

Promoting Youth Well-Being

Behavioral Health Resources in South Dakota



Who We Are

The Division of Behavioral Health provides oversight of the publicly-funded behavioral health system and supports individuals of all ages with behavioral health needs.

- Mental health treatment
- Substance use disorder treatment
- Recovery support
- Crisis and prevention services



Mental Health & Youth

- Mental Health problems are **common, recurrent** and **can be serious**.
- Mental health problems often develop during adolescence.
- The sooner an individual gets help, the more likely they are to have a positive outcome.
- Youth and young adults may experience mental health problems differently than adults.
- Youth may not be well informed.
- Stigma can be associated with mental health problems.



Mental Health is seen as a continuum ranging from positive mental health to having diagnosed mental health disorders.

A **mental illness** is diagnosable and:

- Affects a person's thinking, emotional state, and behavior
- Disrupts the person's ability to
 - ✓ Work
 - ✓ Carry out daily activities
 - ✓ Engage in satisfying relationships

Common disorders include:

- Anxiety
- Depressive
- Eating
- Substance Use

MENTAL HEALTH

VS

MENTAL ILLNESS

What is Mental Health?

Mental health is a state of well being in which the person realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

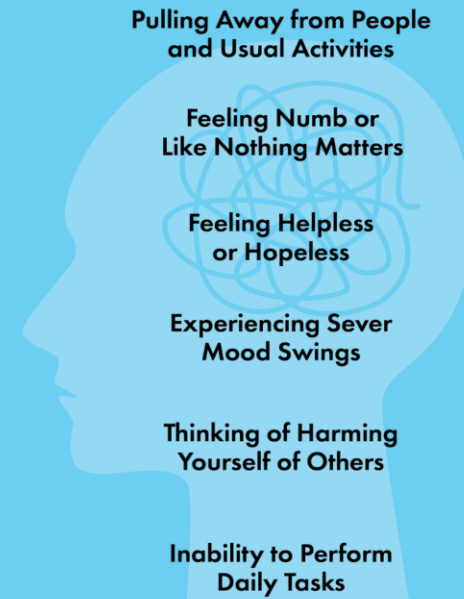
Indicators of Good Mental Health



What is Mental Illness?

Mental Illness is defined as a health condition that affects a person's thinking, feeling, behavior or mood. Such conditions may affect someone's ability to relate to others and function each day.

Indicators of Mental Illness?



Risk Factors

- Distressing and uncontrollable event
- Stressful or traumatic events
- Difficult childhood; history of childhood anxiety
- Ongoing stress and anxiety
- Another mental illness
- Previous episode of depression and anxiety
- Family history
- More sensitive emotional nature
- Illness that is life threatening, chronic or associated with pain
- Medical conditions
- Side effects of medication
- Recent childbirth
- Premenstrual changes in hormone levels
- Lack of exposure to bright light in winter
- Chemical (neurotransmitter) imbalance
- Substance misuse, intoxication, withdrawal



Substance Use Disorders- Signs & Symptoms

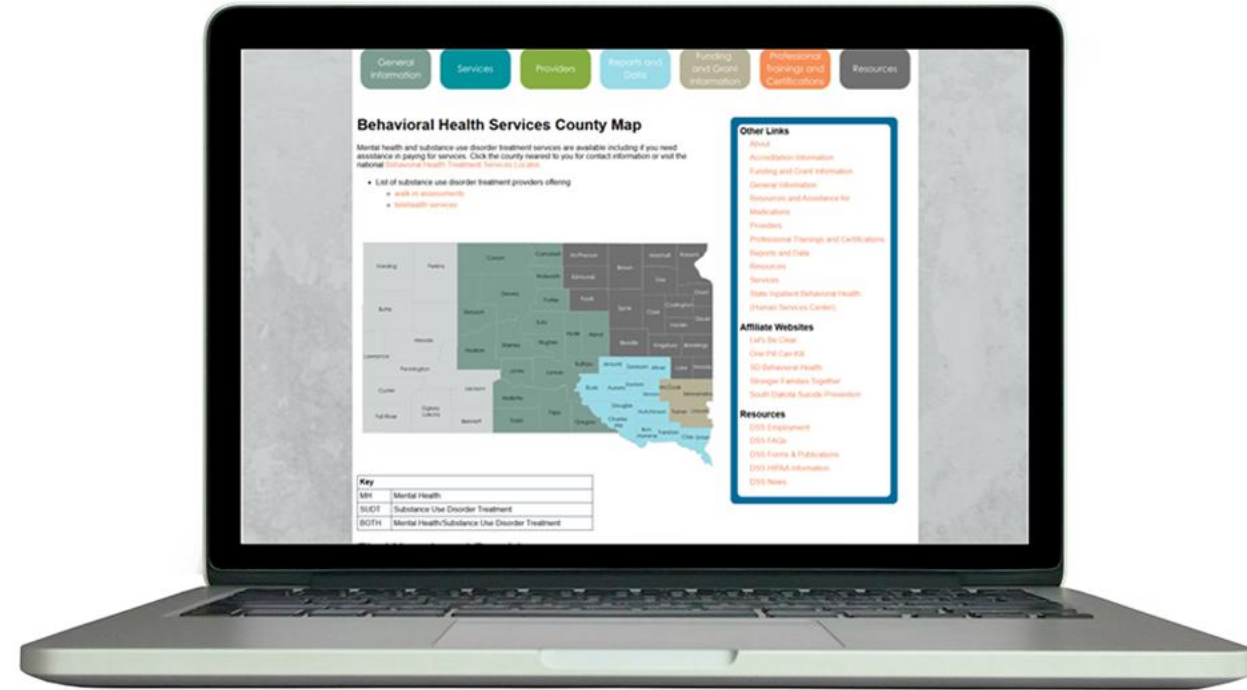
- Increased substance use over time
- Increased tolerance for the substance
- Difficulty reducing or stopping use
- Cravings and urges to use
- Development of withdrawal symptoms
- Preoccupation with substances
- Giving up important activities
- Continued use even when it puts someone in danger
- Bloodshot or glazed eyes
- Dilated or constricted pupils
- Abrupt weight changes
- Problems sleeping or sleeping too much
- Increased agitation or irritability
- Changes in attitude/personality
- Lethargy
- Depression
- Sudden changes in social network
- Dramatic changes in habits or priorities

Find a Service Provider

Visit: DSS.sd.gov/BehavioralHealth/AgencyCounty.aspx



Click on your county to find a provider near you!



See also on this page:

- List of SUD Providers Accepting Walk-ins for Assessments
- List of SUD Providers for Telehealth Services

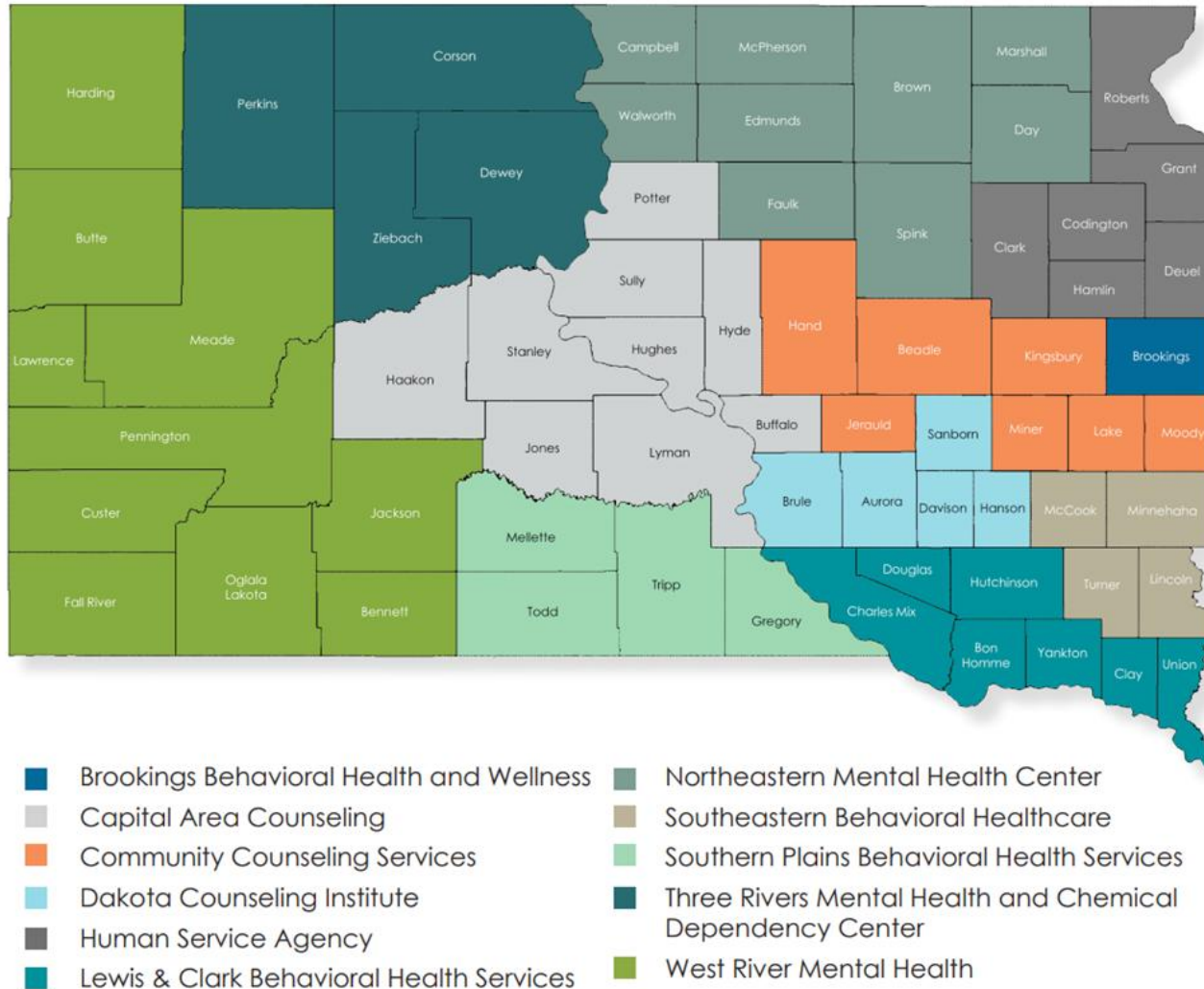
Steps to Access Treatment Services

1 Contact a local treatment provider

2 A professional completes an assessment

3 The individual is referred to recommended services

Community Mental Health Centers (CMHCs)



Contracted to provide:

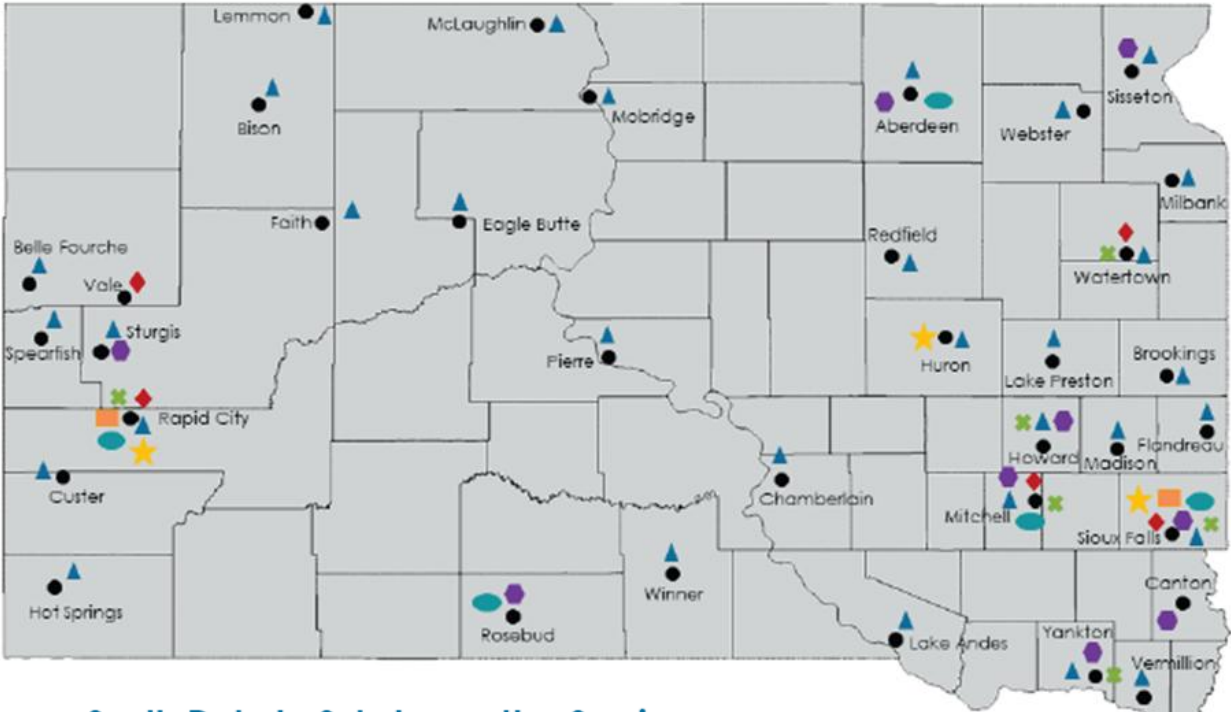
- Specialized Treatment Services for:
 - Adults with Serious Mental Illness
 - Youth with Serious Emotional Disturbance
 - Justice-Involved Youth
- Outpatient Treatment Services
- Emergency Services

Substance Use Disorder Treatment Services

DBH contracts with treatment agencies to provide SUD services across a continuum for all ages who are diagnosed with a SUD

What is your role?

If you identify someone who may be in need, refer them to a local treatment agency who can schedule an assessment



South Dakota Substance Use Services

 Pregnant Women and Women with Dependent Children Treatment Services

 Outpatient Treatment Services

 Low Intensity Residential Treatment Services

 Adult Inpatient Treatment Services

 Youth Inpatient Treatment Services

 Detoxification Treatment Services

 Intensive Methamphetamine Treatment Services

Note: Communities are represented by black dots

Systems of Care (SOC)

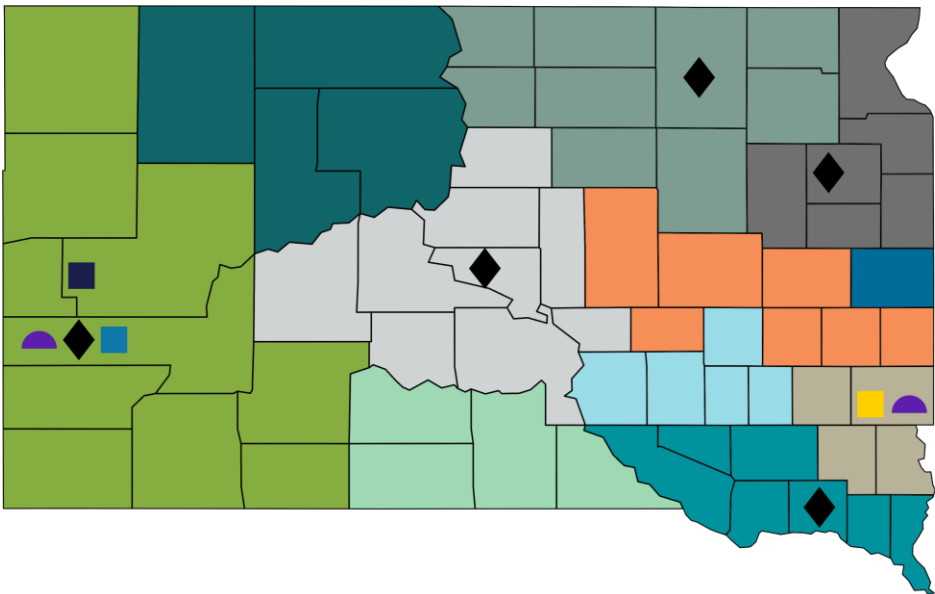
A wraparound approach to care coordination and service delivery for youth and families with complex needs.

- Family driven
- Team-based
- Collaborative
- Individualized
- Outcomes-based
- Helps families to navigate and access services, while also giving them skills they need to become self-reliant.



Juvenile Justice Reinvestment Initiative (JJRI) Services

- Community-based treatment services for justice-involved and at-risk youth
- Supervising officers of justice-involved youth or parents, guardians, and/or schools can refer at-risk youth to a local contracted provider
- Provider will conduct an assessment to determine appropriate services



◆ Mental Health & Substance Use

- Capital Area Counseling Service
- Lewis & Clark Behavioral Health Services
- West River Mental Health
- Human Service Agency
- Northeastern Mental Health Center

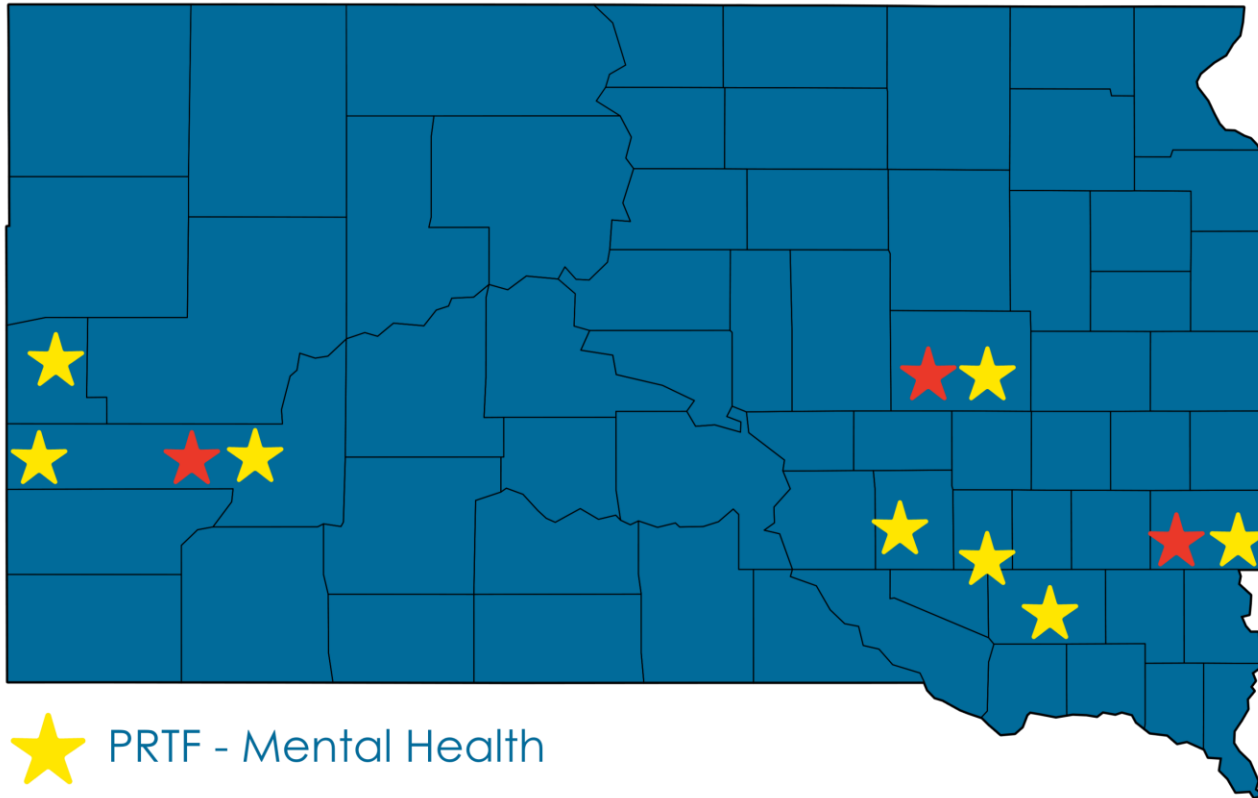
Substance Use

- Action for the Betterment of Our Community
- Carroll Institute
- Lifeways

Mental Health

- Brookings Behavioral Health & Wellness
- Community Counseling Services
- Dakota Counseling Institute
- Lutheran Social Services - **Available to serve youth statewide via telehealth*
- Southern Plains Behavioral Health Services
- Southeastern Behavioral HealthCare
- Three Rivers Mental Health Center

Psychiatric Residential Treatment

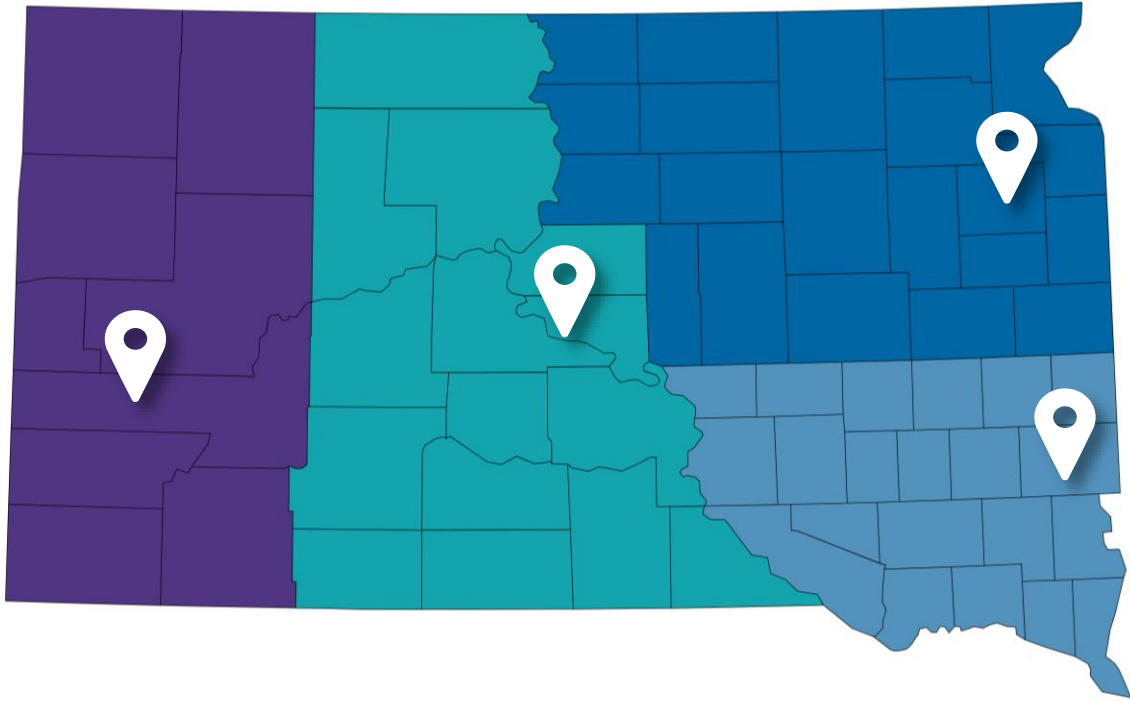


★ PRTF - Mental Health

★ PRTF - Substance Use Disorder

- Psychiatric Residential Treatment is funded primarily through Medicaid and require a prior authorization.
- For additional information on funding for PRTF for mental health, contact the Division of Behavioral Health directly.

Prevention Resource Centers (PRCs)



- Regional support and technical assistance
- Resource library available to the public for use
- Training and education in the areas of substance use prevention and mental health promotion

Western PRC
Youth & Family Services
Rapid City, SD

Central PRC
Capital Area
Counseling Service
Pierre, SD

Northeastern PRC
Human Service
Agency
Watertown, SD

Southeastern PRC
Volunteers of America,
Dakotas
Sioux Falls, SD

Safe Medication Storage and Disposal



Medication Lock Boxes

Free medication lock boxes can be requested & shipped directly to your home



DisposeRx Packets

Request a free DisposeRx packet to safely dispose of medication at home



Medication Take-Back Locations

List of secure onsite disposal containers that provide a safe and convenient way to properly dispose of prescription or over-the-counter medications year-round

[LetsBeClearSD.com](https://letsbeclearsd.com)



Overdose Education & Naloxone Distribution (ONED)



- Equipping first responders for opioid overdoses
- Online training available on-demand
- Statewide standing order allowing participating pharmacies to dispense naloxone to anyone at risk or an overdose or those in a position to assist someone at risk (family members, friends, or close 3rd party)
 - Funding assistance is available.

Anonymous Naloxone Distribution Sites



Large Distribution Box

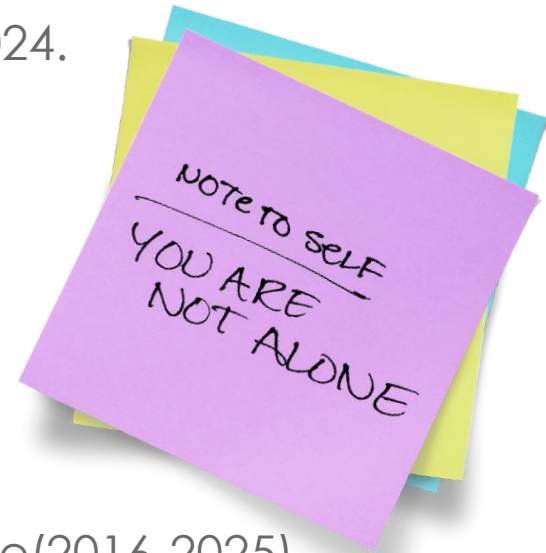
Find a site near you!



Small Distribution Box

Suicide in South Dakota

- Suicide was the 8th leading cause of death for all South Dakotans (2025).
- Suicide was the leading cause of death among individuals aged 10-29 years (2025).
- South Dakota had the 5th highest age-adjusted suicide rate in the nations in 2024.
- In 2025, there were 214 suicide deaths.
- From 2016-2025, 78% of suicide deaths were males and 22% were female.
- Suicide Methods:
 - 52% firearms
 - 34% hanging/suffocation
 - 10% poisoning
- SD American Indian suicide death rate is 2.8 times higher than White suicide rate(2016-2025).
- In 2023, 17.1% of SD high school students considered suicide (YRBS)
 - 8.4% attempted suicide



Source: SD Department of Health

Language Matters

Instead of this...	...try this
Commit/committed/ Completed suicide	<ul style="list-style-type: none">• Died by suicide• Death by suicide• Lost their life to suicide
Successful suicide Unsuccessful suicide	<ul style="list-style-type: none">• Died by suicide• Fatal suicidal behavior• Fatal suicide attempt• Survived a suicide attempt
<Name> is suicidal	<Name> is facing suicide/is thinking of suicide/has suffered through suicidal thoughts/has experienced suicidal thoughts
<ul style="list-style-type: none">• They're a schizophrenic• She's bipolar• The mentally ill• <Substance> addicts	<ul style="list-style-type: none">• They have schizophrenia/are living with schizophrenia• People with mental illness• People living with a substance use disorder• People misusing substances
<ul style="list-style-type: none">• Completed suicide• Failed suicide	<ul style="list-style-type: none">• Lived through a suicide attempt• Lived experience• Non-fatal suicidal behavior

How to Help Someone Who Is Suicidal

Step One:

**Just
Ask**

- ✓ Let the person know you are concerned and willing to help
- ✓ Discuss your observations with the person
- ✓ Ask the question without dread

Step Two:

Listen.

- ✓ Do not express judgement, use guilt or threats
- ✓ Appear confident

Step Three:

**Keep them Safe.
&
Connect with
Help.**

- ✓ Do not leave them alone
- ✓ Help the person identify supports
- ✓ Involve them in decision making
- ✓ Provide a safety contact number
- ✓ Do not agree to keep their plan a secret

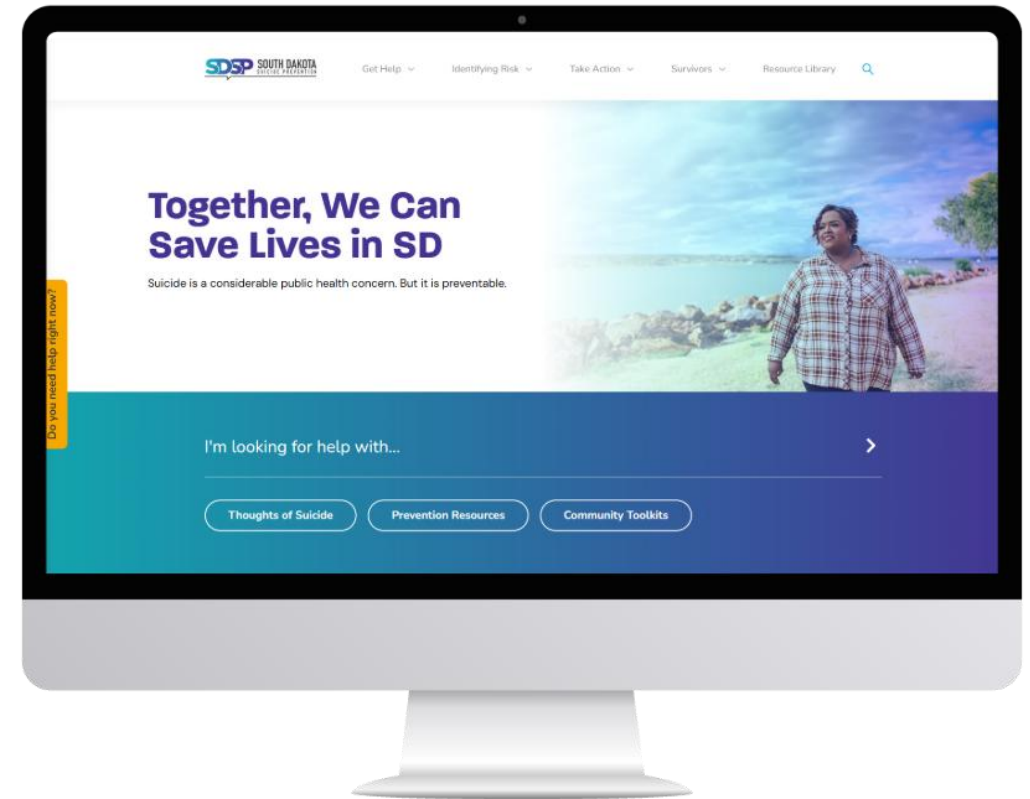
Step Four:

**Follow
Up**

Suicide Prevention

SDSuicidePrevention.org

- Order Free Gun Locks
- Suicide Prevention Trainings
 - Survivor Resources
 - Toolkits



Help is 3 Numbers Away

211 maintains a comprehensive database of community resources and provides information and referrals for essential needs like:

211

- Food
- Housing and Shelter
- Utility Assistance
- Healthcare Services
- Government Services

211 also can connect people with information and referrals for:

- Transportation
- Legal Services
- Support Groups
- Disaster Aftercare

988 provides crisis support for:

988
SUICIDE & CRISIS
LIFELINE

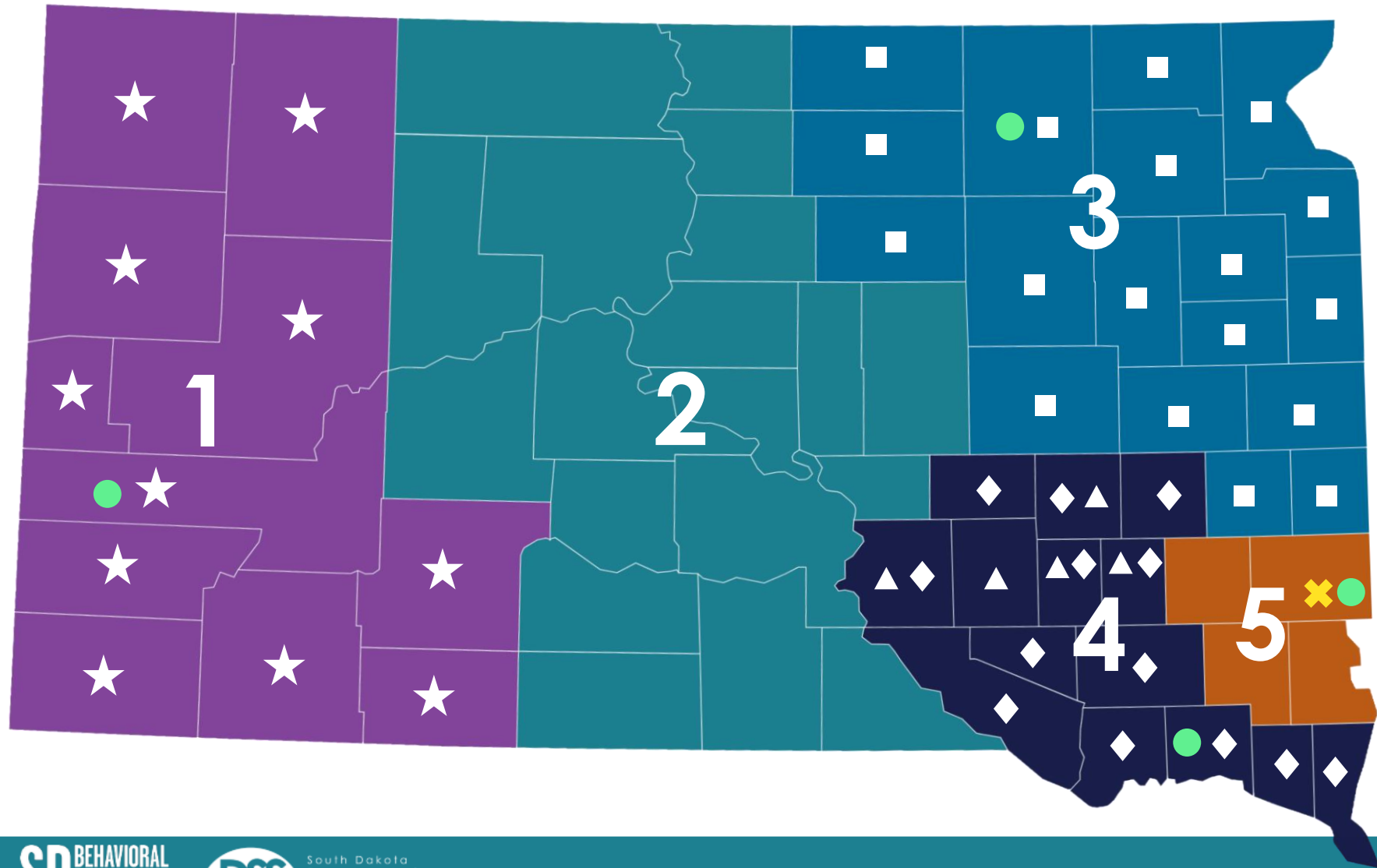
- Thoughts of Suicide
- Mental Health Concerns
- Substance Use Issues
- Emotional Distress



911 provides first responder dispatch for:

- Medical Emergency
- Fire
- Reporting a Crime
- Disaster Response
- Life Threatening Situation

Behavioral Health Short-Term Crisis Services



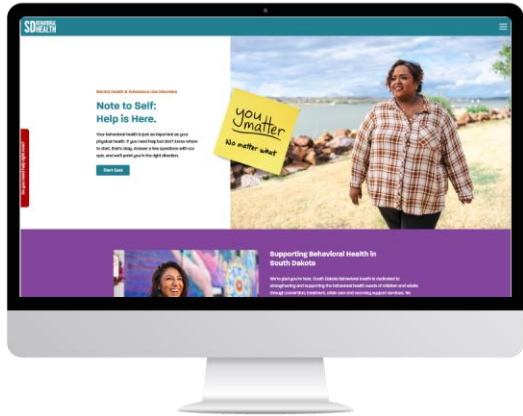
✕ 24-hour or less Crisis Stabilization Center
The Link, Sioux Falls

● Behavioral Health Inpatient Units
Avera Behavioral Health, Sioux Falls
Monument Health, Rapid City
Human Services Center, Yankton
Avera St. Luke's, Aberdeen

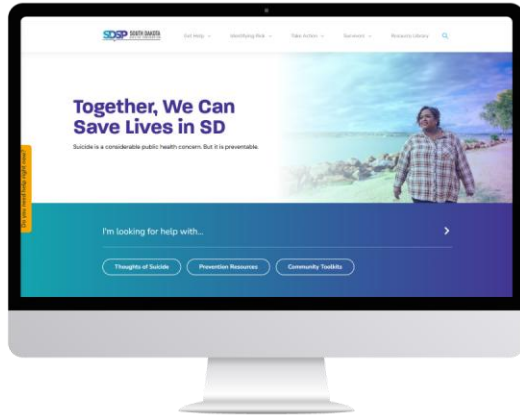
Appropriate Regional Facilities

- ★ Pivot Point, Rapid City, 16 beds
- ▲ Dakota Counseling Institute, Mitchell, 4 beds
- Human Service Agency, Watertown, 4 beds
- ◆ C.O.R.E. Center, Yankton, 14 beds

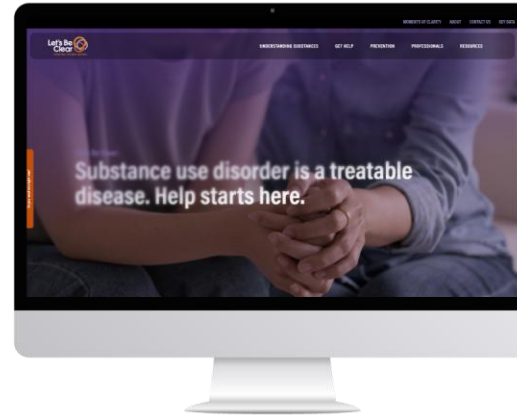
Campaign Websites



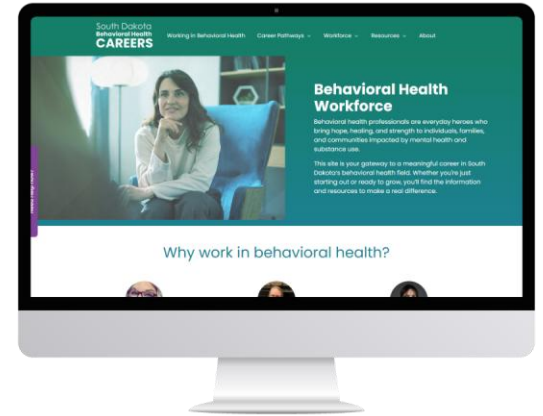
SDBehavioralHealth.gov



SDSuicidePrevention.org



LetsBeClearSD.com



[SDBehavioralHealth
Careers.sd.gov](https://SDBehavioralHealthCareers.sd.gov)





Thank
You

Division of Behavioral Health
605.367.5236
DSSBH@state.sd.us
DSS.sd.gov





Medicaid Transportation Services

2026



Medicaid Transportation Requirements

Under Federal law, State Medicaid agencies must:

- Ensure necessary transportation to and from providers.
- Use the most appropriate form of transportation.
- Include coverage for transportation and related travel expenses necessary to attend medical appointments.

Unmet Transportation Need

Unmet transportation needs can include:

- Not having a valid driver's license.
- Not having a working vehicle available in the household.
- Not being able to drive because of a medical condition.
- Other situations, such as no money for gas

Different Types of Covered Transportation:

- Community Transportation
- Secure Transportation
- Non-Emergency Ambulance Transportation
- Non-Emergency Medical Travel Reimbursement Program

Community Transportation

A governmental entity, a secure medical transportation provider, or a nonprofit organization providing nonemergency transportation of a recipient to and from medical services.

Community Transportation - Provider Requirements

- Must be enrolled as a community transportation provider with South Dakota Medicaid;
- Drivers must meet requirements set forth by CMS; and
- Vehicles must meet requirements set forth by CMS.

Community 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.
 - A recipient's residence does not include a hospital, penal institution, detention center, medical facility campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities or an institute for the treatment of an individual with a mental disease.
 - **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 Transportation Covered Services Continued...

Transportation to pick-up prescription drugs, durable medical equipment (DME), and optical supplies may be covered if delivery or mailing is not an option for obtaining the prescriptions, DME, or optical supplies.

Coverage also includes transportation for an accompanying adult for recipients age 20 or younger or when medically necessary for recipients with physical, cognitive, behavioral, sensory, or post-procedural limitations that prevent them from safely traveling or receiving the medical service alone.

Community Transportation - Non-Covered Services

- Transportation beyond 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;
- Cancelled transportation, including no-shows;
- Transportation from or to a place of residence that is a hospital, penal institution, detention center, medical facility campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities or an institute for the treatment of an individual with a mental disease;
- More than two round trips (4 one-way trips) a day.

Community Transportation - Documentation

- The department requires community transportation providers keep documentation on file that supports that the recipient was transported to a medical appointment.
- South Dakota Medicaid recommends providers use the department's [Transportation Documentation Form](#) to satisfy this requirement.

SOUTH DAKOTA MEDICAID TRANSPORTATION DOCUMENTATION FORM

Community transportation and secure medical transportation providers may keep this form on file to support that the recipient was transported to a medical appointment. Secure medical transportation providers may also use the form to support that the recipient was confined to a wheelchair or required transportation on a stretcher. Documentation may be requested as part of post payment claim review.

SECTION 1: MEDICAID RECIPIENT INFORMATION

Recipient Name: _____

Medicaid ID Number: _____

SECTION 2: TRIP INFORMATION

Type of Transportation: ☐ Community Transportation ☐ Secure Medical Transportation

Driver's Name: _____

Date of Trip: _____

Medical Facility: _____

Medical Practitioner's Name: _____

SECTION 3: SECURE MEDICAL TRANSPORTATION ONLY

Secure Medical Transportation may only be provided to a recipient confined to a wheelchair or a recipient who requires transportation on a stretcher. Confined to a wheelchair means unable to walk without the continuous aid of another person or unable to walk in any circumstances. Being discharged from a hospital in a wheelchair does not necessarily mean the recipient is confined to a wheelchair.

The recipient is confined to a wheelchair or requires transportation on a stretcher: ☐ Yes ☐ No

SECTION 4: SIGNATURES

I understand that South Dakota Medicaid only pays for community transportation/secure medical transportation from a recipient's home to a medical provider for diagnosis or treatment, between medical providers when necessary, or from a medical provider to the recipient's home. I attest that the information on this form is true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____
(Recipient, Parent, or Guardian)

SIGNATURE: _____ DATE: _____
(Driver)

SIGNATURE: _____ DATE: _____
(Receptionist, Nurse, or Doctor)

Secure Transportation

A company, firm, or individual that uses specifically designed and equipped vehicles to provide nonemergency transportation to and from medical care for recipients confined to wheelchairs or requiring transportation on a stretcher.

Secure Transportation - Provider Requirements

- Must be enrolled as a community transportation provider with South Dakota Medicaid;
- Drivers must meet requirements set forth by CMS; and
- Vehicles must meet requirements set forth by CMS (securement devices, first aid, etc.).

Secure Transportation Covered Services

- Transportation must be to or from medically necessary examinations or treatment.
- Non-emergency transportation must be:
 - **From** the recipient's home, place of work, or school.
 - **To** a medical medically necessary service, between medical providers when necessary, or from a medical provider to the recipient's home, place of work, or school.

Secure Transportation Covered Services Continued...

Transportation to pick-up prescription drugs, durable medical equipment (DME), and optical supplies may be covered if delivery or mailing is not an option for obtaining the prescriptions, DME, or optical supplies.

Coverage also includes transportation for an accompanying adult for recipients age 20 or younger or when medically necessary for recipients with physical, cognitive, behavioral, sensory, or post-procedural limitations that prevent them from safely traveling or receiving the medical service alone.

Secure Medical Transportation - Non-Covered Services

- Transportation to non-allowable locations;
- Cancelled transportation, including no-shows; and
- More than two round trips (4 one-way trips) a day.

Transportation - Documentation

- The department requires transportation providers to keep documentation on file that supports that the recipient was transported to a medical appointment.
- South Dakota Medicaid recommends providers use the department's Transportation Documentation Form to satisfy this requirement.

SOUTH DAKOTA MEDICAID TRANSPORTATION DOCUMENTATION FORM

Community transportation and secure medical transportation providers may keep this form on file to support that the recipient was transported to a medical appointment. Secure medical transportation providers may also use the form to support that the recipient was confined to a wheelchair or required transportation on a stretcher. Documentation may be requested as part of post payment claim review.

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Recipient Name: _____

Medicaid ID Number: _____

SECTION 2: TRIP INFORMATION

Type of Transportation: ☐ Community Transportation ☐ Secure Medical Transportation

Driver's Name: _____

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Medical Practitioner's Name: _____

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Secure Medical Transportation may only be provided to a recipient confined to a wheelchair or a recipient who requires transportation on a stretcher. Confined to a wheelchair means unable to walk without the continuous aid of another person or unable to walk in any circumstances. Being discharged from a hospital in a wheelchair does not necessarily mean the recipient is confined to a wheelchair.

The recipient is confined to a wheelchair or requires transportation on a stretcher: ☐ Yes ☐ No

SECTION 4: SIGNATURES

I understand that South Dakota Medicaid only pays for community transportation/secure medical transportation from a recipient's home to a medical provider for diagnosis or treatment, between medical providers when necessary, or from a medical provider to the recipient's home. I attest that the information on this form is true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____
(Recipient, Parent, or Guardian)

SIGNATURE: _____ DATE: _____
(Driver)

SIGNATURE: _____ DATE: _____
(Receptionist, Nurse, or Doctor)

Non-Emergency Ambulance Transportation

Non-emergent ambulance transportation is covered in certain situations when community and secure transportation is contraindicated.

Non-Emergency Ambulance Provider Requirements

- Ground ambulances must be licensed by the Department of Health under ARSD Ch. 44:05:04.
- Ground ambulance vehicles must meet Department of Health requirements.
- Out of state providers must be licensed and enrolled with their home state's Medicaid agency.

Non-Emergency Ambulance Allowable Situations

Non-emergent ambulance services are reimbursable in the following situations:

- A physician or other licensed practitioner have documentation that other means of transportation including secure medical transportation are contraindicated as follows;
 - The recipient is unable to get up from bed without assistance;
 - The recipient is unable to ambulate; and
 - The recipient is unable to sit in a chair or wheelchair
- The recipient's medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required.

A recipient is limited to 12 one-way trips (6-round trips) in a state fiscal year.

Non-Emergency Ambulance Allowable Destinations

An ambulance transport is covered to the nearest appropriate facility to obtain medically necessary services as well as the return transport if medically necessary. Medicaid covers ambulance transports (that meet all other program requirements for coverage) only to the following destinations:

- Airport
- Hospital including Critical Access Hospital;
- Nursing facility;
- Recipient's home; and
- Dialysis facility

Non-Emergency Medical Travel (NEMT) Reimbursement Program

A program that provides assistance for non-emergency medical travel needs for eligible recipients.

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

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.

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.

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:
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):					
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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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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)					

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:
https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Transportation.pdf
- Secure Medical Transportation Provider Manual:
https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Secure_Medical_Transporation.pdf
- Ground Ambulance Services Provider Manual:
https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Ground_Ambulance.pdf

Recipient Resources

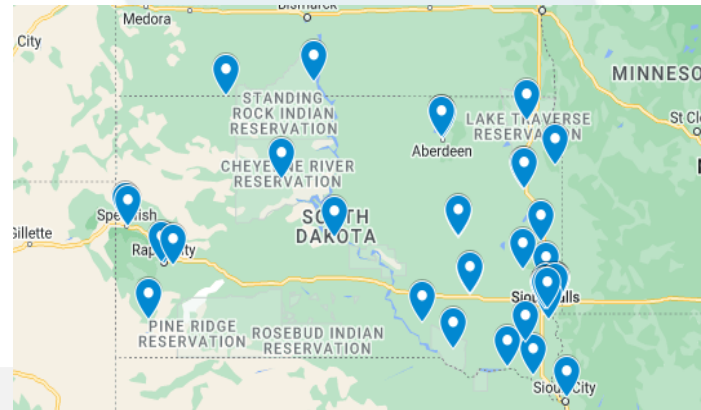
- Medicaid Recipient Transportation website:
<https://dss.sd.gov/medicaid/recipients/transportation.aspx>
- Non-Emergent Medical Travel (NEMT) Reimbursement Program website:
<https://dss.sd.gov/medicaid/recipients/title19transportation.aspx>

Recipient Resources Continued...

- Map of enrolled **community** transportation providers:
<https://dss.sd.gov/medicaid/recipients/communitytransportation.aspx>.



- Map of enrolled **secure** transportation providers:
<https://dss.sd.gov/medicaid/recipients/securemedtransportation.aspx>.



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



Thank You

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dss.sd.gov/medicaid





Supporting South Dakota Primary Care through Medicaid PACT (Primary Accountable Care Transformation)

Clarissa Barnes, MD, MBA, FACP, Chief Medical Officer South Dakota Medicaid





Overview

Supporting Team-Based Care in South Dakota
Primary Care

- Current South Dakota Medicaid Primary Care Programs
 - Primary Care Provider (PCP) Program
 - Care Connect
- Impetus and Timing for Change
- South Dakota Primary Accountable Care Transformation (PACT) Overview
- PACT Goals and Objectives
- Long-Term Vision for Primary Care

South Dakota Medicaid Primary Care Landscape

Primary Care Provider (PCP) Program

- 1932(a) PCCM
- Majority of Recipients
- FFS billing plus monthly "case management fee"
- PCPs must provide:
- 24/7 access by telephone for information, referrals, and treatment
- Coordinate specialty care and manage referrals for recipients

Care Connect (formally Health Home)

- 1945 Health Home
- Minority of Recipients
- Enhanced care coordination for recipients with chronic conditions
- FFS billing for services plus monthly payment is based on complexity/tiers
- Quality bonuses based on quality/process metrics with manual entry

A note about BabyReady: Pregnancy program that pays PMPM and enhanced rates with expectations related to outcomes and care coordination

Why Make A Change?



Rising health care costs without comparable increase in quality of care



Despite increasing costs, growing financial instability in healthcare providers (especially rural and independent)



Primary care has significant uncompensated tasks including portal messages



Expanding expectations that cannot be addressed through visits alone



Primary care investments are unique in their ability to lead to decreased costs in other spaces, especially medically unnecessary care



Why Now?

- South Dakota Medicaid has established a foundation for supporting primary care through the PCP Program and Care Connect.
- However, there still exists a fundamental mismatch between financial incentives and the true goals of primary care.
- The timing of Rural Health Transformation (RHT) grant funding allows for support to a bigger change.
- The Primary Accountable Care Transformation (PACT) Initiative builds on prior foundation aligning payment, care management, technology, quality, and patient engagement around a more sustainable, team-based model of care.

Medicaid Primary Accountable Care Transformation (PACT)

Moving primary care services away from fee-for-service and towards value

The New Model

- Replaces primary care E&M billing with a *Prospective Primary Care Payment*, a predictable monthly investment in each patient that allows physicians to focus on high-value care rather than visit volume
- Uses year-end primary care Quality/HEDIS measures to calculate quality payments that reward outcomes instead of processes
- Creates internal case management infrastructure for unattributed recipients that can be leveraged in the future to support rural clinics who cannot support this resource alone
- Creates structure for patient-directed quality goals to encourage engagement and wellness
- Builds on inaugural case management/social worker workshop Fall 2025
- Leverages new tools to support population health, case management, and reporting

PACT Components

PAYMENT AND QUALITY

Prospective payment/model development
Provider/patient quality incentives
Medicaid payment-system readiness

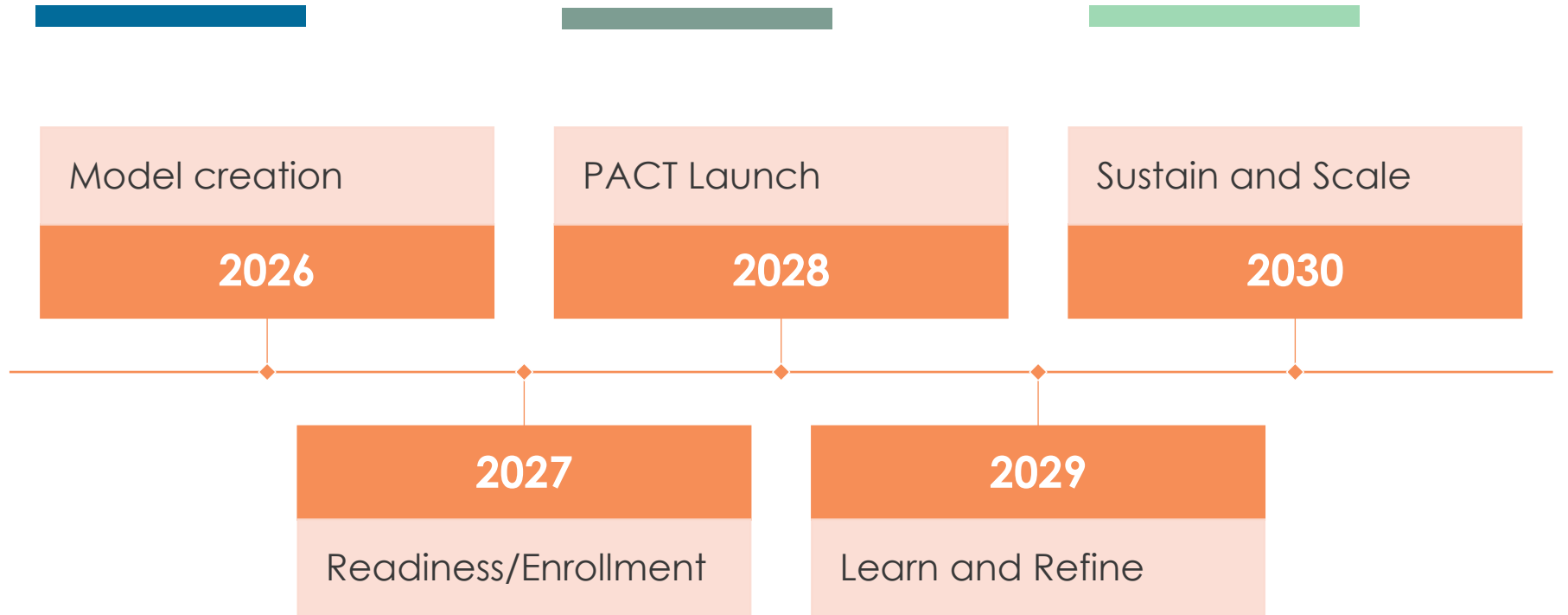
CARE DELIVERY INFRASTRUCTURE

Shared Case Management
Population health tools
Provider readiness support

TRANSFORMATION AND SUSTAINABILITY

Stakeholder engagement
Payer alignment
Case management learning/collaboration

Timeline



Goals of PACT



Increase Quality of Care for South Dakota Medicaid Recipients – Focusing on quality instead of volume and investing in primary care will lead to improved chronic disease management and primary prevention.



Reduce Utilization of Medically Unnecessary Emergency Department Visits – Investing in primary care and population health tools, engaging with patients and their clinicians, and improving access to case management will decrease costs by decreasing the utilization of medical unnecessary services.



Improve Sustainability of Primary Care for Clinicians - By increasing support via case management, additional tools/technology, and changing reimbursement, the model strengthens rural primary care sustainability by ensuring predictable revenue that rewards quality and enables practices to maintain comprehensive services.



Transform South Dakota Primary Care Landscape- SD Medicaid will partner with stakeholders including other payors to achieve payor alignment and transform primary care in the state.

Scaling New Heights: The Path Forward

BUILD ON THE FOUNDATION

Leverage South Dakota's existing primary care programs and relationships rather than starting from scratch.



TRANSFORM HOW CARE IS SUPPORTED

Align payment, quality, care management, technology, and patient engagement around a team-based model of care.



CREATE A SUSTAINABLE FUTURE

Improve outcomes, strengthen rural primary care, and create a model that can be sustained and scaled statewide.

Beyond changing how primary care is paid, PACT will build the infrastructure and flexibility needed to deliver the right care, in the right way, for South Dakotans.

RHT Disclosure/Steven's Amendment

This document is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the Rural Health Transformation Project, a financial assistance award totaling \$189,477,607.26, with 100% funded by CMS/HHS. The contents are those of the SDDOH and SD DSS and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS, or the U.S. Government

PACT Case Management



SD Medicaid is creating a state case management program under the PACT Program. This is currently in development and will be implemented over the course of a few years. The following is being considered part of the case management program.



SD Medicaid will be case managing specific populations (TBD) of individuals who are not currently assigned to a PCP with the goal of transitioning case management to a PCP



A Case Management Tool will be in place (similar to HIE) which will ease the burden of hospital/provider/clinic reporting and will allow the state to view patient information to provide case management (i.e. PCP visits, ER/UC visits, diagnosis, etc.).



Case Management assistance for the small and rural clinics enrolled in the PACT program and utilization of the state case management tool.

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Upcoming Community Engagement Physician Webinar

Join Dr. Barnes for an informative webinar designed to help providers navigate the South Dakota Medicaid Community Engagement Work Requirements. Dr. Barnes will discuss the process of completing physician attestation forms for medically frail recipients, explain upcoming changes and provide helpful information to ensure clinicians are prepared for the new requirements.

Meeting Date And Time

Date: November 4, 2026
Time: 12:00 pm Central

Microsoft Teams Information

Meeting ID: 249 923 409 750 341
Passcode: tP93mD7c

The webinar link is on the HR1 Landing Page: <https://dss.sd.gov/medicaid/HR1.aspx>