South Dakota Medicaid
Assisted Daily Living Services Waiver Fee Schedule
Effective July 1, 2026

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: https://dss.sd.gov/medicaid/providers/billingmanuals/. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Code	Modifier	Description	FY27 Rate
T1019		Personal Care Services-Provider Managed, per 15 minutes	$11.17
S5125		Personal Care Services-Self Directed, per 15 minutes	$11.17
S5115		Consumer Prep, per 15 minutes	$12.49
S5161		Emergency Response System, service fee, per month	$45.00
T1000	TD	Private Duty/Independent Nursing Service(s) - licensed, up to 15 minutes (RN)	$23.20
T1000	TE	Private Duty/Independent Nursing Service(s) - licensed, up to 15 minutes (LPN)	$19.34
T1005		Respite, per 15 minutes	$10.81
A9900		Specialized Medical Equipment & Supplies	Billed Charges
T2039		Vehicle Modifications	Billed Charges
S5165		Environmental Accessibility Adaptations	Billed Charges