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
FAX: 605.773.5246
WEB: dss.sd.gov

South Dakota Medicaid
Beneficiary Advisory Council Annual Report SFY2026
July 1, 2025 – June 30, 2026

Executive Summary

The South Dakota (SD) Medicaid Beneficiary Advisory Council (BAC) completed its first year of meetings in alignment with the South Dakota State Fiscal Year (July 1, 2025 – June 30, 2026). Throughout the first year, the BAC established a straightforward and collaborative structure for beneficiary engagement consistent with the Centers for Medicare & Medicaid Services (CMS) recommendations. The BAC was created to ensure Medicaid beneficiaries and individuals with lived experience have a direct role in informing Medicaid policy, communication strategies, program design, and implementation efforts across SD Medicaid.

During its first year, the BAC evolved from an introductory advisory group into an active, collaborative discussion where Medicaid recipients, caregivers, and individuals with lived experience provided direct feedback on major SD Medicaid initiatives, operational challenges, communication strategies, and future policy development. The BAC met four (4) times throughout the first year through both in-person/hybrid and virtual meetings, allowing broad participation from members across the state. Meetings were intentionally structured to support open discussion, shared learning, and engagement between beneficiaries and SD Medicaid leadership.

Throughout SFY2026, the BAC reviewed and provided feedback on a wide range of Medicaid topics including, but not limited to:

- Medicaid communication and beneficiary notices
- Medicaid eligibility changes under H.R.1
- Community engagement/work requirement communications
- HR1 Medicaid cost sharing requirements
- Primary Accountability Care Transformation (PACT)
- Rural Health Transformation (RHT) Program funding initiatives
- Care Connect/Health Home redesign
- Benefits guides and recipient materials

The BAC demonstrated strong engagement and collaborative discussions, with members consistently sharing their beneficiary perspective and highlighted operational

barriers affecting Medicaid recipients across South Dakota. Discussions frequently focused on accessibility, clarity of communication, continuity of care, rural healthcare access, provider navigation challenges, and the need for simplified administrative processes.

Key accomplishments during the first year included:

- Conducting four (4) formal BAC meetings, with two meetings held virtually, and one meeting being held in Pierre and one in Rapid City, both with virtual options available as well
- Establishing and approving BAC bylaws and governance structures
- Appointing two (2) BAC representatives to the Medicaid Advisory Committee (MAC) for one (1) year terms
- Providing extensive beneficiary-centered feedback on Medicaid communication materials and policy implementation strategies
- Influencing updates to benefits guide design and communication approaches
- Informing early development discussions for the PACT primary care transformation initiative
- Identifying operational challenges related to eligibility systems, provider referrals, and recipient communication
- Supporting SD Medicaid's implementation planning related to federal H.R.1 requirements
- Creating direct communication channels between Medicaid leadership and beneficiaries

A significant accomplishment of the BAC's first year was the establishment of a collaborative meeting format. Rather than limiting feedback to formal recommendations alone, the BAC functioned as an ongoing advisory partner throughout policy development and operational planning. Members were encouraged to raise real-world experiences, identify barriers, propose solutions, and assist in refining materials before public implementation.

As SD Medicaid prepares for SFY2027, the BAC is positioned to continue expanding its role in beneficiary-centered policy development. Upcoming priorities include continued work related to H.R.1 implementation, PACT and development and implementation, communication modernization, and other efforts to streamline and improve recipient experience.

Membership and Representation

The SFY2026 Beneficiary Advisory Council consisted of seven (7) appointed members representing different geographic regions, lived experiences, and perspectives from across SD Medicaid populations. Members included Medicaid beneficiaries (including past Medicaid beneficiaries), caregivers and family members of current and past Medicaid beneficiaries. Some members also have additional perspectives due to professional experience working directly with populations served by Medicaid programs.

BAC members represented multiple communities across South Dakota, specifically: Sioux Falls, Rapid City (including the Rural Rapid City Area near Box Elder), and Hot Springs. The BAC members' geographic representation helped ensure both urban and rural perspectives were incorporated into discussions. Members frequently highlighted challenges unique to rural communities, including provider access, transportation, technology barriers, and healthcare navigation challenges.

Several BAC members also brought direct professional experience working with Medicaid populations in areas such as:

- Housing services
- Care coordination/healthcare navigation (including two BAC members being trained Community Health Workers)
- Patient advocacy
- Disability services
- Guardianship support

To support the launch of the BAC, SD Medicaid implemented a broad outreach and recruitment strategy designed to ensure awareness of the opportunity across healthcare, behavioral health, social services, advocacy, and community-based organizations throughout the state. Recognizing the importance of including individuals with lived Medicaid experience and trusted community voices, the recruitment process prioritized both transparency and wide distribution.

Multiple recruitment emails were distributed to more than 800 individuals and organizations statewide. Recipients included healthcare providers, hospitals, federally qualified health centers (FQHCs), behavioral health organizations, social service agencies, and other community partners who regularly serve Medicaid beneficiaries. Outreach efforts encouraged these organizations and professionals to share the BAC application opportunity directly with Medicaid recipients, caregivers, family members, and individuals with lived experience navigating Medicaid services.

To support recruitment efforts, SD Medicaid also developed and distributed a one-page overview document explaining the purpose of the BAC, the roles and expectations of BAC members, meeting structures and frequency, as well as basic information about how to apply. This one-page document helped organizations and potential applicants better understand the goals of the BAC and encouraged participation from individuals who may not traditionally engage in formal advisory structures.

In addition to direct email outreach, recruitment information was shared through professional networks, organizational partnerships, and online communication channels to broaden visibility and reach underserved populations. These efforts were intended to support geographic diversity, rural representation, and inclusion of individuals with varied Medicaid experiences and backgrounds.

SD Medicaid established staggered term lengths to ensure continuity of membership and prevent complete turnover in any single year. The initial appointments included two (2) one-year terms, two (2) two-year terms, and three (3) three-year terms. This staggered structure aligned with CMS guidance and supports long-term sustainability of the advisory body to ensure staggered changes in BAC membership.

Additionally, two (2) BAC members were appointed to serve on the Medicaid Advisory Committee (MAC) for the first year, and all members participated in governance and bylaws discussions and approvals. Members whose terms were only one-year terms were informed of opportunities for future reapplication following the staggered terms.

The BAC maintained strong engagement and retention during its first year. Attendance remained consistently high throughout the reporting period, including during virtual meetings. BAC members actively participated in discussion, question-and-answer sessions, and policy feedback activities with SD Medicaid leadership and program staff regularly attended meetings as well.

Activities and Topics of Discussion

During SFY2026, the SD Medicaid BAC conducted a series of structured meetings designed to highlight beneficiary voices and incorporate lived experience into Medicaid policy and operational discussions. The BAC held four (4) formal meetings between September 2025 and April 2026 using a combination of in-person and virtual formats to maximize accessibility and participation across the state. Discussion and feedback were obtained using the following methods:

- Open discussion forums
- Question-and-answer discussions
- Story sharing and lived experience examples
- Emailed survey questions/ documents for feedback
- Draft material review and discussion

A major strength of the BAC's first year was the consistent level of participation and engagement from members. BAC members shared lived experiences, identified barriers facing beneficiaries, proposed solutions, and collaborated with Medicaid leadership to improve communication, reduce administrative burden, and strengthen access to care. These activities helped establish a strong foundation for ongoing beneficiary engagement and collaborative policy development within SD Medicaid.

Throughout the year, BAC members reviewed and discussed several major Medicaid initiatives and policy areas, including Medicaid communication and notices, provider referral requirements, Care Connect program updates, Medicaid eligibility changes under H.R.1, community engagement/work requirements including medical frailty processes, cost sharing proposals, Rural Health Transformation (RHT), Primary

Accountability Care Transformation (PACT), and technology access barriers related to Medicaid systems and portals.

The BAC also participated in activities focused on reviewing draft beneficiary-facing materials, including benefits guides, brochures, and communication documents. Members provided detailed recommendations to improve readability, accessibility, formatting, and clarity for Medicaid recipients. Additional engagement activities included follow-up surveys distributed after meetings to collect more detailed input on communication strategies, value-based care concepts, and H.R.1 implementation planning.

Consensus building within the Beneficiary Advisory Council (BAC) was seen in open discussion, shared lived experience, and collaborative problem-solving. During meetings, SD Medicaid staff facilitated roundtable-style conversations that encouraged all members to share perspectives, ask questions, and provide feedback on proposed policies, communications, and operational changes. BAC members frequently built upon one another's comments, identified common concerns, and discussed potential solutions together before recommendations were summarized by Medicaid leadership. Consensus was typically reached through dialogue and informal agreement rather than formal voting, allowing members to identify shared priorities while also recognizing differing experiences and viewpoints. This collaborative approach helped ensure recommendations reflected practical beneficiary experiences and supported transparent, beneficiary-centered decision-making.

Recommendations and State Responses

The main recommendations of the BAC members throughout the year involved Medicaid communication challenges. BAC members reported that Medicaid letters and notices can be confusing, anxiety-inducing, and challenging to understand from their perspective/experience.

As BAC members reviewed Medicaid communications they continued to provide feedback regarding challenges, including:

- Reading level
- Need for clear action steps
- Overwhelming formatting
- Limited language accessibility
- Reliance on websites and email
- Limited internet access
- Limited phone access
- Multi-factor authentication barriers
- Portal usability challenges

BAC members emphasized that many Medicaid beneficiaries experience significant stress when receiving official notices and may not understand what actions are required. BAC members suggested the following recommendations:

- Using simplified language
- Adding clear checklists
- Highlighting due dates and required actions
- Providing translated materials
- Including phone numbers prominently
- Offering paper-based alternatives
- Improving consistency across programs
- Providing examples and visual aids

The BAC also discussed challenges related to primary care provider (PCP) requirements, referrals, and care coordination. Members noted that assigned PCP relationships can sometimes create barriers when recipients have not established care with their provider or do not fully understand referral requirements.

BAC discussions highlighted the importance of:

- Improving care navigation
- Simplifying referral processes
- Increasing clarity regarding covered services
- Strengthening relationships between beneficiaries and providers
- Supporting care coordination through community-based roles such as CHWs

BAC members also emphasized the importance of designing programs around real patient experiences rather than administrative convenience alone.

Throughout the year, SD Medicaid staff continued incorporating BAC feedback into updating communication materials, future communication planning, and policy discussions. Feedback provided by BAC members directly informed updates to beneficiary-facing materials, including benefits guides, program letters, and educational resources, with a strong emphasis on improving clarity, accessibility, readability, and reducing barriers for Medicaid recipients navigating the system. Feedback regarding challenges regarding the PCP program are being incorporated into the design of the PACT program, which is anticipated to replace the PCP program in 2028.

BAC recommendations were accepted by the Medicaid program. As noted above some changes have multi-year implementation timelines. Some recommendations were unable to be implemented due to State and Federal guidelines or program requirements, in those instances the State provided clear explanations to help members understand the legal, fiscal, or operational reasons behind those limitations.

The BAC also served an important role in “closing the loop” between Medicaid beneficiaries and state leadership. SD Medicaid leadership consistently returned to the

BAC with updates on prior questions, policy developments, implementation considerations, and draft materials for additional review. This iterative process strengthened trust, transparency, and accountability between Medicaid recipients and the agency.

Operational and Engagement Successes

Throughout the year, BAC members consistently emphasized the experiences of individuals who struggle to navigate Medicaid systems, particularly those facing literacy challenges, language barriers, housing instability, or limited internet and technology access. This ongoing advocacy for improved and simplified communications has led SD Medicaid, over the last year, to continue to enhance communications to be clear, consistent, and easy to understand.

While the BAC and SD Medicaid did not formally co-create policies or programs during the first year, BAC members played an important role in improving how Medicaid information and resources were written and presented to beneficiaries. Through feedback on letters, brochures, benefits guides, and other recipient-facing materials, BAC members helped identify confusing language, formatting challenges, and communication barriers that could make Medicaid information difficult to understand. This feedback supported ongoing revisions focused on making materials clearer, easier to read, and more accessible for Medicaid recipients and their families.

Attendance and participation remained exceptionally strong throughout the first year of the Beneficiary Advisory Council. All seven (7) appointed BAC members attended each of the first three (3) meetings, demonstrating a high level of engagement and commitment to the council's work. During the fourth meeting, five (5) of the seven (7) members attended, with others unable to attend. To facilitate attendance the State provided supports for members including travel reimbursement and lodging logistics for in-person meetings. Overall, the BAC maintained consistent participation and active involvement across meetings, discussions, and feedback activities throughout SFY2026.

Conclusion and a Look Ahead

The BAC's first year demonstrated the value of sustained beneficiary engagement in SD Medicaid policy development and operational planning. Through open dialogue, shared experiences, and collaborative problem-solving, the BAC provided meaningful insight that will continue shaping SD Medicaid programs and beneficiary experiences moving forward.

SD Medicaid has identified the following topics for the coming year, based on previous discussion and feedback received from BAC members:

- Continued H.R.1 implementation planning
- Community engagement/work requirement communications

- PACT operational development
- Rural Health Transformation implementation
- Continued benefits and recipient material and technology refinement

Overall, the inaugural year of the SD Medicaid Beneficiary Advisory Council was highly successful in establishing strong member engagement, meaningful collaboration, and valuable beneficiary feedback, creating a strong foundation for continued growth and impact in year two.