South Dakota Medicaid
Family Support 360 Waiver Fee Schedule

Effective July 1, 2026

Providers must bill for services at their usual and customay charge. 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.

Providers should be mindful of the spend limits for waiver participants listed below:

- The annual limit for Specialized Therapies is cited in the FS360 waiver. FSCs are responsible for working with participants and families to keep spend within waiver limits.
- The monthly limits listed below may only be exceeded with the submission of a 1500 form to DSS. If a participant's assessed need exceeds the monthly limit, please document this in the support plan and share this with the Division of Developmental Disabilities. Exceptions may be granted on a case-by-case basis.

Code	Description	Fee	Annual Maximum Limitation
G0176	Specialized Therapies	Billed Charges	$1,500.00

Code	Description	Fee	Monthly Maximum Limitation
A9900	Specialized Medical Equipment, not otherwise specified, waiver	Billed Charges	$10,000.00
B4222	Nutritional Supplements	Billed Charges	$1,000.00
S5125	Personal Care Services 15 minutes	Billed Charges	$3,500.00
S5165	Home Modifications, per service	Billed Charges	$15,000.00
T1005	Respite Care Services 15 minutes	Billed Charges	$2,500.00
T1016	Service Coordination 15 minutes	$22.01	n/a
T1019	Personal Care 2 Services 15 minutes	Billed Charges	$1,500.00
T1020	Companion Care, adult 15 minutes	Billed Charges	$3,500.00
T2018	Habilitation, supported employment, waiver; 15 minutes	Billed Charges	$2,000.00
T2039	Vehicle modifications, waiver; per service	Billed Charges	$25,000.00