td>
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<td>$19.02</td>
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<td>Assessment</td>
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<td>$6.40</td>
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<td>Assisted Living Waiver Reimbursement Base</td>
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<td>T2029</td>
<td>State Plan fee schedule or usual and customary fee*</td>
<td>per purchase</td>
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<td>Specialized Medical Supplies</td>
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<td>State Plan fee schedule or usual and customary fee*</td>
<td>per purchase</td>
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<td>Emergency Response Service</td>
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<td>Nutritional Supplements</td>
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<td>Usual and customary fee</td>
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<td>Interpreter Rate</td>
<td>NA State Funded</td>
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</table>

*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: Reimbursement rates effective 7/1/2022 For SFY