South Dakota Department of Social Services

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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

Beneficiary Advisory Council (BAC) Attendees:
Samara Contreras, Bethany Curtis, Mikki Donelson, Barry Gravatt, Alex Helvin, Julie Kopp, Jeannette Wellman

Other Attendees: Matthew Ballard, Dr. Clarissa Barnes, Giezell Brown, Sarah Houska, Mary Johnle, Aaliyah Jones, Julia Lindpaintner, Neil Martinson-Burrell, Kara Peery, Louisa Scholar, Raegan Winder-Norwick, Ben May, Sharon Chontos.

Welcome and Overview
Matthew Ballard, Deputy Director of South Dakota Medicaid (DSS), welcomed the BAC members.

Review July 2026 Meeting Minutes
Ben May, BAC Coordinator, reviewed the July 2026 meeting minutes and asked for questions or corrections. There were two corrections on the attendee list. Jeannette Wellman did attend the meeting. Mikki Donelson was not able to attend. The July 2026 meetings will be corrected. The July 2026 minutes can be found online at https://dss.sd.gov/medicaid/bac.aspx.

New MAC Appointments
Two BAC members may serve officially on the MAC. Currently, there are no specific limitations on term limits for BAC members to serve on the MAC in the bylaws. Since the BAC launched in 2025, Mikki Donelson and Julie Kopp have been serving on the MAC. Julie agreed on serving another year. Mikki was willing to step down to allow others to serve. Alex Helvin volunteered to serve on MAC beginning January 2027. The remaining BAC members may attend the MAC meetings.

Action Item: Ben will develop term limit policy options for consideration at the January 21, 2027 meeting.

Medicaid Application Updates

An updated Medicaid application is being developed in relation to Community Engagement requirements going into effect in 2027. Mary Johnle, Program Director for Program Eligibility for South Dakota Medicaid, and the CMS Technical Assistance contractors reviewed the proposed application changes. The slides can be found on https://dss.sd.gov/medicaid/bac.aspx.

Q: Kopp. Can you send me a paper copy to review?
A: Yes, we will print and mail to you.

Q: Gravatt. I have helped clients fill out EA-240 and EA-270 forms. After filling out the applications, they will point you in the right direction. It would be better to know where to start from at the beginning of the process.
A: The proposed application will be comprehensive. We want to look at the clients holistically. We can then assess their eligibility for all of the appropriate programs.

Q: Wellman, Donelson, Helvin. Could you summarize each section of the application so it is clear if the applicant is required to fill out that section or if they can skip that section?
A: Yes, we will consider this as we continue to build out the application

Q: Helvin. As a community provider, when we help clients fill out Medicaid application forms, we use the short form. The long form causes confusion and anxiety for the clients. It also wastes a lot of paper. When the short form is submitted to Medicaid, they sometimes ask for more information.
A: Medicaid does not have short forms on our website as there is a high rate of individuals then using it for whom it isn't appropriate, which adds administrative burden as we then have to request more information from the person we wouldn't otherwise. We do provide the short forms for community organizations that help people apply for Medicaid and can help assure it is used only as appropriate.

C: Contreras. I am a Medicaid CAC (Certified Application Counselor). I explain why sections of the applications are required to be filled out and why other sections do not need to be filled out. When assisting clients with filling out a Medicaid application, a trusting relationship is key.

Q: Helvin. People have very complicated lives. It would be helpful to add open-ended fields in the applications so context can be provided.
A: Yes, we will consider this as we continue to build out the application

Patient Directed Quality Goals

Sarah Houska, Program Speciailist with South Dakota Medicaid, explained South Dakota Medicaid is developing a pilot incentive program to encourage beneficiaries to achieve health outcomes such as blood pressure and A1c3. If they achieve the goal, the

concept would allow for rewarded funds to be used for health related items.The slides can be found on https://dss.sd.gov/medicaid/bac.aspx.

Q: Donelson. How many times per year will the beneficiary be eligible to receive an reward? Can they get a reward for incremental changes or is it one larger reward when they meet the goal:

A: Medicaid will consider incremental rewards to achieving a goal.

Q: Wellman. Who will track the outcome measures?

A: Medicaid is trying to design the process so it is not a burden for the providers or patients. However, as it is a pilot there may be some manual tracking.

Q: Ballard. Has anyone experienced a similar reward process?

A: Kopp. Yes, the Medicare Supplemental program sends $25 gift per quarter for over the counter pharmacy products. This reward is earned by paying the premiums which are very low. It is very motivating.

Q: Helvin. I believe it would help people who are hesitant to see their provider to follow up on appointments. How would that work?

A: The program will not provide incentives for attending appointments. The rewards will be tied to outcomes like a blood pressure goal. The beneficiaries would set outcome goals with the provider.

Comment: Donelson. Consider providing small incentives that rewards incremental progress. If they fail, the providers should encourage them to get back on track so they can get the next reward.

Q: Gravatt. Tracking progress and distributing rewards is a lot of work. How much work is Medicaid willing to do to manage this program?

A: Medicaid will pilot the program to assess the impact and work out process details. Providers are being incentivized if their patients achieve better outcomes. The basis of this program was to include the beneficiaries in an incentive program as well.

Q: Wellman. How will beneficiary participants be identified?

A: Beneficiaries will be chosen if they have a chronic conditions that can be self-managed to achieve better health outcomes.

Comment: Helvin. I believe the incentive program will work for many beneficiaries. There may be some beneficiaries who will not be willing to participate.

The next steps are to target the pilot participants by mid-November and have the process defined by December. The BAC members requested this item be placed on the January 21, 2027 meeting agenda.

Optical Supply

Matthew Ballard explained that Medicaid is reviewing optical supply coverages. He asked the BAC members for feedback on optical supply coverage.

Comment: Helvin. I have used this benefits for our family and it is incredibly helpful. I would not have been able to address my families' vision issues without this coverage. Additionally, Medicaid has been flexible and accommodating with children (e.g., broken glasses). The optical benefits are great.

Comment: Donelson. I second that. My clients (justice-involved) need glasses as soon as they re-enter into the community. It has been life-changing to get glasses that are up-to-date so they can secure jobs.

Q: Kopp. The (optical supply) coverage have been helpful to our family. Can you consider transitional lens? A little help offsetting this cost would go a long way.

A: We will include that in our review process.

Q: Ballard: Is the 15-month replacement timeframe reasonable?

A: Gravatt. Consider a 12 month timeframe which would align with the exam schedule.

The BAC members requested this topic be added to a future agenda.

Transportation

Raegan Winder-Norwick presented current transportation benefits and FY25 statistics. She asked the BAC members for feedback. The slides can be found on https://dss.sd.gov/medicaid/bac.aspx.

Q: Kopp. Do Community Service Providers (CSPs) provide transportation through Medicaid?

A: Some of them are enrolled transportation providers.

Q: Gravatt. If a beneficiary is not enrolled in the CSP that provides the transportation, can they still use that provider?

A: Medicaid transportation providers have to agree to transport anyone who is a Medicaid beneficiary; for example, they cannot restrict transportation services to patients they service in another capacity.

Q: Gravatt. I don't believe Medicaid beneficiaries would be aware that they can call a CSP transportation provider. They would not know who to contact or how to set up an appointment

A: Thank you for the feedback – Medicaid does make a list of transportation providers available on our website.

Q: Ballard. How do we do a better job of making beneficiaries aware of their transporation options?

A: Donelson. The community provider I work for has not been successful using the map and list of Medicaid-approved transportation providers in Sioux Falls. We have called multiple times. Additionally, it is not clear what guidelines (e.g., 24 hour notice, CSP enrollment not required) are in place for each transportation option. I suggest having a) guidelines for each transportation option; and b) what is required to have in hand when the transporter picks up the beneficiary (e.g., Medicaid card, signature from doctor).

A: Helvin. Avera Behavioral Health had a poster that stated if patients need transportation, alert the staff and they will set it up for them. I suggest providers post this message in waiting rooms and/or exam rooms.

A: Wellman. If these posters were sent to individual counties and/or providers, they will know where to place them for best visibility.

A: BAC Members. Ensure all Medicaid approved transportation providers are listed on 211.

Q: Kopp. Does Medicaid reimburse transportation providers for their schedulers' time and effort?

A: No, this is not separately reimbursed.

Q: Wellman. If a beneficiary is a long-term recipient, would it be more cost-effective to provide them a transit card?

A: Medicaid reimbursement is for transportation to medical services. The beneficiary can use an approved transportation provider that bills Medicaid or get directly reimbursed for driving themselves.

Q: Gravatt. Can you break down the data between beneficiaries who receive transportation from their enrolled CSP versus other beneficiaries in the community?

A: Yes, we can dive into that data.

Q: Gravatt. Is there information on how transporters can be approved to be Medicaid providers?

A: Provider enrollment information is on the Medicaid website. At this time, the only transit providers that are not enrolled are Brandon and Rapid City.

A: Kopp. Rapid Ride in Rapid City is not enrolled. I will take it to the Rapid City mayor's committee.

Q: Kopp. Pennington County transports individuals to the Human Service Center in Yankton. There grant is ending is there anything Medicaid can do?

A: Medicaid likely would not be a replacement for a grant. If you provide more information, we could evaluate if there is a Medicaid intersect.

Q: Contreras. Can the transportation providers take beneficiaries to the grocery store?

A: No. Per federal guidelines, they can only be transported to medical services. In some circumstances, a provider may be co-located or located by a grocery store such as a pharmacy, but the transportation has to be for the purposes of a Medicaid covered service.

Annual Report
Matthew Ballard reviewed the South Dakota Medicaid Annual Report. A copy was sent to the BAC members after the meeting.

The BAC members were requested to provide feedback by November 9, 2026.

Suggested Future Agenda Topics
- Medicaid renewal applications
- Patient Directed Quality Goal
- Optical Supply

Future Meetings:
- 01/21/2027 – Virtual
- 04/22/2027 – Rapid City
- 07/22/2027 – Sioux Falls
- 10/28/2027 – Pierre