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

South Dakota Medicaid

Thursday, October 22, 2026

9:00MT / 10:00CT

Kneip Conference Room

700 Governors Drive, Pierre, SD, 57501-2291

Beneficiary Advisory Council Agenda

Join via Medicaid BAC | Meeting-Join | Microsoft Teams

Meeting ID: 217 319 000 141 023

Passcode: bF36dY69

Welcome and Overview

- Introductions
- Opening Remarks

Updates and Committee Discussion

- Review July Meeting Minutes
- New MAC Apointments
- Medicaid Application Updates
- Patient Directed Quality Goals
- Optical Supply
- Transportation

Closing Remarks

Future Meetings:

- 01/21/2027 – Virtual
- 04/22/2027 – Rapid City
- 07/22/2027 – Sioux Falls
- 10/21/2027 – Pierre

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Thursday, July 23, 2026

Beneficiary Advisory Council Meeting Minutes

Beneficiary Advisory Council (BAC) Attendees

Bethany Curtis, Mikki Donelson, Alex Helvin, Barry Gravatt, Samara Contreras

Could Not Attend: Jeannette Wellman

Other Attendees

Matthew Ballard, Dr. Clarissa Barnes, Sarah Houska, Mary Johnle, Ashley Lauing, Heather Petermann, Chris Soukup, Ben May.

Welcome and Overview

Ashley Lauing, Policy Strategy Manager with South Dakota Medicaid (DSS), welcomed the BAC members.

Heather Petermann, Director, DSS, thanked the BAC members for their time, guidance, and role in shaping policy.

Review April 2026 Meeting Minutes

Ashley Lauing reviewed the April 2026 meeting minutes and asked for questions or corrections. Hearing none, the BAC accepted the minutes as presented. The April 2026 minutes can be found online at the BAC website.

Annual Report

Ashley Lauing reviewed changes to the annual report submitted via email and asked for a motion to approve the annual report. The annual report will be posted on the BAC website.

- Julie Kopp, motioned to approve.
    - Alex Helvin, second.
        - Vote passed unanimously.

HR1 Website Overview

Mary Johnle detailed the changes coming to the HR1 website, including where it's located on the website, where to locate information and upcoming town hall meetings.

Comments/Questions:

- Samara C. will Spanish versions of materials be made available
    - Spanish and English versions will be available, once translation has been made.
- Julie Kopp asked where she could direct folks for more information if they are worried about changes?
    - Encourage others to visit the website or to outreach their local office.

CHIP State Plan Goals

Ashley Lauing discussed different metrics the division uses to measure access and healthcare utilization for Medicaid. Matthew Ballard discussed the background on CHIP state plan goals and the new goals the State is looking to adopt. The division asked for feedback on these goals. Slides can be found online at the BAC website.

Comments/Questions:

- Q. Samara. I have been working with children without immigration status. Will you guys have coverage available if a kid needs Medicaid/CHIP for an emergency situation?
    - You need to qualify for a coverage group and have an emergency. Medical records are reviewed to verify the emergency. Coverage is limited to the emergency. If you think someone may be eligible, encourage them to apply for an official determination.
- Bethany. Regarding the dental metric – can you explain what that metric is asking?
    - This measure is for whether an individual received any dental/oral care. Oral care can include a fluoride varnish in a medical clinic setting.
- Barry. Down the road is there going to be a promotion on wellness visits to increase use?
    - We send a well-child letter (example) around the recipients birthday as well as reminder letters. Our recipient handbook also has a road map for

when to get a well-child checkup. We are open to feedback on how to further promote well-child visits

Juvenile Justice Targeted Case Management

Ben May provided an update on the Juvenile Justice Targeted Case Management efforts. Slides can be found online at the BAC website.

Comments/Questions:

Q. Gravatt. Is there some plan for services past the 60 days?

A. The key part during those 60 days is connecting them to other needed Medicaid services and supports. Examples could include with community mental health centers, community health workers, or other necessary Medicaid covered services.

Closing Remarks

- Ashley Lauing indicated that we received some questions regarding the news coverage that Medicaid had a surplus from the previous fiscal year. There were members asking why Medicaid couldn't use the funds to pay providers directly or to add services.
    - The Medicaid budget is based on estimated eligibles and estimated associated utilization for currently covered service categories. The budget is utilized to reimburse healthcare providers for actual services rendered. Actual number of eligibles and their associated medical costs can fluctuate year to year and may not align exactly to the budget appropriated to the department. Significant changes to the program that will incur ongoing year-over-year expenses generally require a special appropriation from the legislature.
- The DOJ memorandum regarding the Olmstead Act was also discussed. The State will continue to monitor the topic. The State does not currently plan to make changes to home and community-based services based on the memorandum.

Future Meetings:

- 10/22/2026 – Pierre – Kneip Building
- 01/21/2027 – Virtual

OCTOBER 2026

Revising the FSSA:

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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



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Engineering



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Jeff Greenland



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Brady Fausett

WHAT WE DO

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

Our goals

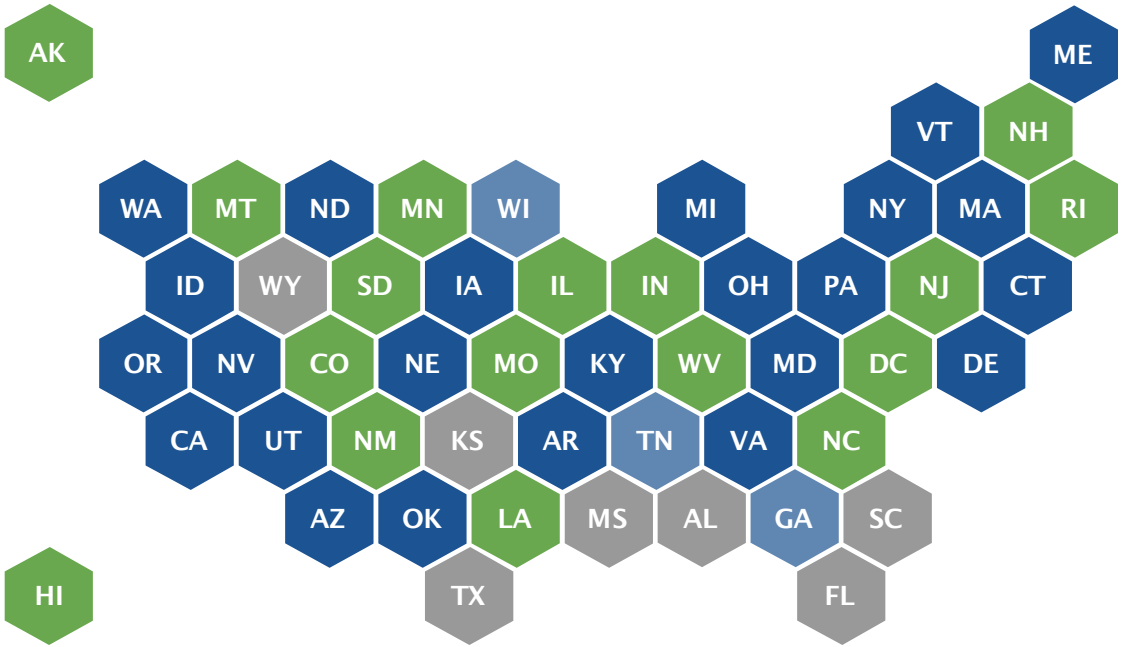
- Assist states in successfully implementing HR1 requirements
- Improve state costs and operational efficiency
- Minimize burden for applicants and beneficiaries

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



- Supporting 17 states with Emmy/TA
- Expansion enrollees (41 states)
- 1115 Waiver enrollees (3 states)
- Not impacted (7 states)

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

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

Recipient Incentive Program

1. Select a Goal
2. Tailor with Doctor
3. Achieve and Validate
4. Earn Reward

Recipient Incentive Program - Questions

What reward amount is motivating?

How much work is feasible to get that reward?



Medicaid Transportation Services



2026

South Dakota Department of Social Services

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 – Covered Services

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.

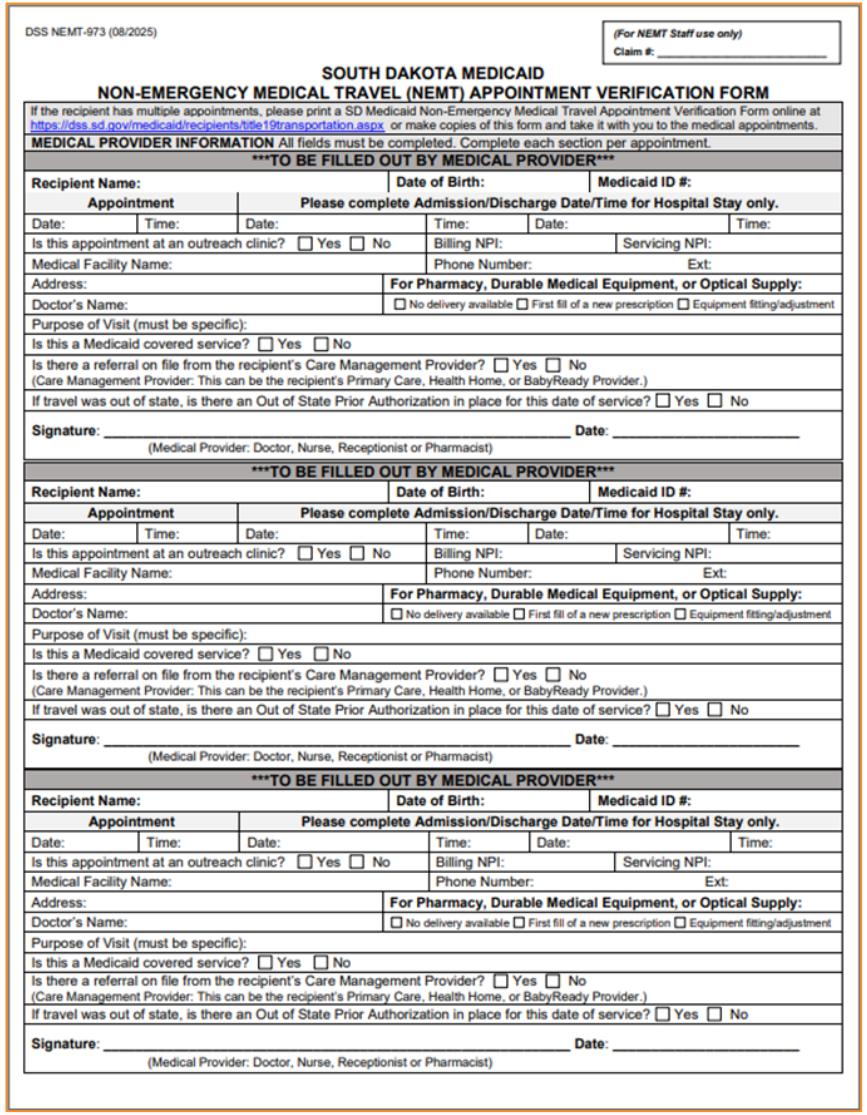
Prior authorization must be approved before out-of-state travel expenses can be approved or paid by the NEMT Program.

NEMT Reimbursement Forms

NEMT Appointment Verification Form

Before the appointment, a recipient should print an NEMT Appointment Verification Form from the NEMT website.

The medical facility must FULLY complete and sign the form.



DSS NEMT-973 (08/2025)

(For NEMT Staff use only)
Claim #: _____

SOUTH DAKOTA MEDICAID
NON-EMERGENCY MEDICAL TRAVEL (NEMT) APPOINTMENT VERIFICATION FORM

If the recipient has multiple appointments, please print a SD Medicaid Non-Emergency Medical Travel Appointment Verification Form online at https://dss.sd.gov/medicaid/recipients/title19transportation.aspx or make copies of this form and take it with you to the medical appointments.

MEDICAL PROVIDER INFORMATION All fields must be completed. Complete each section per appointment.

*****TO BE FILLED OUT BY MEDICAL PROVIDER*****

Recipient Name:			**Date of Birth:**		**Medicaid ID #:**
Appointment		**Please complete Admission/Discharge Date/Time for Hospital Stay only.**			
Date:	Time:	Date:	Time:	Date:	Time:
Is this appointment at an outreach clinic? ☐ Yes ☐ No			Billing NPI:		Servicing NPI:
Medical Facility Name:			Phone Number:		Ext:
Address:			**For Pharmacy, Durable Medical Equipment, or Optical Supply:**		
Doctor's Name:			☐ No delivery available ☐ First fill of a new prescription ☐ Equipment fitting/adjustment		
Purpose of Visit (must be specific):					
Is this a Medicaid covered service? ☐ Yes ☐ No					
Is there a referral on file from the recipient's Care Management Provider? ☐ Yes ☐ No (Care Management Provider: This can be the recipient's Primary Care, Health Home, or BabyReady Provider.)					
If travel was out of state, is there an Out of State Prior Authorization in place for this date of service? ☐ Yes ☐ No					
Signature: _____ **Date:** _____ (Medical Provider: Doctor, Nurse, Receptionist or Pharmacist)					

*****TO BE FILLED OUT BY MEDICAL PROVIDER*****

Recipient Name:			**Date of Birth:**		**Medicaid ID #:**
Appointment		**Please complete Admission/Discharge Date/Time for Hospital Stay only.**			
Date:	Time:	Date:	Time:	Date:	Time:
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Out of State Travel Requirements

A NEMT Out-of-State Travel Approval Request form must be completed and returned to the NEMT Program to obtain prior authorization. Medical records and any pertinent information must be included with the NEMT Out-of-State Travel Approval Request form.

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.

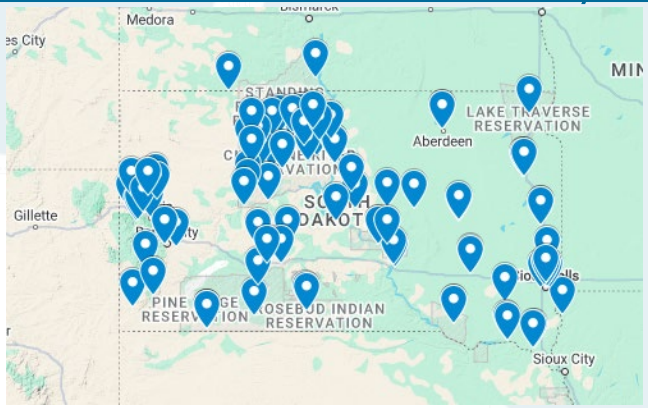
Paper Claims

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

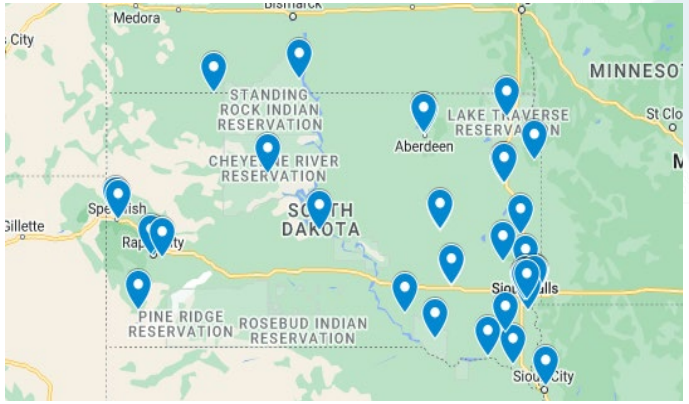
Transportation Resources and Statistics

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

- When you think about getting to medical appointments, what parts of using the Medicaid transportation benefit work well, and what parts are challenging?
- How have transportation issues affected your ability to get needed care?
- What kinds of support, information, or resources would make it easier for you to use Medicaid transportation?
- If you could change one thing about the transportation benefit to improve access or ease of use, what would it be?