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South Dakota Department of Social Services

South Dakota Medicaid
Thursday, October 22, 2026
12:00 MT / 1:00 CT
Kneip Conference Room
700 Governors Drive, Pierre, SD, 57501-2291
Medicaid Advisory Committee Agenda

Medicaid Advisory Council (MAC) Attendees
Dr. David Basel, Population Health Officer, Avera Health; **Jerilyn Church**, Chief Executive Officer, Great Plains Tribal Leader's Health Board; **Darren Crowe**, Consultant, Rosebud Sioux Tribe; **Mikki Donelson,** Beneficiary Advisory Council; **Dr. Jennifer Haggar**, Pediatrician, Sanford Health; **Erik Nelson,** Government Relations, AARP of South Dakota**; Alan Solano**, Vice President of Government Affairs, Monument Health; **Elizabeth Schenkel,** South Dakota External Affairs Manager, Community Healthcare Association of the Dakotas (CHAD); **Julie Kopp**, Beneficiary Advisory Council, **Pam Van Meeteren**, Director of Medical Services, Lewis and Clark Behavioral Health Services, **Dr. Karli Williams**, Black Hills Pediatric Dentistry; **Shawnie Rechtenbaugh**, Cabinet Secretary, South Dakota Department of Human Services;

Other Attendees
Matthew Ballard, Deputy Director, South Dakota Medicaid; **Dr. Clarissa Barnes**, Medical Director, South Dakota Medicaid; **Renae Hericks,** Policy and Program Manager, South Dakota Medicaid, **Mary Johnle**, Program Administrator, South Dakota Economic Assistance; **Aaliyah Jones**, Division Support and Solutions Coordinator, South Dakota Medicaid**, Brenna Koedam**, Division Chief, Division of Behavioral Health Services**; Samanatha Moon,** Sr. Data Analyst, South Dakota Medicaid**; Kara Peery**, Medical Program Specialist, South Dakota Medicaid; **Jeanette Wellman**, Beneficiary Advisory Council, **Raegan Winder-Norwick**, Policy Analyst, South Dakota Medicaid; **Ben May** and **Sharon Chontos**, MAC Coordinators, North Star Solutions

Guests: CMS Technical Assistance - Julia Lindpaintner, Neil Martinsen-Burrell, Louisa Scholar

Welcome and Overview
Matthew Ballard, Deputy Director with South Dakota Medicaid, welcomed the MAC members and thanked the MAC members for their feedback and guidance.

Review July Meeting Minutes
Matthew Ballard reviewed the July 2026 meeting minutes and asked for questions or corrections. There was one correction on the attendee list. Mikki Donelson's name was spelled incorrectly. The July 2026 meetings will be corrected. The July 2026 minutes can be found online at https://dss.sd.gov/medicaid/mac.aspx.

Medicaid Application Update
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/mac.aspx.

Q: Solano. What is the lead time for launching?
A: The application will be complete by mid-November. We will then conduct in person testing and update the application if needed. The application will be live after January 1, 2027.

Q: Church. Are you doing a pilot ahead of January 1, 2027?
A: The application cannot be implemented prior to January 1, 2027 due to it including community engagement related questions. If anyone is interested in providing feedback, please let Mary know. They can be a participant in the in-person testing.

HR1 Updates
Mary Johnle reported that South Dakota Medicaid hosted webinars on HR1 policy updates in August 2026. The webinars were well attended and they received positive feedback. A social media toolkit is posted on the Medicaid website for organizations to use. Link: Medicaid General Information

Q: Schenkel. When will the state issue more information on medical frailty?
A: Dr. Barnes is hosting a webinar on November 4, 2026 on medical frailty. The webinar will be recorded and posted on DSS's website.

Q: Nelson. What are the steps needed to give a caregiver an extension?
A: Medicaid will review their case file and electronic documentation. Only adults who are enrolled in Medicaid Expansion are impacted by community engagement requirements. This means children, individuals enrolled in waivers, and the aged, blind, and disabled are not impacted. If we cannot verify someone is excluded or meeting the community engagement criteria, we will request documentation from them. For community engagement, that includes the option for individuals to provide and attest to the needed information on a form under penalty of perjury.

Q: Schenkel. How will you determine who should be disenrolled?
A: Medicaid will first look at the information we have in our case files to determine if they meet requirements or an exclusion. We will then gather information from applicants, if needed. If we cannot verify someone is excluded or meeting the

community engagement criteria, we will request documentation from them. For community engagement, that includes the option for individuals to provide and attest to the needed information on a form under penalty of perjury.

Q: Solano. Is the minimum wage as an equivalent of hours worked based on the state or federal minimum wage?

A: It is based on the federal minimum wage, which equates to $580 per month.

BAC Meeting Report

Ben May, MAC Coordinator, reviewed the highlights from the BAC meeting held earlier on October 23, 2026.

Since the BAC launched in 2025, Mikki Donelson and Julie Kopp have been serving on the MAC. Julie agreed to serve another year. Mikki indicated she is willing to step down to allow others to serve. Alex Helvin volunteered to serve on MAC beginning January 2027.

They also reviewed Medicaid application updates, patient directed quality goals, optical supply coverage, and transportation policies. The BAC members provided excellent feedback.

State Plan Amendments

Renae Hericks, Policy and Program Manager, reviewed the South Dakota Medicaid State Plan Amendments. The slides can be found on https://dss.sd.gov/medicaid/mac.aspx.

Q: Solano. Can you provide an example of noncitizens?

A: This is detailed on slide 6 of the "DSS: Medicaid Changes Coming Soon" slide deck from the August 2026 webinars. https://dss.sd.gov/docs/medicaid/HR1/townhall/08.19.26_Handout.pdf

Q: Schenkel. How many people were disenrolled due to noncitizen policy change?

A: Approximately 600 individuals were disenrolled. They were automatically enrolled in other coverage that remains available, if eligible. This includes Refugee Medical Assistance, Emergency Medical Assistance, and Unborn Child of Ineligible Noncitizens coverage.

Q: Williams. How many were under the age of 18?

A: It was a mix of children and adults. We would need to double check the data for the exact number of children.

Annual Report

Matthew Ballard reviewed the South Dakota Medicaid Annual Report. A copy was sent to the MAC members after the meeting. The MAC members were requested to provide feedback by November 9, 2026.

Q: Solano. As we look at Medicaid spending in South Dakota, what is the FMAP?

A: The traditional FMAP is approximately 50/50 at this point. There are enhanced FMAPs such as for the expansion population or services received through IHS. Overall Medicaid expenditures inclusive of all departments equate to 66%federal funding and 34% state funding.

Transportation

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

Q: Winder-Norwick. How familiar are staff and patients with Medicaid transportation benefit?

A: Solano. I do not believe the medical providers are that familiar. How would they know if a transportation organization is a Medicaid provider?

A. A provider directory is available on the DSS website https://dss.sd.gov/medicaid/recipients/communitytransportation.aspx https://dss.sd.gov/medicaid/recipients/securemedtransportation.aspx.

A: Schenkel. Most of the FQHC providers are familiar with the programs. However, they may be less familiar with more recent updates.

A: Kopp. A local CSP informed their enrolled families that they should take their family members to appointments, which can be a hardship.

A: Van Meeteren. Staff is not always familiar with transportation services reimbursed by Medicaid and most patients do not know

A: Haggar. It is difficult to educate patients. However, the patient navigators and social workers can connect them to transportation services.

Q: Winder-Norwick. Are there known barriers to transportation?

A: Solano. The more rural the region is, the bigger the challenge.

A: Van Meeteren. Transportation access in southeast South Dakota, especially in the Yankton Sioux reservation, is very limited.

A: Donelson. Beneficiaries do not know the guidelines, paperwork requirements, and limitations. Sometimes, the beneficiary needs someone to accompany them to the appointment. How does that work?

A. Medicaid coverage includes reimbursement for an accompanying adult if medically necessary.

A: Williams. Transportation continues to be a huge barrier for pediatric dentistry. In our case, community health workers assist with arranging transportation. It is still difficult to connect rural patients with transportation.

Q: Winder-Norwick. Are there resources or guidance that would help?

A: Donnelson. Update the online map with requirements, limitations, and guidelines. Streamline the process.

A: Van Meeteren. A simple brochure in clinics would be helpful.

Q: Schenkel. Is there a cadence that transportation fees are updated?

A: Updates are made annually with legislative appropriation. Recent years have included targeted increases based on evaluation of rates to benchmark rates.

Q: Solano. When you surveyed the transportation providers, was reimbursement a barrier?

A: Barriers included the inability to find and retain staffing and afford operations (vehicles, staff, insurance, fuel).

Rural Health Transformation (RHT) Plan Update PCP Score Card

Matthew Ballard reported on the two Medicaid objectives in the South Dakota RHT program. First, most of the Rural Strong contracts have been executed. Matthew highlighted the interactive map where individuals can view details of individual grants. The site can be found here: https://experience.arcgis.com/experience/04fd0224ea394986b757f836a7442ede/page/Page-2

Second, Medicaid contracted Meyers and Stauffer to design the PACT program. They should have their modeling work completed by December 2026. In early 2027, Medicaid anticipates being able to share modeling with interested providers.

Samantha Moon, Sr. Data Analyst, demonstrated how providers can review their quality performance related to RHT value based provider payments. This information is available at: https://dss.sd.gov/medicaid/care_management/provider/default.aspx.

Q: Solano, Van Meeteren. Does an organization need to have a revenue center or cost center for these dollars? Do we need to track how we use these dollars? Do they count as a federal award?

A: Matthew will follow up with CMS regarding these items.

Q: Haggar. How do providers interpret their data. How can they use this data to drive improvements?

A: Most of the measures are Medicaid core set measure, which include calculation specifications. Samantha will connect with Dr. Haggar outside of the meeting to address some of her specific questions.

Suggested Future Agenda Topics

- Medicaid renewal applications
- HR1 rollout
- Legislative items related to Medicaid

Public Comment: No public comments

Closing Remarks

Matthew Ballard thanked everyone for attending and providing valuable feedback. The South Dakota Medicaid Annual Report will be emailed to the MAC members.

Future Meetings

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