



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
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**South Dakota Medicaid
Thursday, October 22, 2026
12:00 MT / 1:00 CT**

**Kneip Conference Room
700 Governors Drive, Pierre, SD, 57501-2291
Medicaid Advisory Committee Agenda**

**Join via [Medicaid MAC](#) | [Meeting-Join](#) | [Microsoft Teams](#)
Meeting ID: 213 068 788 738 705
Passcode: iJ7sK2KA**

Welcome and Overview

- Introductions
- Opening Remarks

Updates and Committee Discussion

- Review July Meeting Minutes
- BAC Meeting Report
- HR1 Updates
- Medicaid Application Update
- State Plan Amendments
- Annual Report
- Transportation
- Rural Health Transformation Plan Update
 - PCP Score Card

Public Comment

Closing Remarks

Future Meetings:

- 01/28/2027 – Virtual
- 04/22/2027 – Rapid City
- 07/22/2027 – Sioux Falls
- 10/28/2027 – Pierre



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**South Dakota Medicaid
Thursday, July 23, 2026
Medicaid Advisory Committee Meeting Minutes**

Medicaid Advisory Council (MAC) Attendees

Dr. David Basel, Dr. Jennifer Haggar, Erik Nelson, Alan Solano, Julie Kopp, Shawnie Rechtenbaugh, Jerilyn Church, Pam VanMeeteren,

Could not attend: Micki Donnelson, Beth Dokken, Darren Crowe, Dr. Karli Williams

Other Attendees

Matthew Ballard, Dr. Clarissa Barnes, Ashley Lauing, Heather Petermann, Mary Johnle, Rebecca Gervais-Larson, Ben May, Aaliya Jones, Kate Derrick, Vicki Gerrits, Ricki Le, Jeremy Daniel, Jody Crowther

Welcome and Overview

Ashley Lauing, Policy Strategy Manager with South Dakota Medicaid (DSS), welcomed the MAC members. Heather Petermann, Medicaid Director, DSS, thanked the MAC members for their feedback and guidance.

MAC Meeting Minutes

The MAC members reviewed the minutes and did not have suggested edits. The April 2026 MAC minutes can be found on [the MAC website](#).

Annual Report

Ashley Lauing presented the annual report overview and addressed any changes that may have been given prior. After no suggested edits, Ashley asked for a motion to approve the annual report. The annual report will be posted on [the MAC website](#).

- Julie Kopp, motioned to approve the annual report
 - o Dr. David Basel seconded the motion.
 - Motion passed unanimously.

Beneficiary Advisory Council (BAC) Meeting Overview

Ben May, MAC Coordinator, reported the BAC meeting covered the following topics:

- CHIP state plan goals
- HR1 website updates
- Discussed the importance of feedback and the value of outside perspectives.

State Plan Amendments

Matthew Ballard, Deputy Director, DSS; reviewed state plans amendments. Information can be found on [the MAC website](#). Dr. Barnes, Chief Medical Officer, DSS walked the committee through the PACT quality payment details. Dr. Basel indicated that the measures aligned well with what Avera is focused on. Great Plains Tribal Health expressed interest in discussing the measures further as they currently use GPRA measure, but are considering transitioning to HEDIS measures. Dr. Barnes indicated she would be happy to discuss further and that measures for when PACT formally starts in 2028 are still to be determined.

Comments/Questions:

There was committee discussion regarding the Care Connect program and the rate rebase of the PMPM tier payments.

- What portions of patients are in each tier of Care Connect, what is the volume impact?
 - The tiers are reflective of patient complexity. The number of patients in each tier is included in the Medicaid dashboard:
<https://dss.sd.gov/keyresources/statistics.aspx>.
- Looking at 2024 and 2025, January seems like an outlier, what is that related to?
 - We recently started re-tiering individuals. That is done in January, which is where you see that shift in data.

HR1 updates

Mary Johnle, Program Administrator, DSS, showed updates related to the [HR1 dedicated webpage](#).

Comments/Questions:

- You use the term notification by November 1st. What is the notification you are using?
 - It depends on what the person signs up for, which could be mail, email, or text notification.
- I believe that the navigation to this information on the website is difficult to obtain.
 - Starting in mid-August, there will be a banner on the main DSS landing page directing individuals to it.
- What does the state have in place to ensure that they notify everyone?
 - The State will send out letters to recipients in the affected aid categories per CMS requirements.
- What should we be telling recipients when it comes to updating their information?
 - Contact the local office for any questions or to update information.
- Does the state get a notification if someone has an undeliverable address?
 - Yes, many have a forwarding address.
- Is the text opt-in the only option and do they have to have a BEES account?
 - Yes, they have to have a BEES account and opt-in to receive text messages from DSS.
- Is there a way for a client working with a family member, that they can add information for the family member?

- Navigators and others helping recipients can fill out an EA211 form to authorize release of information.
- Should we refrain from asking for documentation for tribal members?
 - At this time, the State does not anticipate seeking documentation for tribal members.
- Could a quick decision tree be possible? A way for the person to have information they can walk through to know their standpoint.
 - The State will look into this option. Who the requirements apply to is listed on the website today.
- Is there a way to identify if a customer is subject to work requirements or other HR1 related items?
 - Providers can view the recipient's aid category on the provider portal. BEES will have a CE page that will show what coverage group the recipient is enrolled in. It will also indicate if someone is a specified excluded individual or if they meet a mandatory exception. If neither of those, it'll show their community engagement hours and if they are meeting the requirement.
- Is there a community engagement information tab on the HR1 website?
 - Yes, there is a community engagement tab, and it shows what qualifies for community engagement.
- Will you be sending a letter to guardians of disabled individuals if they are exempt?
 - We do want people to look at the website and call the local office with any questions. We are not planning a mailing to individuals who are not subject to community engagement.

Rural Health Transformation (RHT) Plan

Matthew Ballard reviewed the status of the Medicaid RHT initiatives. Heather Petermann addressed the Rural Health Information Grant Awards.

Comments/Questions:

- Will all of the awards and applications be posted online?
 - After the contracts are executed, redacted versions of the proposals will be made available online. Proposals not selected for award will not be made public per the State's procurement rules.

Program Integrity

Rebecca Gervais-Larson discussed program integrity efforts across South Dakota as it pertains to provider enrollment, claims processing, national reviews and state reviews and the methods that are used to ensure accurate information. The State consistently achieves good results on our national reviews.

Juvenile Justice Targeted Case Management

Ben May provided an update on the Juvenile Justice Targeted Case Management efforts.

Comments/Questions:

- How long do you envision these youth in the carceral setting take to transition back into the home?
 - The length youth are held in the carceral setting from arrest to release varies greatly across the state based on a number of factors. The average length of stay is around 11 days.
- What success metric are you monitoring?
 - Metric 1 is to develop a robust provider network and ultimately show that services are being provided by the end of 2026. One challenge to measuring success is that there is not a unified carceral setting data source/database.

Public Comment

- Avera Behavioral Health brought up concerns related to prior authorizations for anti-psychotic medication. They indicated the current policy is causing delays and advocated for changes to the policy. Dr. Barnes indicated she would connect with them in advance of the next Pharmacy & Therapeutics meeting to discuss changes.
- Regarding program integrity - Services that are high risk, are a list of those services available on the website?
 - Yes, the provider enrollment page has a chart of the taxonomy codes and the associated risk level.

Closing Remarks

Ashley Lauing concluded the meeting by thanking the MAC members for attending the meeting and providing valuable feedback. If MAC members have any questions, they are welcome to reach out via email or a phone call to discuss. Please also email Ashley for any agenda requests.

Future Meetings:

- 10/22/2026 – Pierre – Kneip Building
- 01/28/2027 – Virtual

OCTOBER 2026

Revising the FSSA:

Implementing required updates
for Community Engagement (and
improving the form along the way)



What we'll cover today

- Who we are and what we do
- Our focus in South Dakota
- Hearing from you

Who we are and what we do

WHO WE ARE

A multidisciplinary team with deep expertise

Leadership & Product



Aaron Chafetz
Engagement Lead



Jenn Noinaj
Engagement Manager



Bobby Lee
Product Lead



Charlotte Reid
Product Manager



Hailey Vest
Product Manager

Research & Design



Julia Lindpaintner



Kate Saul



Louisa Sholar



Jill Fromewick



Claire Harlam



Meghan Casey

Engineering



Neil Martinsen-Burrell



Jeff Greenland



Ian Norris



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Engineering



Neil Martinsen-Burrell



Jeff Greenland



Ian Norris



Brady Fausett

Practical, flexible, no-cost support to states for Community Engagement implementation

Our goals

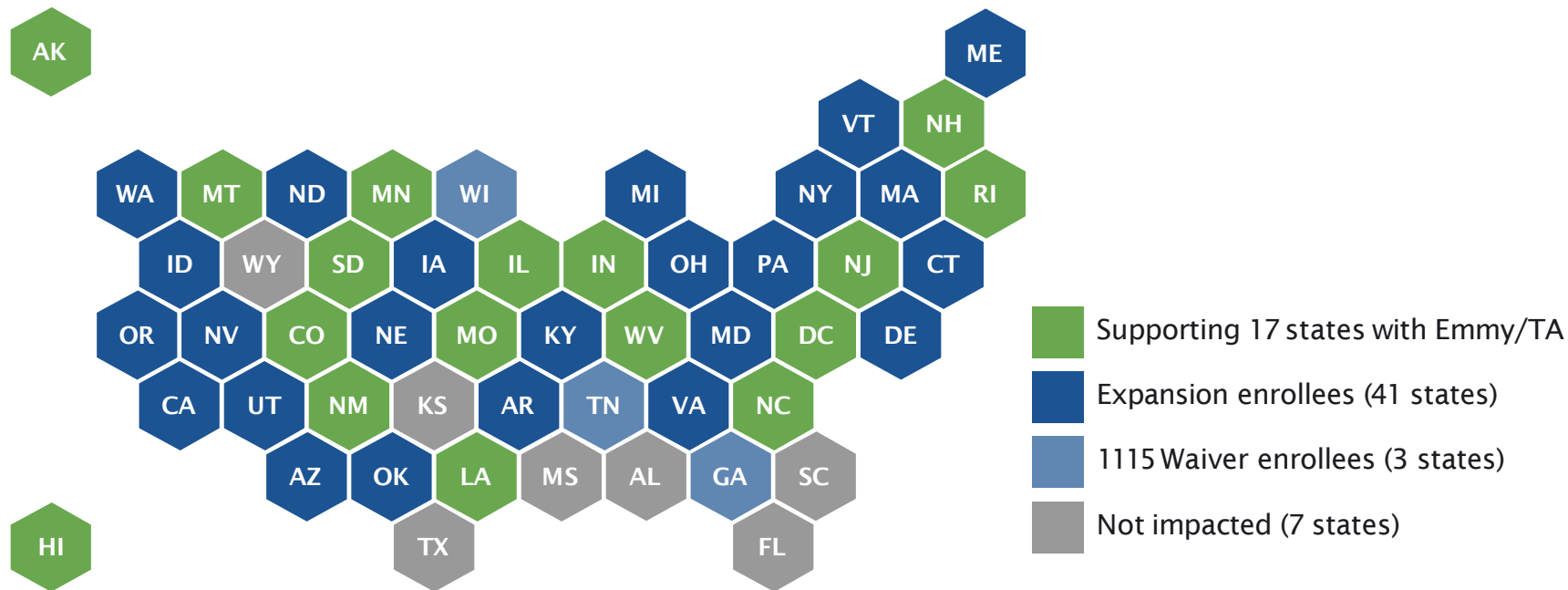
- Assist states in successfully implementing HR1 requirements
- Improve state costs and operational efficiency
- Minimize burden for applicants and beneficiaries

Our areas of focus

- **Product:** Testing, planning, and prioritization for MVP and beyond
- **Technical:** Leveraging data systems for ex parte verification
- **Operational:** Staff training and process implementation
- **Research and design:** Assessing and improving customer experience

WHO WE'RE WORKING WITH

We're engaged with states across the country



Our focus in South Dakota

Deliver an updated, streamlined, and more user-friendly Medicaid application

Update the content of the FSSA

Add questions related to CE requirements and integrate the existing Long-Term Care application (EA-240) and Medicare Savings Plan application (EA-270)

Identify opportunities for improvement

Learn about current pain points and bright spots through interviews with benefits specialists and community-based organizations

Implement form design best practices

Use plain language, logical sequencing, clear wayfinding, and more to make the form easier to for applicants, assistors, and benefits specialists

Hearing from you

HEARING FROM YOU

We invite you to share current pain points, highlight bright spots, and ask us questions

A few prompts

- What hopes and/or fears do you have about changes to the FSSA?
- If you could wave a magic wand, what would you change about the application process?
- What else do you want us to know?

Thanks for your time!

Please feel free to reach out to us if you have any questions or comments—we'd love to hear from you.

julia.lindpaintner@cms.hhs.gov



State Plan Amendment Updates

October 22, 2026



SPAs in Public Comment Period

SPA #	SPA Description	Date Effective	Comment Period Start Date	Comment Period End Date
26-0007	CHIP Goals Updates the CHIP state plan strategic objectives, corresponding goals and performance measurements.	11/01/2026	10/19/2026	11/18/2026
26-0012	PASRR and Other Licensed Practitioner Services Adds marriage and family therapists under a plan of supervision to the list of other licensed practitioner services to provide and bill for mental health services. The SPA also makes minor edits to the PASRR Categorical Determinations page at the request of Centers for Medicare & Medicaid Services (CMS) to ensure language is consistent with PASRR definitions and requirements under 42 CFR 483.100–138.	10/15/2026	10/05/2026	11/04/2026
26-0009	CHIP Noncitizen Eligibility Provides assurances that the State is complying with federal law regarding who is eligible for CHIP. Beginning October 1, 2026, the federal government's CHIP eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens.	10/01/2026	09/28/2026	10/28/2026
26-0010	Medicaid Noncitizen Eligibility Provides assurances that the State is complying with federal law regarding who is eligible for Medicaid. Beginning October 1, 2026, the federal government's Medicaid eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens.	10/01/2026	09/28/2026	10/28/2026

State plan amendments are available on our website at:
<https://dss.sd.gov/medicaid/medicaidstateplan.aspx>

CHIP Goals

SD-26-0007



Brief Description:

Updates the CHIP state plan strategic objectives, corresponding goals and performance measurements.

Reason for Amendment:

Updates strategic objectives, corresponding goals and performance measurements to be more meaningful and accurately measured on an annual basis for purposes of the CHIP Annual Report.

Important Dates:

Comment Period: October 19, 2026, to November 18, 2026.

Effective date: November 1, 2026

PASRR and Other Licensed Practitioner Services

SD-26-0012

Brief Description:

Adds marriage and family therapists working toward a mental health designation to the list of other licensed practitioner services and makes minor edits to the PASRR Categorical Determinations page at the request of Centers for Medicare & Medicaid Services (CMS) to ensure language is consistent with PASRR definitions and requirements under 42 CFR 483.100–138.

Reason for Amendment:

Align with recent administrative rule changes and clarify PASRR policy consistent with federal regulations.

Important Dates:

Comment Period: October 5, 2026, to November 4, 2026

Effective date: October 15, 2026

CHIP Noncitizen Eligibility

SD-26-0009

Brief Description:

Provides assurances that the State is complying with federal law regarding who is eligible for CHIP. Beginning October 1, 2026, the federal government's CHIP eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens.

Reason for Amendment:

To meet new federal requirements under recent legislation.

Important Dates:

Comment Period: September 28, 2026 to October 28, 2026

Effective date: October 1, 2026

Medicaid Noncitizen Eligibility

SD-26-0010

Brief Description:

Provides assurances that the State is complying with federal law regarding who is eligible for Medicaid. Beginning October 1, 2026, the federal government's Medicaid eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens.

Reason for Amendment:

To meet new federal requirements under recent legislation.

Important Dates:

Comment Period: September 28, 2026 to October 28, 2026

Effective date: October 1, 2026

Anticipated SPAs

SPA Description	Anticipated Start of Tribal Consultation
Removal of Sunset Provision for Eligible Juveniles Removes a provisional sunset date tied to Section 5121 implementation requirements for eligible juveniles who are inmates of public institutions. Further updates coverage to fulfill the intent of Section 5121 including updating the targeted case management period to 90 days post-release and incorporating coverage authorized under Section 5122 for eligible youth incarcerated pending disposition of charges.	Fall / Winter 2026

State plan amendments are available on our website at:
<https://dss.sd.gov/medicaid/medicaidstateplan.aspx>

Removal of Sunset Provision for Eligible Juveniles (Anticipated)

Brief Description:

Removes a provisional sunset date tied to Section 5121 implementation requirements for eligible juveniles who are inmates of public institutions. Further updates coverage to fulfill the intent of Section 5121 including updating the targeted case management period to 90 days post-release and incorporating coverage authorized under Section 5122 for eligible youth incarcerated pending disposition of charges.

Reason for Amendment:

Conditions included in a CMS companion letter have been met allowing for the removal of the provisional sunset date and to more timely fulfil the objective of the current 5121 eligible juvenile coverage.

Important Dates:

Comment Period: Fall / Winter 2026

Effective date: December 1, 2026

SPAs Under CMS Review

SPA #	SPA Description	Date Effective	Comment Period Start Date	Comment Period End Date	Date Submitted to CMS
26-0004	SFY27 Care Connect (Health Home) Inflationary Increase Implements the inflationary rate increases appropriated during the 2026 legislative session and rebases the PMPM tier amounts.	07/01/2026	06/29/2026	07/29/2026	08/06/2026
26-0008	SFY27 Provider Inflationary Increase Primarily implements the inflationary rate increases appropriated by the state legislature during the 2026 legislative session effective July 1, 2026.	07/01/2026	06/29/2026	07/29/2026	08/14/2026
26-0002	SFY27 Behavioral Health Inflationary Increase Implements community mental health center (CMHC) and substance use disorder (SUD) agency rate increases appropriated by the state legislature during the 2026 legislative session effective June 1, 2026.	06/01/2026	04/20/2026	05/20/2026	05/21/2026
26-0003	Hospital Reimbursement Updates hospital reimbursement methodologies including inpatient and outpatient hospital services for both instate and out-of-state hospitals to modernize, streamline and more closely align the methodologies with industry standards.	07/01/2026	04/13/2026	05/13/2026	05/21/2026

State plan amendments are available on our website at:
<https://dss.sd.gov/medicaid/medicaidstateplan.aspx>

Approved SPAs

SPA #	SPA Description	Date Effective	Comment Period Start Date	Comment Period End Date	Date Submitted to CMS	Date Approved
25-0012	SFY26 Provider Inflationary Increase Implements inflationary rate increases appropriated by the state legislature during the 2025 legislative session effective July 1, 2025, and coverage and reimbursement for Rural Emergency Hospitals under the Clinic Services benefit.	07/01/2025	06/23/2025	07/23/2025	07/31/2025	10/08/2026
26-0005	CY26 Care Coordination Supplemental Payments Updates the care coordination provider list and supplemental payment amounts.	06/01/2026	05/04/2026	06/03/2026	06/23/2026	09/08/2026
26-0001	FQHC/RHC Scope of Service and FQHC Alternative Payment Methodology Updates Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) criteria for scope of service changes and implements an Alternative Payment Methodology (APM) encounter rate informed by the statewide cost-based weighted-average for FQHCs as appropriated for by the legislature.	07/01/2026	04/20/2026	05/20/2026	05/21/2026	08/13/2026

State plan amendments are available on our website at:
<https://dss.sd.gov/medicaid/medicaidstateplan.aspx>



Medicaid Transportation Services



2026



Medicaid Transportation

- Community Transportation: non-emergency transportation to medical services.
- Secure Transportation: non-emergency transportation for individuals who rely on a wheelchair or stretcher to move around.
- Non-Emergency Medical Transportation (NEMT): reimbursement for travel to medical appointments outside your city of residence.

Community and Secure Transportation - Covered Services

- Transportation must be to or from medically necessary services.
- Transportation must be:
 - **From** an eligible recipient's residence, bus stop nearest to the recipient's residence, place of work, or school.
 - **To** the closest facility or medical provider capable of providing the necessary services, unless the recipient has written authorization from their local medical provider, primary care provider, or Health Home provider to seek treatment at a different facility or provider.

Community and Secure Transportation - Non-Covered Services

- Transportation beyond the closest facility or medical provider capable of providing the necessary services unless authorized;
- Cancelled transportation, including no-shows;
- More than two round trips (4 one-way trips) a day.

NEMT Coverage

Travel Requirements:

Travel must be to the closest medical facility or provider capable of offering the necessary services, unless the recipient has a written referral or authorization from their medical provider.

Service Requirements:

The service must be covered by Medicaid and provided by a medical provider enrolled in the medical assistance program.

NEMT- Non-Covered Services

Eligibility Date:

Trips made prior to the recipient's eligibility date are not eligible for reimbursement.

Submission Deadline:

Claim submitted to the NEMT program after six months from the date the service was provided are not eligible for reimbursement.

NEMT - Reimbursement

Travel is reimbursable when it's from an eligible recipient's city of residence to a medical provider in another city, between medical providers in different cities, or from a medical provider back to the recipient's city of residence.

Lodging and meals are reimbursable when:

- The provider is at least 150 miles from the recipient's city of residence.
- The trip is for specialty care or treatment that results in an overnight stay.

Prior authorization must be approved before out-of-state travel expenses can be approved or paid by the NEMT Program.

Submitting an NEMT Claim

Online Claims

Using the [NEMT Portal](#) allows recipients to:

- Update and maintain personal and banking information.
- Submit claims online.
- Track the status of a claim.
- Receive and review correspondence and Paid Claims Statements.

Paper Claims

Paper claims may be turned in at a local DSS office, faxed, emailed, or mailed directly to the address listed on the NEMT form.

Transportation Resources and Statistics

Provider Resources

- [Community Transportation Services Provider Manual](#)
- [Secure Medical Transportation Provider Manual](#)

Reimbursement Rates

- Fee Schedule
- Targeted Increases Made July 2025:
 - Community Transportation Base Rate \$5.00 (A0100 and A0120)
 - Community Transportation Mileage \$1.00 (S0215)
 - Secure Transportation Van Base Rate \$41.72 (A0130)
 - Secure Transportation Stretcher Van Base Rate \$105.44 (T2005)
 - Non-Emergency Transportation; Patient Attendant/Escort \$2.50 (T2001)

South Dakota Medicaid Transportation Services Fee Schedule Effective December 1, 2025

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 must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: <https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

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.

Ground Ambulance – Basic Life Support (BLS)		
Code	Description	Fee
A0428	Non-emergent ground ambulance base fee, BLS	\$ 255.71
A0428-TK	Additional recipient	\$ 127.86
A0429	Emergent ground ambulance base fee, including one attendant, BLS	\$ 409.13
A0429-TK	Additional recipient	\$ 204.57
A0425	Loaded ground mileage, per whole mile. Round to the nearest whole mile. Do not use decimals.	\$ 8.32

Ground Ambulance – Advanced Life Support (ALS)		
Code	Description	Fee
A0426	Non-emergent ground ambulance base fee, ALS	\$ 306.86
A0426-TK	Additional recipient	\$ 153.43
A0427	Emergent ground ambulance base fee, including one attendant, ALS	\$ 485.85
A0427-TK	Additional recipient	\$ 242.93
A0425	Ground loaded mileage, per whole mile Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.	\$ 8.32
A0433	Advanced life support, level 2 (ALS 2)	\$ 703.20
A0434	Specialty care transport (SCT)	\$ 831.05

Emergency Air Ambulance		
Code	Description	Fee
A0430	Fixed wing emergency air ambulance base fee, including one attendant	\$ 2,460.81
A0430-TK	Additional recipient	\$ 1,230.41
A0431	Rotary wing emergency air ambulance base fee, including one attendant	\$ 2,861.09
A0431-TK	Additional recipient	\$ 1,430.55
A0435	Fixed wing loaded air mileage, per air mile Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.	\$ 13.24
A0436	Rotary wing loaded air mileage, per air mile Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.	\$ 18.63

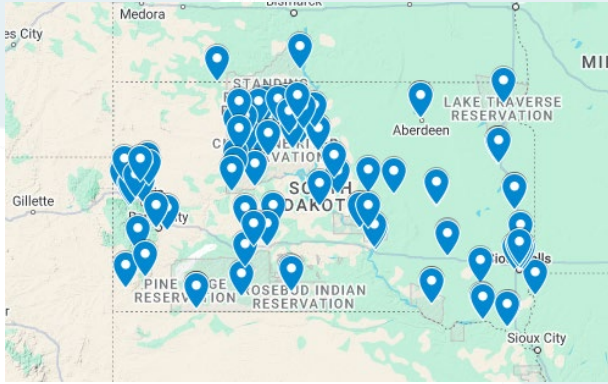
Secure Transportation		
Code	Description	Fee
A0130	Secure van	\$ 41.72
A0130-TK	Additional recipient	\$ 20.86
A0130-QM	Secure van hospital transfer	\$ 62.58
A0130-QM-TK	Additional recipient	\$ 31.29
T2001	Non-Emergency Transportation; Patient Attendant/Escort	\$ 2.50
T2005	Stretcher van	\$ 105.44
T2005-TK	Additional recipient	\$ 52.72
S0209	Loaded secured van mileage, per whole mile Only billable for trips outside of city limits. Mileage must be calculated from the point the trip goes outside of city limits to the destination. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.	\$ 2.51
T2049	Loaded stretcher van mileage, per whole mile Only billable for trips outside of city limits. Mileage must be calculated from the point the trip goes outside of city limits to the destination. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.	\$ 2.51

Community Transportation		
Code	Description	Fee
A0100	Taxi - one way trip	\$ 5.00
A0100-TK	Additional recipient	\$ 2.50
A0120	Mini-bus or other transportation system, in city - one way trip	\$ 5.00
A0120-TK	Additional recipient, in city	\$ 2.50
A0120-TN	Mini-bus or other transportation system, outside city - one way trip	\$ 7.50
A0120-TN-TK	Additional recipient, outside city	\$ 3.75
S0215	Community transportation mileage, per mile Only billable for trips outside of the city of 21 miles or more one way. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.	\$ 1.00
T2001	Non-Emergency Transportation; Patient Attendant/Escort	\$ 2.50

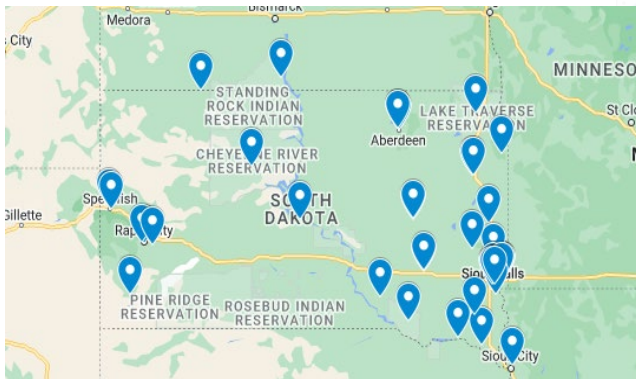
Recipient, Escort, Volunteer Driver, or Non-Profit Service Organization		
Service		Fee
Mileage	Rate Effective: December 1, 2025	\$0.70 per mile
Overnight - Meals No Lodging*		
In-State	Rate Effective: August 1, 2024	\$40.00 per day**
Out-Of-State	Rate Effective: August 1, 2024	\$40.00 per day**
Overnight - Meals With Lodging*		
In-State	Rate Effective: November 1, 2024	\$150.00 per day**
Out-Of-State	Rate Effective: November 1, 2024	\$150.00 per day**
*Overnight rates are only reimbursable when the provider is at least 150 miles from the recipient's city of residence and travel is to obtain specialty care or treatment resulting in an overnight stay.		
**An additional \$40.00 per day will be paid for medically necessary escort, except when the recipient is an in-patient in a hospital or medical facility.		

Recipient Resources

- [Recipient transportation website](#)
- [Map of enrolled community transportation providers](#)



- [Map of enrolled secure transportation providers](#)



Transportation Utilization Statistics – SFY25

Number of Enrolled Providers

- Community: 54
- Secure: 44

Number of Paid Rides

- Community: 76,648 One-way Community Transportation Rides
- Secure: 45,479 One-way Secure Transportation Rides

Total Expenditures

- Total: \$5,098,869.80
 - Community: \$1,783,584.32
 - Secure: \$3,315,285.48

Transportation Utilization Statistics – SFY25 Continued...

Number of Miles Paid

- Community: 1,602,490
- Secure: 715,651

Number of Recipients Served

- 15,527 Unique Recipients
- 10% of the SD Medicaid Recipients

Unknowns

- How many recipients have their own vehicle
- How many rural recipients received a service locally (less than 21 miles) without billed mileage

Discussion

- How familiar are staff and patients with the Medicaid transportation benefit?
- Do you know of barriers that currently limit Medicaid recipient's access to transportation services? For example, are certain geographic areas not served, is there insufficient vehicle availability in your area, or are recipients unable to access online resources.
- Are there resources or guidance that would help your organization better support recipients who rely on transportation services?