



# Medicaid 101



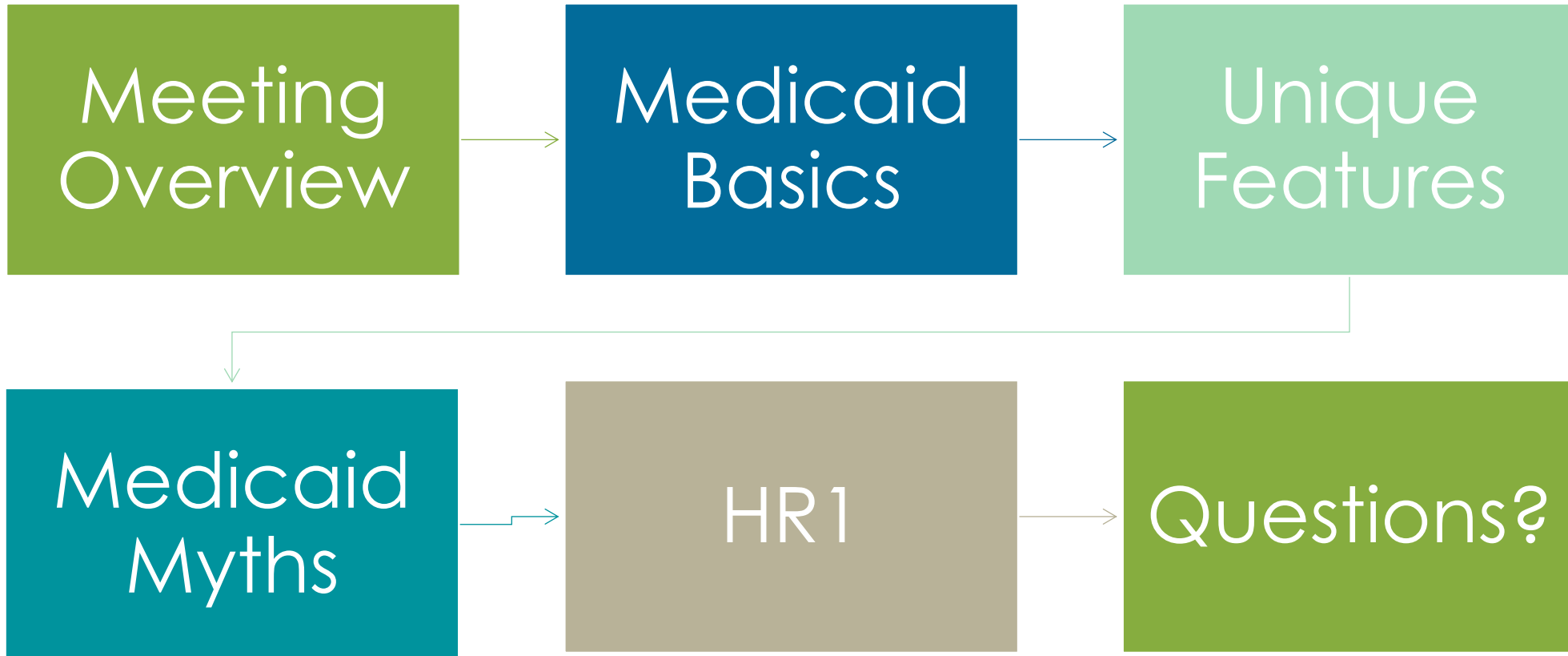


# WELCOME!

Case Management/Social Worker Medicaid Workshop

# Agenda

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# Meeting Overview

# Meeting Notes

>170 RSVPs

Wide Variety of Levels of Care  
On-site and Virtual

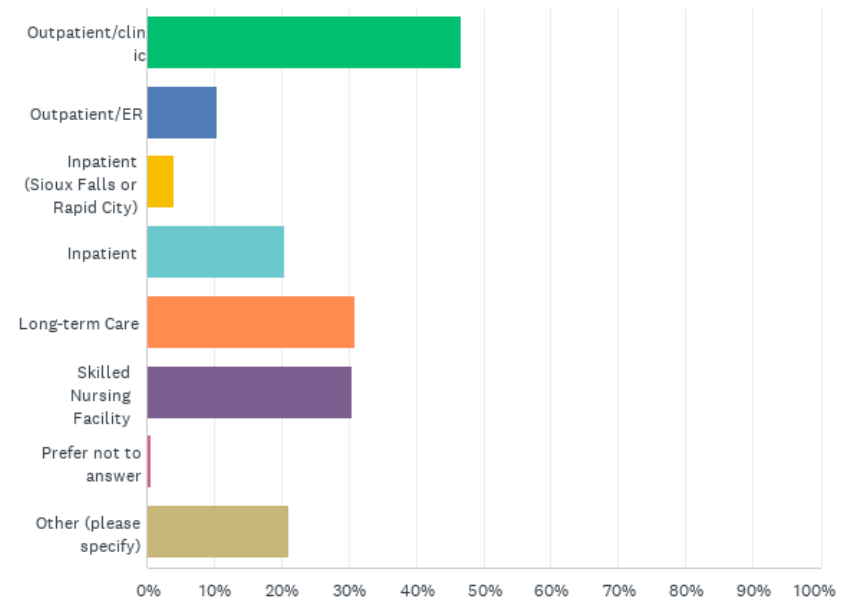
## Goals:

- 1) Benefits/Services/Programs available
- 2) How to access them
- 3) Who to go to with questions

## Slides

Survey and Post-meeting  
Suggestions?

Q7 What level of care is relevant to the work you do? (Pick all that apply)



# Agenda

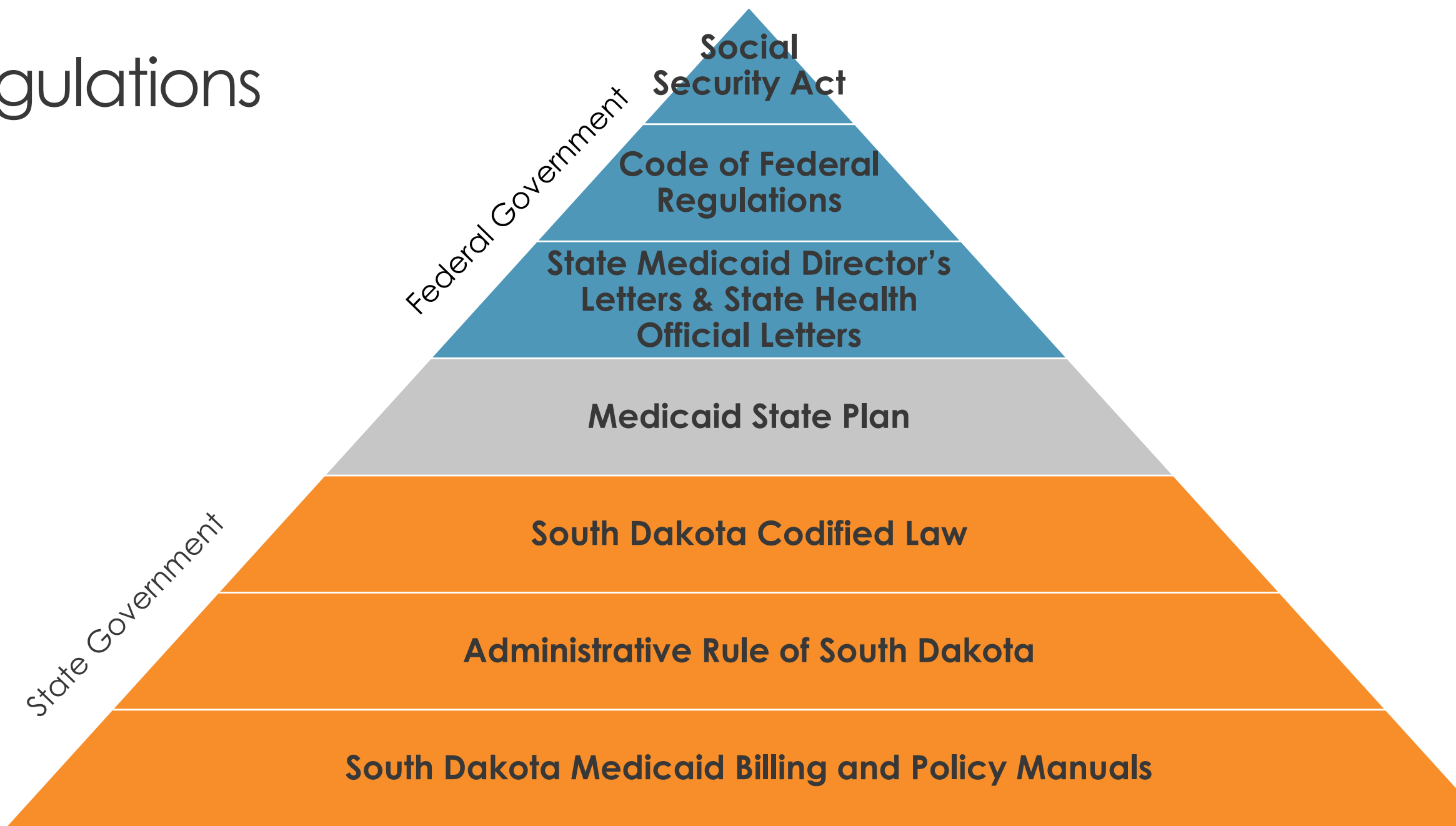
Topic	Time	Presenter(s)
Welcome and Intro to Medicaid	9:00 am	Clarissa Barnes, MD, MBA, FACP, Chief Medical Officer South Dakota Medicaid
Enrollment	9:30 am	Kristin McNeely, Medicaid Eligibility Program Specialist Kate Derrick, Medicaid Eligibility Program Specialist
Non-Emergent Medical Transportation (NEMT)	10:30 am	Giezelle Brown - Policy/Data Analyst, EBT & Non-Emergency Medical Travel
Pharmacy Basics: Outpatient and Physician Administered Drugs	11:00 am	Taylor Koerner, PharmD, BCPS – Clinical Pharmacist Mike Jockheck, RPh - Pharmacy Director
Case Management (Health Home, PCP program, Baby Ready, Care Coordination Agreements and Shared Savings)	11:30 am	Cassie Long, BSN, RN - IPA Nurse Consultant and Care Management Nurse Specialist Chris Soukup, Care Management Program Administrator Valerie Kelly, BabyReady Program Manager Leslie Wilson, DNP, CNP - IPA Nurse Supervisor
LUNCH	12:15 pm	On Your Own
Prior Authorizations	1:15 pm	Nicole Bartel RN, RHIT, Nurse Manager
Inpatient Rehabilitation and Long-Term Acute Care Hospitals (LTACH)	2:00 pm	Sara Gloe, RN Nurse Consultant
Skilled Nursing Facilities (SNF) and Long-Term Care (LTC)	2:30 pm	Michelle Hudecek, RN-Nurse Consultant Program Manager-Division of Long-Term Services and Supports, Department of Human Services Krista Miller, RN-Nurse Consultant-Division of Long-Term Services and Supports, Department of Human Services
Waiver Services	3:00 pm	Caitlin Clarey - HCBS Program Manager, Division of Long Term Services and Supports Carrie Geppert - Family Support Manager, Department of Human Services, Division of Developmental Disabilities Augusta Wiese - CHOICES Manager, Department of Human Services, Division of Developmental Disabilities
Home Again	4:00 pm	Ashley Lauing, MPH, Policy Strategy Manager
Questions/Wrap-Up	4:30 pm	

# Medicaid Basics

# What is Medicaid?

- Medicaid is the nation's publicly financed health care coverage program for low-income people enacted in 1965 under Title XIX of the Social Security Act and Title XXI the Children's Health Insurance Program (CHIP) enacted in 1997
  - An entitlement program that requires all eligibles to receive services and is funded through federal and state dollars.
  - Provides health coverage for low-income children and families who lack access to private health insurance; and people with chronic illnesses or disabilities
  - Expansion, which started enrolling in SD in July 2023, means now includes low-income adults are included (138% FPL)
  - It is a Federal – State partnership.
- States administer the Medicaid program
  - Each state plan is different due to optional services provided making it difficult to compare states side-by-side
- Medicaid is separate from Medicare
  - Medicare is for individuals 65 years and older for all incomes, and for people with disabilities
  - Medicare is a federally administered and funded program

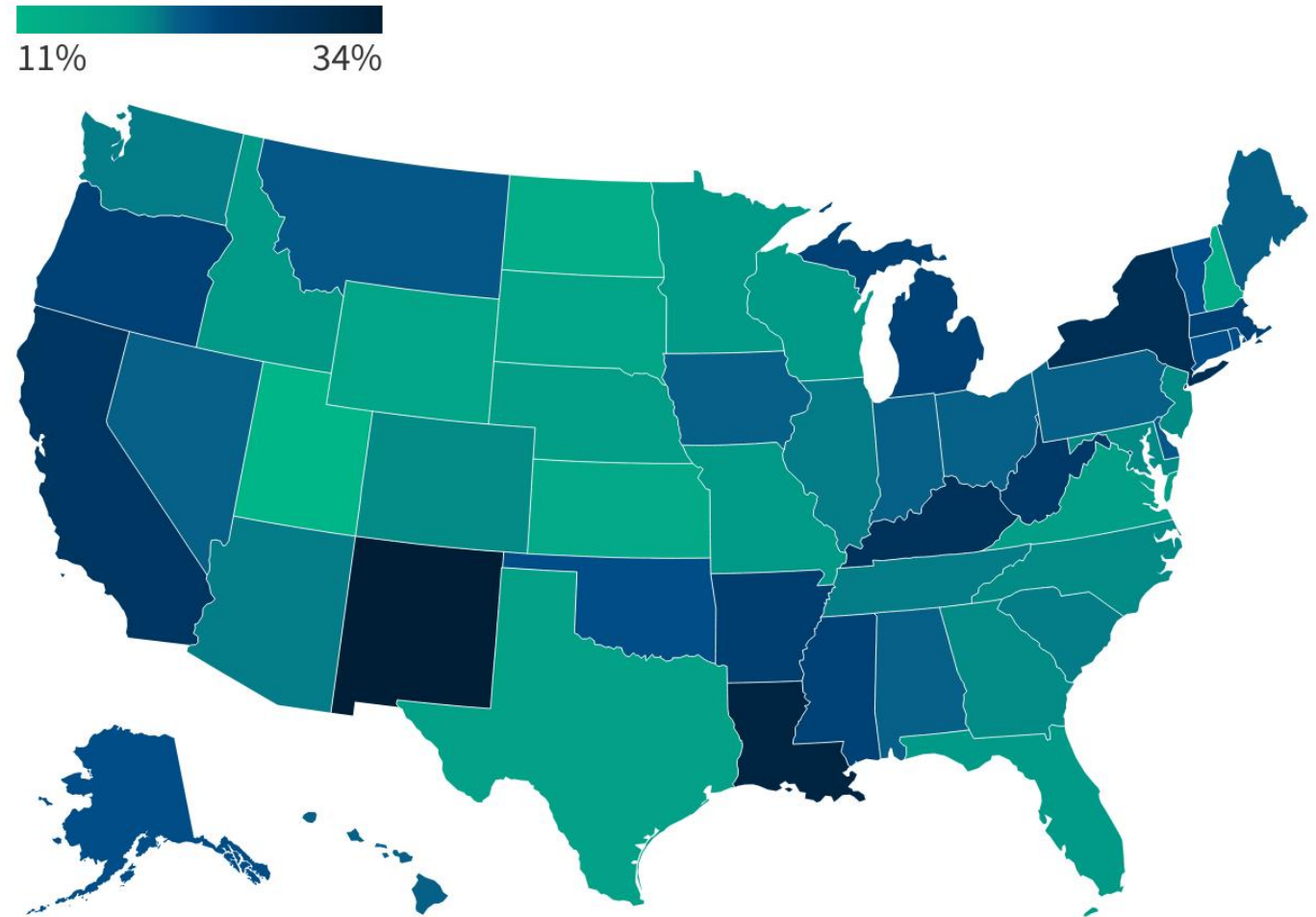
# Regulations



# Who is Covered by Medicaid?

## Nationally, One in Five People Have Medicaid, but This Varies Across the States

Share of people enrolled in Medicaid by state



Note: This figures includes people who are covered by Medicaid-only as well as those who have both Medicaid and another type of coverage.

Source: KFF State Health Facts, Health Insurance Coverage of the Total Population, 2023

# What is FMAP?

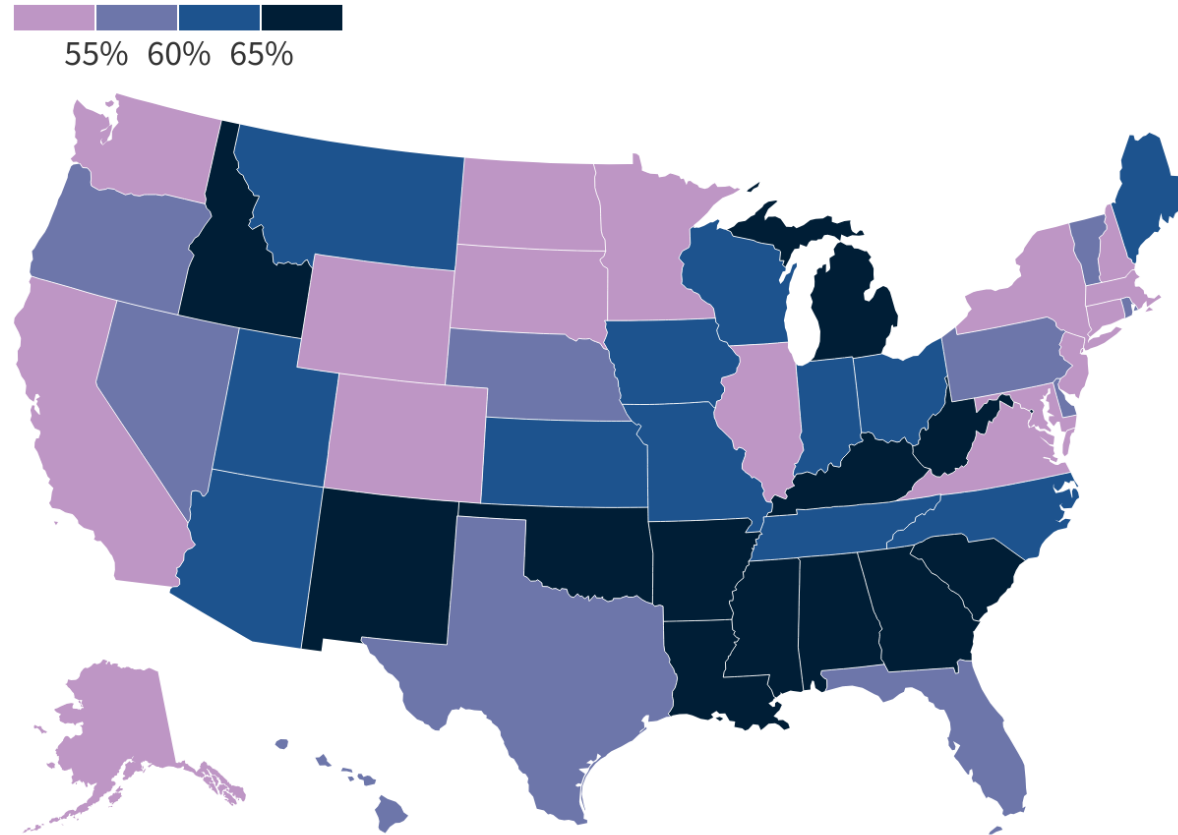
## Enhanced FMAP

Some services and coverage groups have statutorily higher FMAPs than the state's regular FMAP.

- Children's Health Insurance Program (CHIP) Recipients
- Medicaid Expansion Recipients
- Family Planning Services
- Services Received through Indian Health Service or a Tribal 638 Provider

## Medicaid is Jointly Financed by the Federal Government and States

Federal Medicaid Assistance Percentage (FMAP) for traditional Medicaid spending, FFY 2026

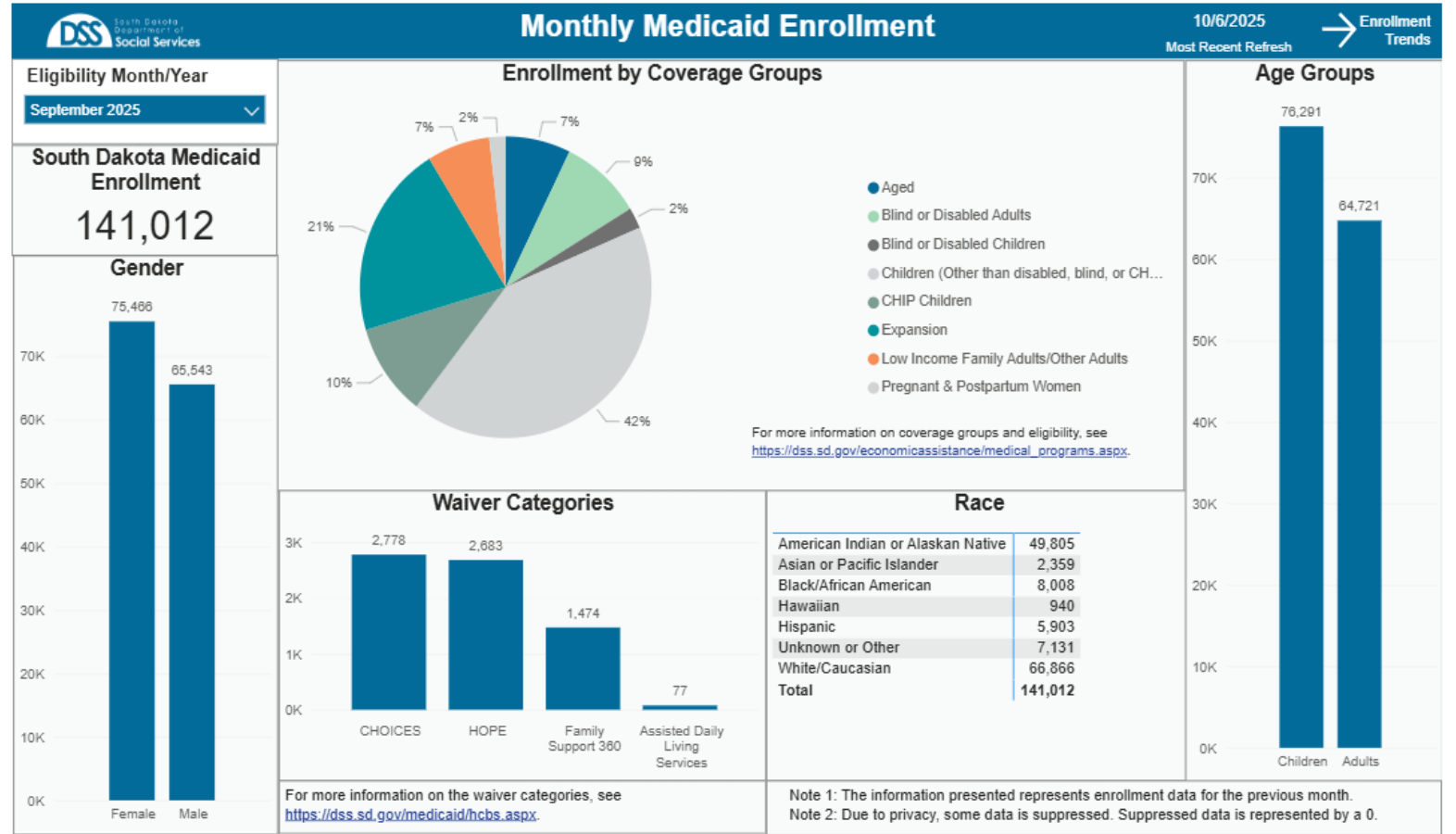


Note: FFY = federal fiscal year. These rates are in effect October 1, 2025 - September 30, 2026. These FMAPs are determined by a formula set in statute and are for services used by people eligible through traditional Medicaid, which includes individuals who are eligible as children, low-income parents, because of disability, or because of age (65+). The formula is designed so that the federal government pays a larger share of program costs in states with lower average per capita income.

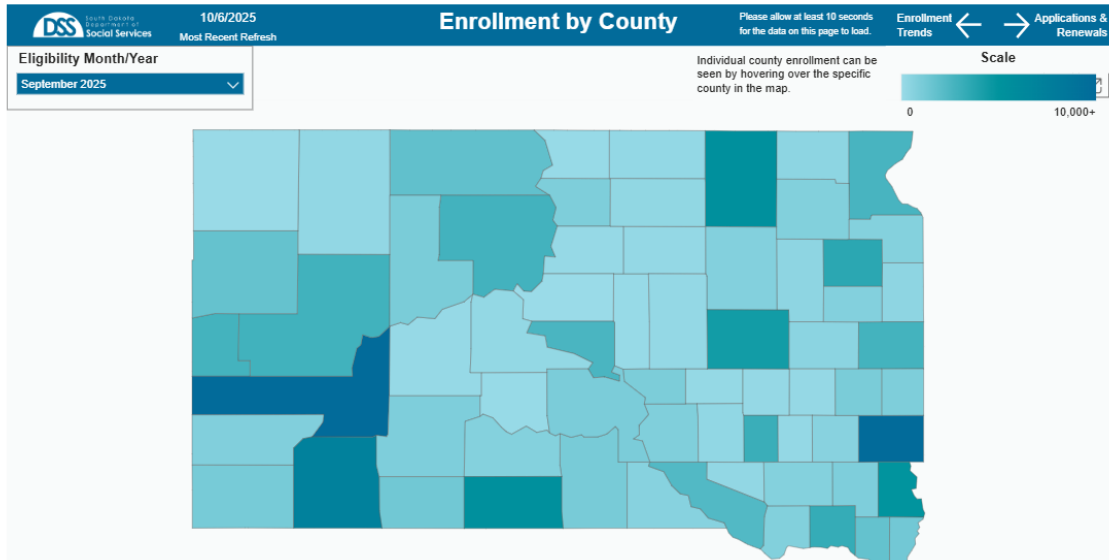
Source: Federal Register, November 29, 2024 (Vol 89, No. 220), pp 94742-94745



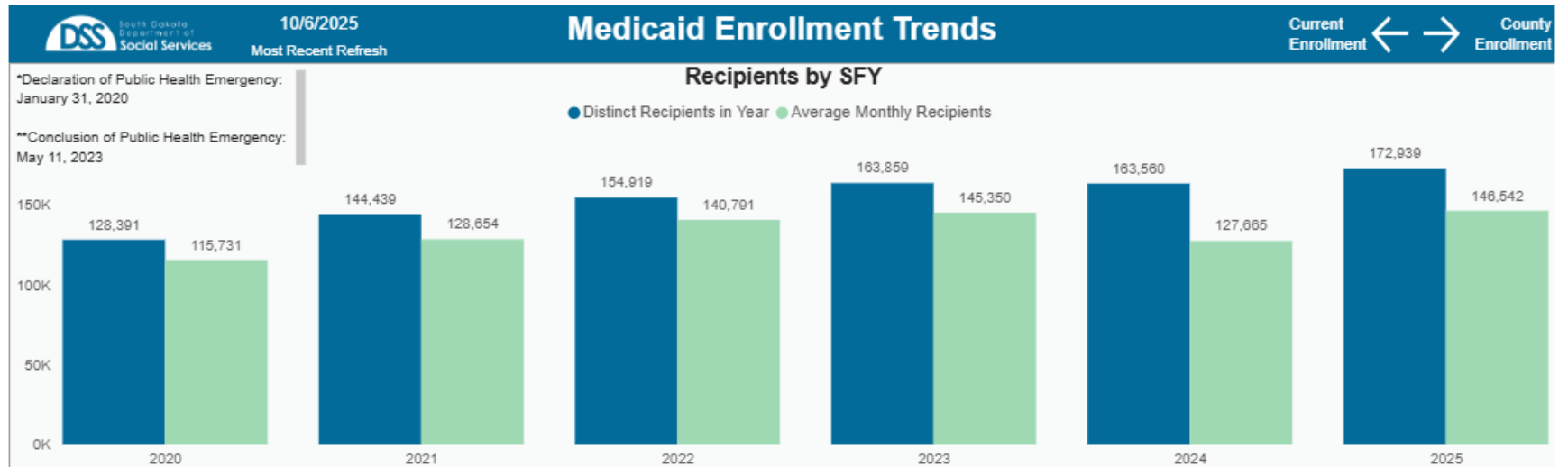
# Who is covered by Medicaid?



# Medicaid coverage by county

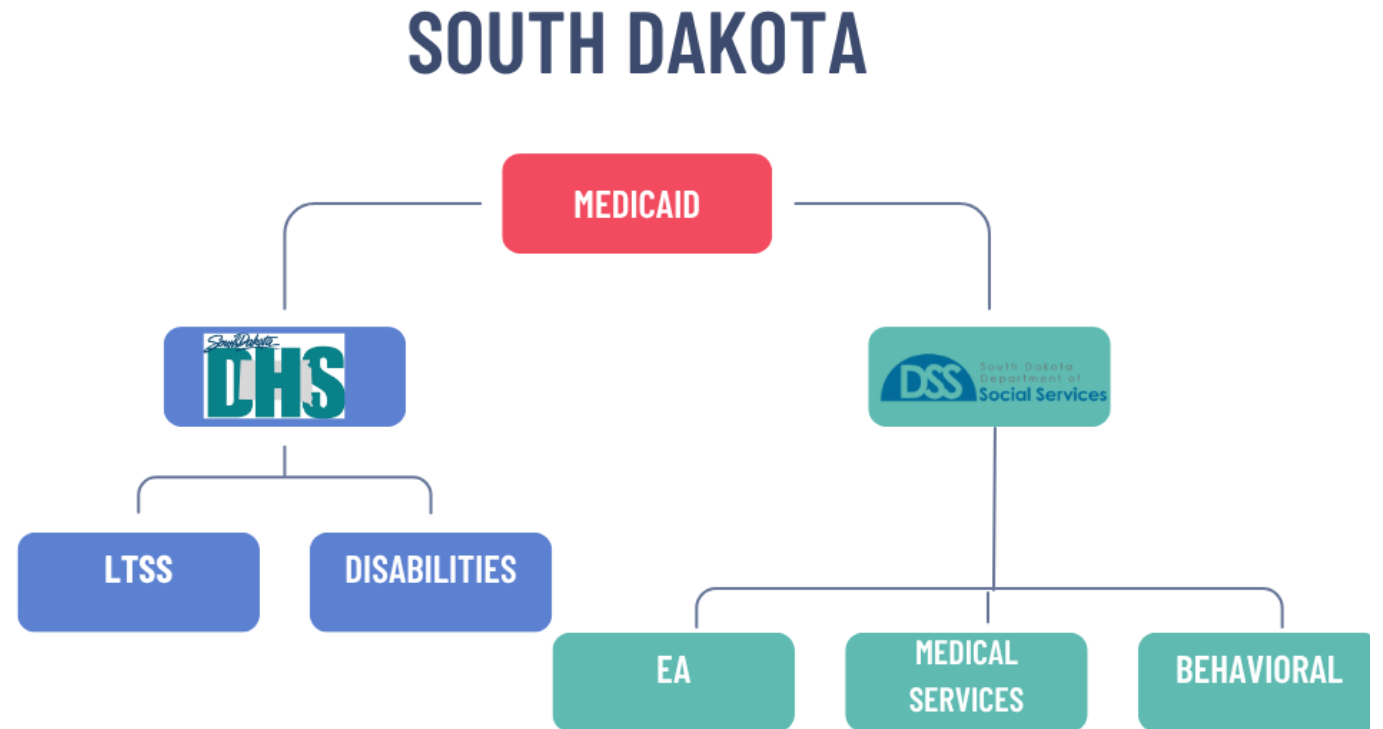


Overall numbers have been increasing



# Medicaid spans Departments

Heather Petermann is the Medicaid Director and is also the head of Medical Services in the Department of Social Services








DOH also provides services –WIC/Bright Start

Don't forget DSS includes more than Medicaid including SNAP, Child Support, and CPS

# Unique Features

# Medicaid-Covered Services Not Typically Offered by Medicare/Commercial Plans

-  **Non-Emergency Medical Transportation (NEMT)**
  - Transport to medical appointments for eligible beneficiaries
  - Especially important for patients with chronic illnesses or disabilities
  - May include ride-shares, vans, or public transit vouchers
-  **Long-Term Services and Supports (LTSS)**
  - Includes home- and community-based services (HCBS)
  - Nursing home care and personal attendant services
  - A critical support for elderly and disabled populations
-  **Behavioral Health Services**
  - Often more comprehensive than Medicare or commercial coverage
  - Includes case management, peer support, community mental health services
-  **Enhanced Pediatric Services (EPSDT)**
  - Early and Periodic Screening, Diagnostic, and Treatment
  - Covers all medically necessary services for children under 21
  - Broader scope than typical pediatric commercial plans
-  **Waiver Programs**
  - Allows states to cover services beyond federal Medicaid rules
  - Tailored services for specific populations (e.g., autism, HIV/AIDS, TBI)

# Out- of- State Services



State Medicaid plans will generally prefer services provided in-state.



This means out of state outpatient services and/or inpatient transfers may require Prior Auth (if not urgent/emergent)



Out of state services may have a different payment methodology but providers still need to be enrolled

# Medicaid Coverage

## Medicaid Mandatory Services

- Inpatient hospital services
- Outpatient hospital services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
  - All Medically Necessary care for eligible children under age 21
- Nursing facility services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

## South Dakota Services

- Rehabilitation Services (CMHCs/SUD)
- Physician assistants
- Psychologists and independent mental health practitioners
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Podiatry
- Prescription Drugs
- Optometry
- Chiropractic services
- Durable medical equipment
- Dental services
- Physical, occupational, speech therapy, audiology
- Prosthetic devices and eyeglasses
- Hospice care, nursing services
- Personal care services and home health aides
- Community Health Workers
- Dietician/Nutrition Services

# Medicaid Myths

# Common Medicaid Misconceptions

## Myth

**"Medicaid is only for people who don't work."**

**"Medicaid is the same in every state."**

**"Medicaid doesn't cover much."**

**"Medicaid is just like Medicare."**

**"Undocumented immigrants can enroll in Medicaid."**

## Reality

Many Medicaid recipients are employed, especially in low-wage or part-time jobs without employer health benefits.

Each state runs its own Medicaid program with different benefits, eligibility rules, and provider networks.

Medicaid covers a broad range of services, including hospital care, physician visits, and (often) prescriptions, mental health, and long-term care.

Medicaid is income-based and varies by state. Medicare is federally run and based on age or disability. They can overlap, but they are distinct programs.

Undocumented individuals are not eligible for Medicaid, but hospitals may request compensation for emergency services provided via Medicaid under strict circumstances.

# HR1

# HR1

- **What:** Work requirements  
**Who:** People ages 21 to 64 who do not have dependent children, are not pregnant and are not receiving Medical Assistance based on a disability (Expansion- NA/AI excluded)  
**When:** Jan. 1, 2027
- **What:** More frequent renewals  
**Who:** People ages 21 to 64 who do not have dependent children, are not pregnant and are not receiving Medical Assistance based on a disability  
**When:** Jan. 1, 2027
- **What:** Limits on retroactive coverage  
**Who:** People who apply for Medical Assistance on or after Jan. 1, 2027  
**When:** Jan. 1, 2027
- **What:** Cost sharing on some services  
**Who:** Some people ages 21 to 64 who do not have dependent children, are not pregnant and are not receiving Medical Assistance based on disability  
**When:** Oct. 1, 2028
- **What:** Change in eligibility for some immigrants  
**Who:** Only certain lawful permanent residents, Cuban and Haitian entrants, and Compact of Free Association (COFA) migrants will be eligible.  
**When:** Oct. 1, 2026



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Clarissa Barnes, MD, MBA, FACP

Email:

[Clarissa.barnes@state.sd.us](mailto:Clarissa.barnes@state.sd.us)