



Medicaid Advisory Committee (MAC) Kick-Off Meeting 9.22.25



Agenda

- Introductions
- Medicaid Overview
- Medicaid Advisory Committee (MAC) Bylaws
- Nominations for Chairman
- Travel Reimbursement
- Future Meetings



Medicaid Overview





Our Vision and Mission

Strong families – South Dakota's foundation and our future

The South Dakota Department of Social Services is dedicated to strengthening families to foster health, wellbeing, and independence.

The South Dakota Department of Social Services

is one of the state's largest agencies with nearly 1,400 employees and 43 offices in communities across South Dakota.

Our Guiding Principles:

Focus on Impact – We focus on important issues and challenges to maximize impact.

Customer Centric – We treat customers with respect and provide a “no wrong door” approach.

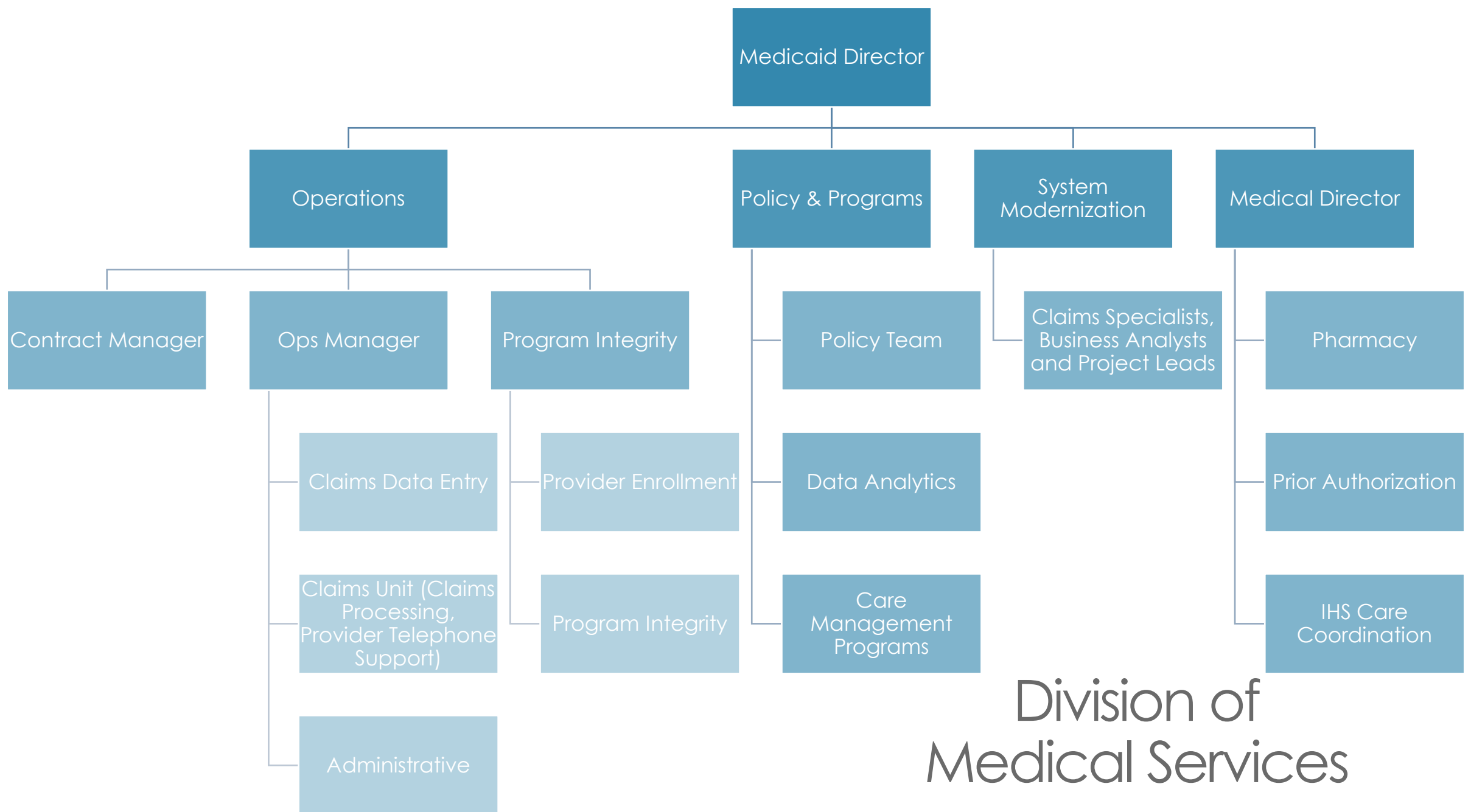
Build Partnerships to Maximize Results – We believe collaboration, teamwork, and partnerships are key to delivering results.

Develop Our People – We promote professional growth and development by empowering staff.



About DSS

We are here to help children, families, individuals, seniors and people with disabilities through some of the most difficult times in their lives with the programs and services we provide.



Division of Medical Services

Collaboration

Medicaid relies on close partnerships with other divisions across social services and other state departments.

- Department of Social Services
 - Division of Economic Assistance (makes eligibility determinations)
 - Division of Behavioral Health
 - Division of Child and Family Services
 - Office of Licensure and Accreditation
- Department of Human Services – administers the state's Home and Community Based Services (HCBS) waivers
- Department of Health – partner on public health initiatives

What is Medicaid?

Medicaid is the nation's publicly financed health care coverage program for low-income people enacted in 1965 under Title XIX of the Social Security Act and Title XXI the Children's Health Insurance Program (CHIP) enacted in 1997

Medicaid is a state and federal partnership. Each state administers their program separately, making difficult to compare states side-by-side.

In South Dakota, most coverage groups consist of individuals who meet the following descriptions:

- Children under the age of 19;
- A parent or caretaker relative caring for a child under the age of 19;
- A pregnant woman;
- Blind or disabled individuals determined to be disabled by the Social Security Administration or the Department of Social Services; and
- Aged (65 and older).

To be eligible for Medicaid under expansion, applicants must:

- Be 19-64 years old
- Live in South Dakota
- Be a U.S. Citizen or qualified immigrant
- Have or have applied for a Social Security Number (SSN)

FMAP

Blended FMAP

Because the state fiscal year runs from July 1 to June 30, South Dakota uses a blended FMAP to calculate the budget. The blended FMAP uses one quarter of the previous federal fiscal year and three quarters of the next federal fiscal year.

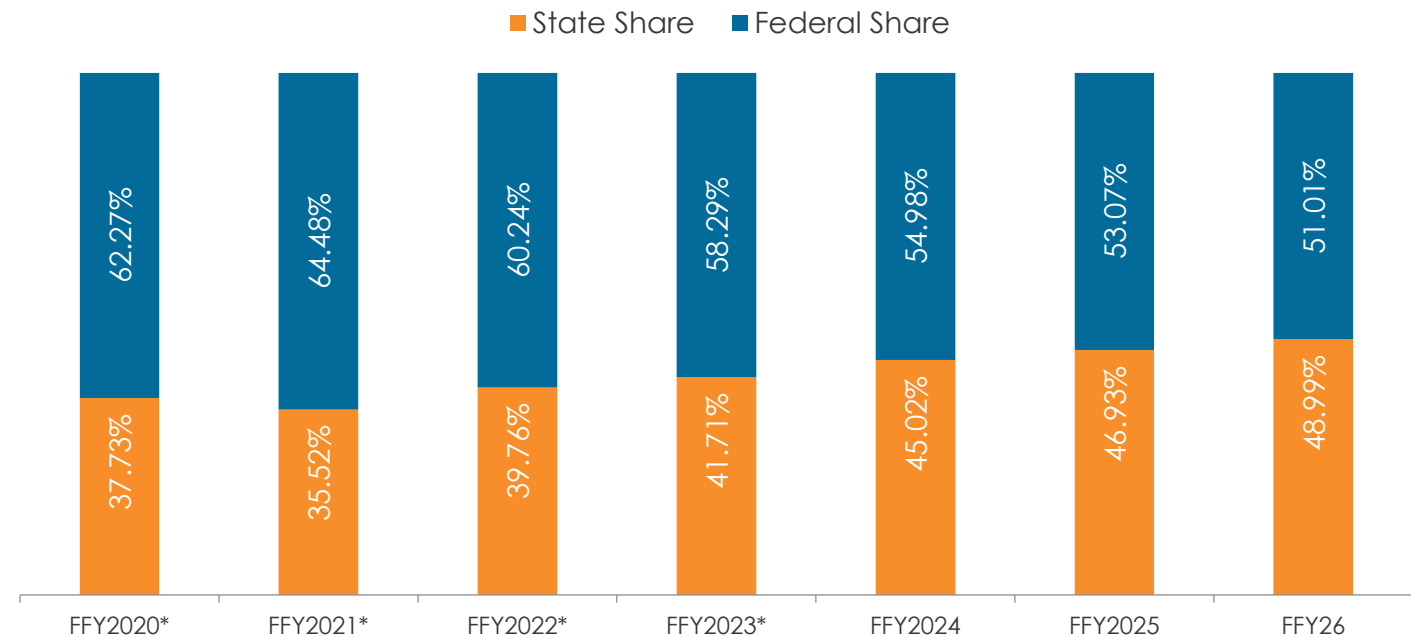
Enhanced FMAP

Some services and coverage groups have statutorily higher FMAPs than the state's regular FMAP.

- Children's Health Insurance Program (CHIP) Recipients
- Medicaid Expansion Recipients
- Money Follows the Person (MFP) Services
- Family Planning Services
- Services Received through Indian Health Service or a Tribal 638 Provider

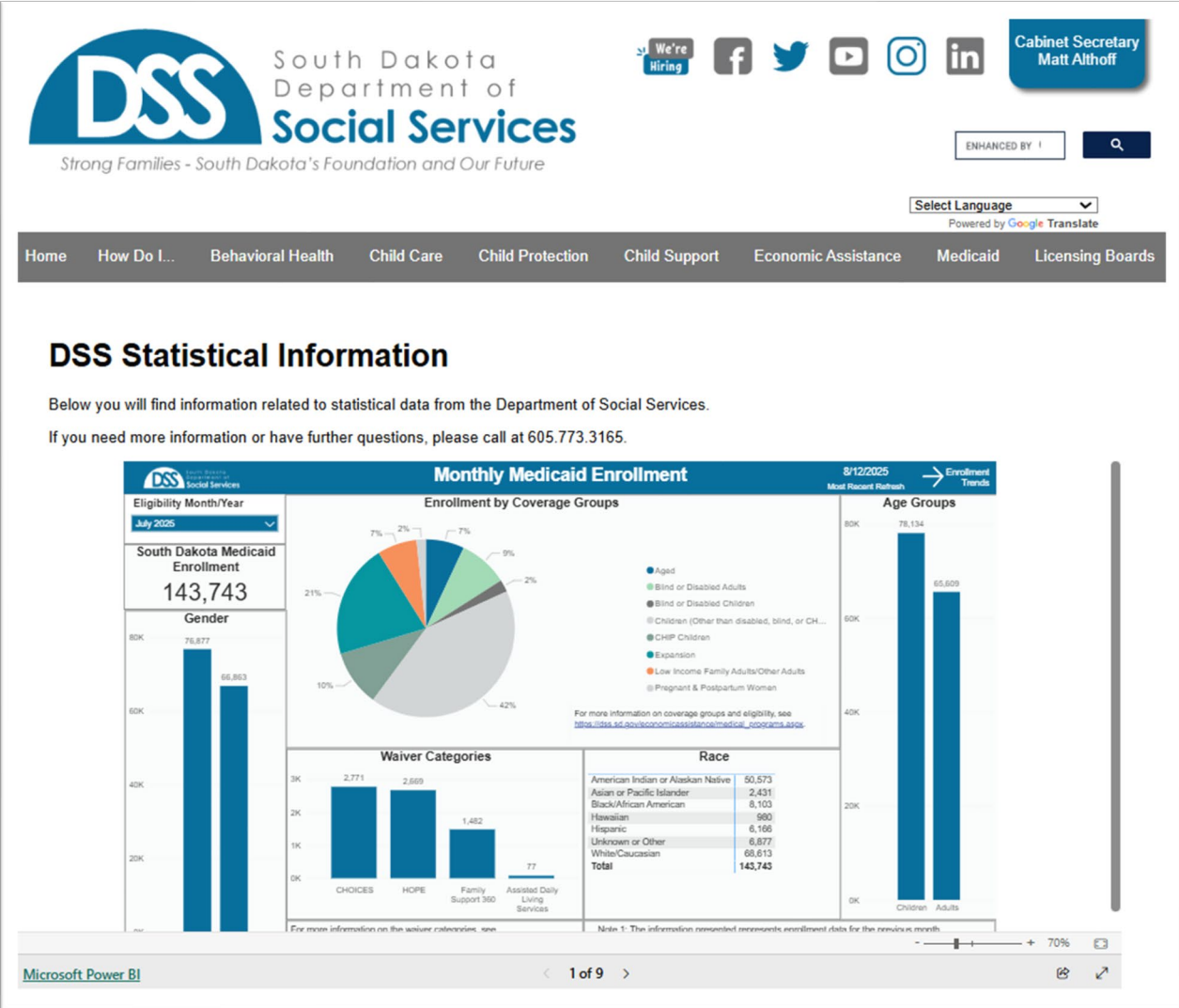


55 cents (Federal) 45 cents (State)

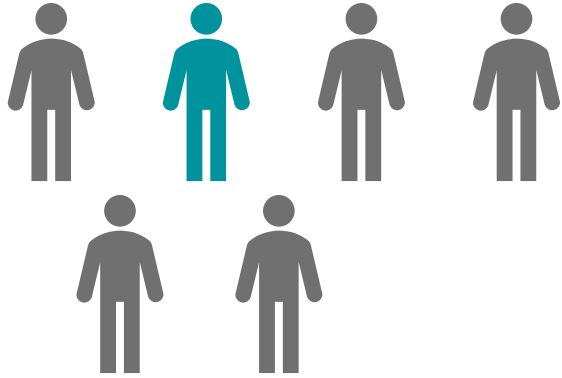




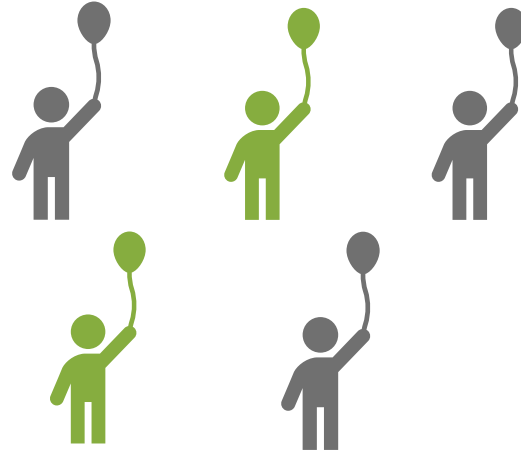
Who is covered by Medicaid?



Who We Serve



Nearly **1** in **6** South Dakotans in any given month will have health coverage through Medicaid or CHIP



2 of every **5** children under the age of 19 in South Dakota has health coverage through Medicaid or CHIP



56% of children born in South Dakota will be on Medicaid or CHIP during their first year of life.

30% of births in SD are covered by Medicaid.

Care Management Programs

Most recipients are in one of the three care management programs.

Things to know:

Recipients can choose their own provider as long as that provider is enrolled with Medicaid and participating in the program.

If they don't select a provider, one will be selected for them.

They can change providers at any time either by calling, emailing, or using the online selection tool.



Primary Care Provider Program

Having a primary doctor or clinic where you receive services can improve the quality of care.



Health Home

Enhanced health care services for Medicaid recipients with chronic conditions



Baby Ready

Enhanced services for expectant moms during the prenatal and postpartum (perinatal) period.

Medicaid Service Requirements – ARSD 67:16:01:06.2

- Services must be medically necessary and provided by an enrolled Medicaid provider. Not all medical services are covered.
- A service may be medically necessary when the service is:
 - Appropriate for the medical needs or condition;
 - Considered to be standard medical care;
 - Reasonably expected to prevent or treat pain, injury, illness or infection;
 - Not for convenience;
 - Does not cost more than other types of effective treatment
- Non-covered services include:
 - Treatments that are untested or still being tested;
 - Services that are not proven to be effective;
 - Services that are considered cosmetic;
 - Services outside the normal course and length of treatment

Medicaid Coverage

Medicaid Mandatory Services

- Inpatient hospital services
- Outpatient hospital services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
 - All Medically Necessary care for eligible children under age 21
- Nursing facility services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

South Dakota Optional Services

- Rehabilitation Services (CMHCs/SUD)
- Physician assistants
- Psychologists and independent mental health practitioners
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Podiatry
- Prescription Drugs
- Optometry
- Chiropractic services
- Durable medical equipment
- Dental services
- Physical, occupational, speech therapy, audiology
- Prosthetic devices and eyeglasses
- Hospice care, nursing services
- Personal care services and home health aides
- Community Health Workers
- Dietician/Nutrition Services
- Doulas

Medicaid Regulations

Medicaid Authorities

Title XIX (Medicaid)/Title XXI (CHIP)
Social Security Act



Title 42 Code of Federal Regulations



Medicaid and CHIP State Plan



Administrative Rules of South Dakota



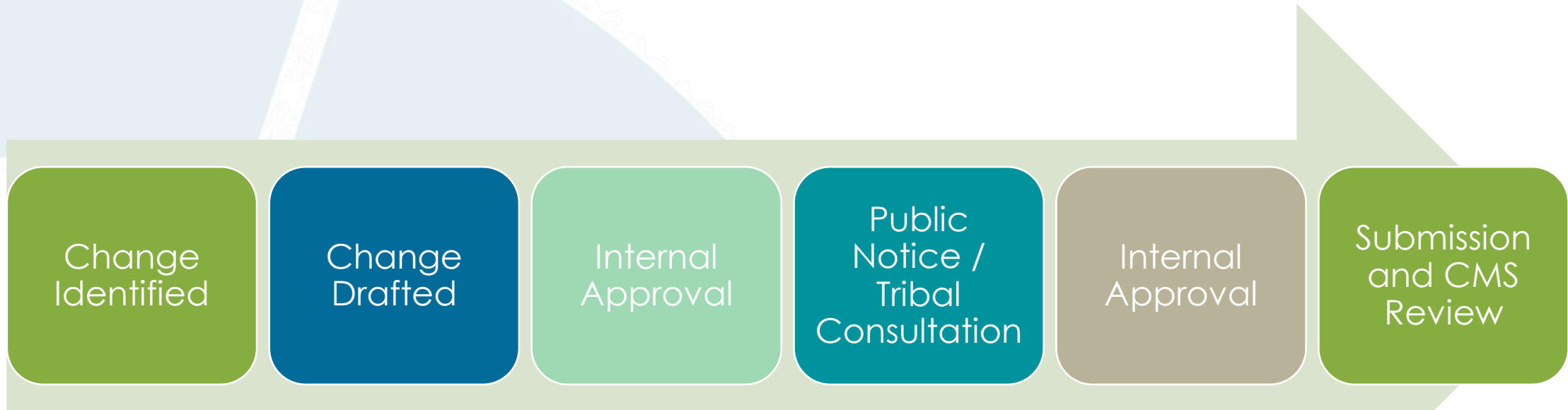
Provider Manuals

State Authorities and Guidance

- State Medicaid and CHIP Plans
 - An agreement between a state and the Federal government describing how the state administers its Medicaid and CHIP programs.
 - The Medicaid and CHIP state plans are separate documents.
- Administrative Rules of South Dakota
 - Provides additional details regarding the administration of Medicaid and CHIP.
- Additional Guidance
 - Includes provider manuals, bulletins, and the recipient handbook.

State Plan Amendments

- The SPA process includes the following steps:



- CMS has 90 days from the submission date to approve the SPA, deny it, or send the state a formal request for additional information.

What is a waiver?

- A method for a state to test new or different ways to deliver and pay for health care services
 - Cannot waive the basic tenants of Medicaid
 - Cannot cap overall Medicaid enrollment
 - Must be cost/budget neutral
- Can vary from existing federal Medicaid requirements in certain areas
 - Access to services
 - Level of care requirements
 - Services Provided
 - Populations Served
- Specific process to obtain Waivers
 - Requires a series of detailed steps, including an application and public notice
 - Requires a series of negotiations between the state and the federal government regarding the terms and conditions of the state's proposal

The Department of Human Services operates 4 Home and Community Based Services (HCBS) waivers

- Division of Long Term Services and Supports
 - HOPE Waiver
- Division of Developmental Disabilities
 - Family Support 360 (FS360)
 - CHOICES Waiver
- Division of Rehab Services
 - ADLS Waiver

The Department of Social Services operates one 1115 waiver

- Former Foster Care Youth Wavier

BAC and MAC

Beneficiary Advisory Council (BAC)

- The South Dakota Medicaid Beneficiary Advisory Council (BAC) is comprised of individuals who are current or former Medicaid recipients and individuals with direct experience supporting Medicaid recipients (family members and paid or unpaid caregivers of those enrolled in Medicaid), to advise the State regarding their experience with the Medicaid program on matters of concern related to policy development and matters related to the effective administration of the Medicaid program.
- Upcoming Meetings
 - **October 23, 2025** – 10:00-12:00 PM CT
 - **January 22, 2026** – 10:00-12:00 PM CT
 - **April 23, 2026** – 10:00-12:00 PM CT
 - **July 23, 2026** – 10:00-12:00 PM CT

Medicaid Advisory Committee (MAC)

- The South Dakota Medicaid Advisory Committee (MAC) is a cross-section of Medicaid providers and stakeholders established in accordance with federal regulations. The committee members provide the South Dakota Department of Social Services, Division of Medical Services with advice regarding Medicaid initiatives while representing the Medicaid stakeholder perspective.
 - Two BAC members will also serve on the Medicaid Advisory Committee
- Upcoming Meetings
 - **October 23, 2025** – 1:00-3:00 PM CT
 - **January 22, 2026** – 1:00-3:00 PM CT
 - **April 23, 2026** – 1:00-3:00 PM CT
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Provider Resources

- Join the Medicaid Provider Listserv
 - <https://dss.sd.gov/medicaid/contact/ListServ.aspx>
- Provider Billing and Policy Manuals
 - Manuals include requirements that are applicable to most or all providers and should be reviewed in addition to claim instructions and provider or service specific manuals.
- Diagnosis Lookup Tools
- Procedure Lookup Tools
- Fee Schedules
- Prior Authorization
- Provider Portal

Questions?