South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
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South Dakota Medicaid
Thursday, April 23, 2026
9:00MT / 10:00CT
Beneficiary Advisory Council Agenda
Rapid City One Stop

Welcome and Overview

- Introductions
- Opening Remarks

Updates and Committee Discussion

- Review January Meeting Minutes
  - Benefits Guide
- HOPE Waiver Renewal
- Cost Sharing
- HR1 Communications
- Medical Frailty
- Rural Health Transformation Plan

As time permits

- Juvenile Justice Targeted Case Management

Closing Remarks

Future Meetings:

- 07/23/2026 – Sioux Falls – One Stop Building
- 10/22/2026 – Pierre – Kneip Building
- 01/28/2027 – Virtual

South Dakota Medicaid Benefits Guide

Learn what benefits are included in your Medicaid coverage and who you need to get them from. Care Management Programs include the Primary Care Provider program, Care Connect, and BabyReady.

Care Management Services

These services must be provided by your Care Management provider or referred by them.

- Primary Care and Preventative Services
- Specialty Services (e.g. Cardiologist, Dermatologist, Ophthalmologist, etc.)
- Acute/Urgent Care Services*
- Lab and X-Ray
- Pregnancy and Postpartum Services
- Inpatient and Outpatient Hospital Services
- Medical Equipment and Supplies
- Occupational, Physical, and Speech Therapy
- Dietitian and Nutritionist Services
- Diabetes Self-Management Training
- Surgical Services
- Audiology Services
- Doula Services

Non-Care Management Services

These services do **not** need to be provided by your Care Management provider or referred by them.

- Prescription Drugs
- Immunizations
- Emergency Services*
- Family Planning Services
- Dental Services
- Optometry Services and Eyeglasses
- Ground and Air Ambulance Services
- Non-emergency Transportation
- Mental Health Services
- Substance Use Disorder Treatment
- Podiatry Services
- Chiropractic Services
- Community Health Worker Services

*See FAQs for additional information.

Frequently Asked Questions

What are Care Management programs?

Medicaid has three care management programs: Primary Care Provider, Care Connect, and BabyReady. Most Medicaid recipients are in one of the programs. The programs provide you with a single provider (physician, physician assistant, or nurse practitioner, or certified nurse midwife) to help coordinate your care.

How do I choose a provider?

You can choose or change your provider online at https://dss.sd.gov/pcphhselection. If you are new to Medicaid and do not choose a provider, one will be assigned to you.

Who is my Care Management Provider?

After a provider is chosen or assigned, South Dakota Medicaid will send you a letter with the name of your provider. If you do not know who your provider is, you may contact your Benefit Specialist at your local DSS office, call 605.773.3495, or make a selection online at https://dss.sd.gov/pcphhselection.

When should I see my Care Management Provider?

Medicaid recommends establishing care with a new provider as soon as reasonable. Establishing care is important in case you need a referral from the provider.

Do I need a referral to go to an Acute/Urgent care clinic?

Recipients can have up to to four acute or urgent care visits in a plan year without a referral (July 1-June 30). After four visits, all acute or urgent care visits require a referral from your care management provider. It is recommended that you notify your Care Management provider of all acute or urgent visits.

Do I need a referral to go to the Emergency Room?

No, you do not need a referral from your Care Management provider to go to the emergency room for a true emergency. If you use the emergency room for a non-emergency, you may have to pay the bill. Only use the emergency room for serious health problems that may cause lasting injury or death, such as severe bleeding, chest pain, shortness of breath, severe pain, severe allergic reaction or loss of consciousness.

Disclaimer: This page is an overview of benefits covered by South Dakota Medicaid and an indication of which require a referral from a Care Management provider when recipients are enrolled in a Care Management program. It is not a guarantee of coverage.

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For additional information about covered services, refer to the Recipient Handbook.

HOPE Waiver Renewal

Effective Date: 10/01/2026



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LONG TERM SERVICES & SUPPORTS

April 21st, 2026

LTSS

LONG TERM SERVICES & SUPPORTS

HOPE Waiver

The Home and Community-Based Options and Person-Centered Excellence (HOPE) waiver provides home and community-based services to people who need nursing facility level of care. The waiver allows people age 65 and older, and people age 18 and older who have a qualifying disability, to live at home or in the setting that is most independent for them.

HOPE WAIVER RENEWAL

- Waivers must be renewed every five years
- The renewal will be effective October 1st, 2026, pending CMS review and approval



RENEWAL OVERVIEW

- No change to eligibility
- No change to service definitions
- Targeted updates for clarity and oversight



STRUCTURED FAMILY CAREGIVING UPDATES

- Pre-service home visit
- 6-month home visit
- Additional monitoring for high-risk participants



PROVIDER ENROLLMENT

- Aligned with Medicaid requirements
- Administrative updates only
- No process changes



SERVICE CLARIFICATIONS

- Identifies assessment used
- Ensures non-duplication of services



FINANCIAL ACCOUNTABILITY

- Updated performance measure
- Ensures consistent rate review



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LONG TERM SERVICES & SUPPORTS

Public Comment Process



- March 25th – April 24th, 2026
- Multiple submission options
  - Email: hcbs@state.sd.us
  - Phone: 605-773-3656
  - Mail:

    HCBS Program Manager
    LTSS Division
    Hillsview Plaza
    3800 East Highway 34
    Pierre, SD 57501

Comments





1 (605) 773-3656

hcbs@state.sd.us

dhs.sd.gov/ltss

STEVENS AMENDMENT:

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Cost Sharing – HR1

South Dakota Department of Social Services

Federal Requirements

- **What**: The One Big Beautiful Bill Act/HR 1 requires states to implement cost sharing requirements for a subset of the Medicaid expansion population.
  - Cost Sharing is also sometimes referred to by other insurers as a co-pay or co-insurance.
- **When**: Effective Date: October 1, 2028
- **Who**: Medicaid expansion adults with income at or above 100% of the Federal Poverty Level.
  - Excludes American Indians and Alaska Natives, pregnant women, individuals under age 21, hospice patients, and institutionalized individuals.
- **Guidelines**:
  - **Limits**: Cost shares may not exceed $35 per service. Cost sharing is also limited to 5% of the Medicaid household's income for families.
    - The 5% can be applied as a monthly or quarterly limit as determined by the state

Services Federally Exempt From Cost Sharing

- Primary care
- Preventative services
- Emergency services,
- Mental health services
- Substance use disorder services
- Services provided by a federal qualified health center, behavioral health clinic, or rural health clinic

Services **Not** Exempt from Cost Sharing

- Audiology Services
- Chiropractic Services
- Community Health Worker Services
- Dental Services
- Diabetes Self-Management Training Services
- Dietician and Nutritionist Services
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- Health Department Clinics
- Home Health Agency Services
- Home Infusion Therapy Services
- Hysterectomy Services
- Inpatient Hospital Stays
- Justice-Involved Youth Targeted Case Management and Pre-Release Services
- Laboratory and Pathology Services
- Nutritional Therapy Services and Nutrition Supplements
- Optometric and Optical Services
- Personal Care Services
- Pharmacy Services/Prescription Drugs
- Physician Administered Drugs
- Physician Services/Clinic Services^
- Podiatry Services
- Private Duty Nursing
- Radiology Services
- Renal Dialysis Services
- School Districts
- Surgical Services
- Telemedicine Services
- Therapy Services
- Transportation Services
  - Ambulance
  - Community Transportation
  - Secure Medical Transportation
- Urgent Care

^certain services provided may be considered exempt (e.g., preventative services)

Draft Recommendation

Possible approach:

1. Apply cost share to a limited number of services.
   - Provides administrative simplicity.
   - Easier for providers and recipients to understand
2. Apply to services that are high cost OR not included in major medical.
   - Cost sharing is in higher-cost services or services that for the general public, require an additional insurance policy.

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High-Cost Group

- Inpatient Hospital Services:
  - $20 per claim

Non-Major Medical Group

- Optical supply:
  - $5 per claim
- Select Dental Services:
  - Limited to filings, crowns, extractions, dentures, and surgical services
  - $5 per claim

Additional Steps

- System Programming
- Provider and Communication
  - 2028
- State Plan Amendment
  - 2028
- Implementation
  - October 1, 2028



Thank You

South Dakota Department of Social Services

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DEPARTMENT OF SOCIAL SERVICES
DIVISION OF ECONOMIC ASSISTANCE

PHONE:
TOLL FREE:
FAX:

April 13, 2026 Case Number:

Community Engagement

Some adults must take part in Community Engagement (CE) activities each month to be eligible for Medicaid Expansion. CE activities help connect people with work, education, and community services. Learn how you can meet the requirement — or qualify not to participate — based on federal rules.

If you are not exempt or excluded from participation, you must demonstrate you meet the criteria in the month prior to the month in which you want coverage to begin.

If you meet one of the following criteria and were denied or terminated for Medicaid Expansion based solely on Community Engagement criteria, contact your local office. Find your local office at https://dss.sd.gov/findyourlocaloffice/.

- ✓ American Indian or Alaska Native
- ✓ Pregnant or Postpartum (the pregnancy must have ended within the last 12 months, and you must have been enrolled in Medicaid when the pregnancy ended)
- ✓ Parents, guardians, caretaker relatives, or family caregivers of a dependent child under the age of 14 or a disabled individual of any age
- ✓ Incarcerated currently or within the 90 days prior to application date

Ways to Meet the Community Engagement Requirement

You can meet the requirement by completing one or a combination of the following activities.

If we are unable to electronically verify your Community Engagement activities, you will need to provide verification. The chart below explains the activities and acceptable verifications.

Community Engagement Activities	Acceptable Documents
Working 80+ hours per month or a monthly income of $580 (the Federal Minimum Wage multiplied by 80 hours per month) per month (if you are a seasonal employee, the last 6 months of work are averaged)	✓ Wage Verification Form ✓ Written Employer Statement ✓ Pay Stub/Earning Statement ✓ Self-Employment Ledgers ✓ Gross Income Statement
Completing 80+ hours per month of community service	✓ Written Community Service Provider Statement ✓ Time Sheets ✓ Completed Attestation Form
Participating in a formal Employment-Training Program (such as SNAP, TANF, or WIOA) 80+ hours per month	✓ Written Program Statement ✓ Written Employer Statement
Enrollment in an educational program at least half-time, such as an institution of higher education or a career and technical education program	✓ Enrollment Verification Letter ✓ Current Class Schedule ✓ Tuition or Billing Statement

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	✓ Transcript with Current Registration ✓ Letter or Statement from the Educational Program

If you need assistance verifying your activities, please contact your local DSS office. You can find local office information at https://dss.sd.gov/findyourlocaloffice/.

Employment Assistance
The South Dakota Department of Labor and Regulation provides support, education, and training to individuals seeking employment in South Dakota.

Search for jobs online using **SDWORKS** at https://www.southdakotaworks.org/vosnet/default.aspx.

Find one on one support at a local office at https://dlr.sd.gov/localoffices/default.aspx#find-office.

Community Service and Community Resource Assistance
The Helpline Center's Volunteer Connections program is the critical link between individuals looking to volunteer and the nonprofit agencies that need volunteers. Locate volunteer opportunities in the Sioux Empire, Brookings, and Black Hills communities at https://volunteer.helplinecenter.org/.

The Helpline Center can connect you to resources and support in your community through the 211 Helpline. Call 211, text your zip code to 898211, or visit https://www.helplinecenter.org/ to learn more.

Community Engagement Exemptions
You do not have to meet Community Engagement requirements to qualify for Medicaid Expansion if any of the following apply. You must still meet other eligibility criteria.

If we are unable to electronically verify your exemption, you may need to provide verification. The chart below explains exemptions and acceptable verifications.

Community Engagement Exemptions	Acceptable Documents
Determined currently disabled by the Social Security Administration	✓ Statement from the Social Security Administration
Veteran with a disability rated as total	✓ Statement from the Veteran's Administration
Medically Frail (see below) and/or Participating in a drug addiction or alcohol treatment and rehabilitation program	✓ Written statement by a medical provider ✓ Medical records of your diagnoses ✓ Completed Medical Frailty Screening Tool

You may be considered medically frail if you have a serious physical, mental, or emotional health condition that makes it hard for you to work, volunteer, or participate in community activities.

You may fit this category if you:
- ✓ Have a significant or long-term medical condition
- ✓ Are recovering from major treatment or surgery
- ✓ Have a disability or functional limitation that affects daily activities
- ✓ Have a serious mental health condition or substance use disorder
- ✓ Need ongoing help with personal care or daily tasks

Short-Term Hardships
You may qualify for a temporary exemption if you are experiencing one of the following short-term hardships:
- ✓ Receiving inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or such other services of similar acuity, or

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- ✓ Traveling outside of your community for yourself or a dependent for an extended period of time to receive medical services necessary to treat a serious or complex medical condition that are not available within your community of residence.

The same information that may be used to verify medical frailty is acceptable documentation for short-term hardships. If you need assistance verifying a short-term hardship, please contact your local DSS.

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Community Engagement Resources

Locate volunteer opportunities in the Sioux Empire, Brookings, and Black Hills at https://volunteer.helplinecenter.org/.

The 211 Helpline Center can connect you to resources and support in your area. Call 211, text your zip code to 898211, or visit https://www.helplinecenter.org/.

The Department of Labor and Regulation provides support, education, and training to individuals seeking employment.

Search for jobs online using **SDWORKS** at https://www.southdakotaworks.org/vosnet/default.aspx.

Find one on one support at a local office at https://dlr.sd.gov/localoffices/default.aspx#find-office.

Community Engagement



South Dakota Department of Social Services

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Community Engagement

Some adults must complete monthly qualifying activities to keep Medicaid Expansion coverage.

Qualifying Activities

You can meet the requirements by completing one or a combination of the following activities.

- ✓ Work at least 80 hours a month or have income of $580 a month
- ✓ Complete 80 hours a month of community or volunteer service
- ✓ Participating in job training programs
- ✓ Attend school at least half-time

You May Be Exempt If You:

- ✓ Are American Indian or Alaska Native
- ✓ Pregnant or Postpartum
- ✓ Care for a child under 14 or a disabled person
- ✓ Were recently incarcerated
- ✓ Have a disability or are medically frail
- ✓ Are in treatment for substance abuse

You may be considered medically frail if you have a serious physical, mental, or emotional health condition that makes it hard for you to work, volunteer, or participate in community activities.

You May Qualify for a Short-Term Hardship If you:

- ✓ Are receiving inpatient medical services
- ✓ Are traveling for serious or complex medical conditions for yourself or a dependent

If You Have Questions

If you need assistance, contact your local DSS.

Find local office information: https://dss.sd.gov/findyourlocaloffice/.

You can apply, renew, and sign up for text and/or email notifications online using the BEES Customer Portal.

Create or log into your account at https://eaportal.sd.gov/.

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South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF ECONOMIC ASSISTANCE

PHONE:
FAX:
EMAIL:

April 13, 2026

Customer Name:

Customer DOB:

Dear ,

The above referenced individual has authorized the release of information to the Department of Social Services. **Please complete this form to verify their volunteer or community service participation and return by fax or email to the contact information at the top of this page.** If you have received this through the mail, you may also return it in the enclosed self-addressed stamped envelope.

Our programs have increased responsibility in:

- ✓ Supporting individuals in meeting assigned volunteer or community service requirements; and
- ✓ Accurately documenting participation hours and service completion to ensure compliance with program requirements and to reduce the risk of a financial sanction against the State of South Dakota.

Thank you for taking the time to complete all the information requested on this form. Your help is very much appreciated. Please contact our office using the information at the top of this page if you have any questions.

Sincerely,

Economic Assistance Staff

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To be completed by Economic Assistance Benefits Specialist before sending to volunteer site manager or providing to customer.

Volunteer/Participant Name: **DOB**: / /	
Volunteer Program/Site:	**Address/Fax**:

VOLUNTEER / COMMUNITY SERVICE VERIFICATION FORM

Volunteer Manager – Please complete entire form & return by email and/or fax to: _____

Section 1: Organization Information

Organization Name: _____
Organization Address: _____
Organization Phone Number: _____
Organization Email Address: _____
Organization Contact Individual Name: _____
Type of organization (check one or more):
☐ Nonprofit ☐ Government ☐ School ☐ Faith-Based ☐ Other (complete): _____

Section 2: Volunteer Verification

Position/Role of Volunteer: _____
Service Location (if different than above): _____
Volunteer Start Date: _____
Volunteer Quit Date (if applicable): _____

Please complete for the current month (in which you received this) and the prior 6 months:

Month (current month & last six months)	**Did the volunteer complete 80 or more hours of service?**	**If the volunteer <u>did not</u> complete 80 or more hours, how many hours did the volunteer complete?**
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Name & Title of Person Completing Form: _____

X _____

SIGN ABOVE

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HR1 & SD DSS: Medicaid Changes

Community Engagement

South Dakota Department of Social Services

Medical Frailty



HR 1 and Community Engagement

Community Engagement requirements from HR 1 start **Jan 1, 2027.**
Multiple exclusions:

- An individual in the former foster care children eligibility group
- An American Indian, California Indian, or Alaskan Native; or an individual determined to be eligible as an Indian for the Indian Health Service
- A parent, guardian, caretaker relative, or family caregiver of a dependent child age 13 and under or a disabled individual
- A veteran with a total disability
- **An individual who is medically frail or has special needs (yet to be defined), including an individual:**
  - **Who is blind or disabled**
  - **With a substance use disorder**
  - **With a disabling mental disorder**
  - **With a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more tasks of daily living, or**
  - **With a serious or complex medical condition**
- An individual who is compliant with any requirements applied by their state's Temporary Assistance for Needy Families program who is part of a household that receives Supplemental Nutrition Assistance Program benefits and is not exempt from a work requirement
- A participant in a drug addiction or alcoholic treatment and rehabilitation program
- An inmate of a public institution
- A woman who is pregnant or entitled to postpartum medical assistance

Applicable individuals:

- Medicaid Expansion applicants not otherwise excluded

This section is referred to as "Medical Frailty"

CMS Guidance

CMS refers to HR1 as the Working Families Tax Cut (WFTC) legislation. CMS is required to publish a final rule and guidance by June 1, 2026.

CMS/NAMD Call – February 13, 2026

Verbal guidance that a medical screening tool is necessary versus a “yes/no” question on an application, as a screening tool allows for “auditable self-declaration.” Reiterated the primacy of electronic verification through claims and then either receiving documentation or using auditable self-declaration.

CMS/NAMD Call – April 8, 2026

CMS Interim Final Rule related to community Engagement Requirements in final stages of review prior to release (sent to OMB on 3/31).

CMS Slide

Key Definitions: Medical Frailty Exclusion

- CMS intends to require states to use a definition of medical frailty similar to that described in regulations at 42 CFR § 440.315(f). This regulatory definition includes certain individuals described in the community engagement statute (e.g., those with serious and complex medical conditions or who have a disabling mental disorder). (See slide 36 for comparison.)
  - CMS does not intend to provide states with flexibility to add other types of individuals to the definition of medical frailty, beyond those listed in the statute.
- CMS will expect states to implement an auditable approach to verify medical frailty, in alignment with certain guardrails.
  - E.g., medical claims data review or provider documentation, or completion of a screening tool. States may require new applicants without any claims history to complete a screening tool to verify medical frailty, but CMS expects to require states to confirm that determination via claims data/documentation within 6 months post enrollment.
- CMS will expect states to distinguish between conditions justifying a medical frailty exclusion that are permanent (to be reverified at least every 12 months) vs. temporary (to be reverified at least at every renewal).
- Additional details and guardrails forthcoming.

Key Components

1. **Define Medical Frailty** – Utilize prior South Dakota definitions (SNAP etc), CMS or federal references, academic resources, experience of other states, national network of Medicaid agencies, etc. to create South Dakota Medicaid's working definition of Medical Frailty for the purposes of HR 1.

2. **Create Medical Frail Screener -** Use the *Draft South Dakota Medical Frailty Definition* to create questions, criteria and data sources that could be that can utilized on enrollment

3. **Develop Clinical Code List for Data Validation-** Using the *Draft South Dakota Medical Frailty Definition*, identify diagnosis codes, procedure codes, or other system driven indicators that can be used for automated data validation.

4. **Consider whether option for physician attestation is required, and what that would include**

South Dakota Medicaid Working Definition (1)

Medical frailty is a clinical condition where a person has significantly reduced strength, endurance, and physiological reserve, making them more vulnerable to illness, injury, or stressors (like infections, surgery, or hospitalization). A person could be considered medically frail by meeting any of the following criteria (subject to official diagnosis and/or verification):

- Blind or disabled
- With substance use disorder
- Disabling mental disorder
- Physical, intellectual, or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living
- With a serious or complex medical condition*

Condition Examples that indicate frailty (2/3)

- Solid or hematologic cancer diagnoses with ongoing treatment
- Significant end organ damage such as end-stage liver disease or severe heart failure
- Solid organ transplant status
- Substance abuse disorders
- Autoimmune disorders requiring biologic treatment such as rheumatoid arthritis
- Neurologic disorders such as Alzheimer's or Lewy Body dementia

Preliminary code set has been identified, but need CMS final guidance before it can be finalized
Screener cannot be finalized until the codes are finalized

Physician attestation (4)

- CMS allows for medical screener at time of enrollment that would then need to be verified with medical claims.
- Unclear at this point whether the medical screener can be repeated at renewal. There is a potential "gap" between enrollment and renewal at 6 months where there may be no claims yet.
- In this gap, physicians may be asked to "attest" to recipient info.

Potential options:

- Could be "signing off" on the medical screener (validating diagnoses)
- Could be separate form with check boxes for different types of diagnoses or impairments.
- Other ideas?

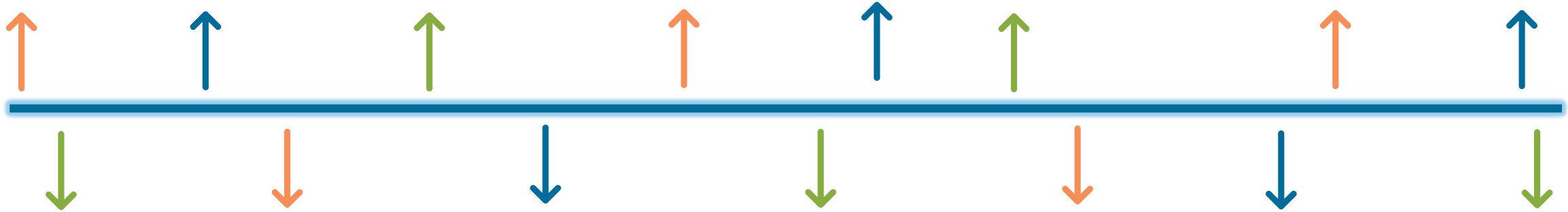
Medical Frailty Immediate Next Steps

What needs to happen next?

- ✓ CMS final rule to be released soon
- ✓ Finalize Code set
- ✓ Finalize Medical Screener
- ✓ Determine if physician verification is required
- ✓ Bring back to MAC/BAC for feedback



Medical Frailty Timeline



July 4, 2025
President Trump signs HR1.

August 2025
Initial SNAP and Medicaid HR1 Planning Workgroups.

December 2025
CMS/NAMD guidance calls commence.

January 2026
Executive Steering Committee (ESC) commences.

February 2026
HR1 Customer, Staff, & Provider Workgroups Begin.

March 2026
Draft Medical Frailty Definition Document

April 2026
JAD Sessions with RedMane on Medically Frail Interface

May 2026
Tent. Medical Services/BIT Medical Frailty Interface Technical Project In progress.

June 1, 2026
CMS Final Rule and guidance deadline.

June 2026
Finalize Medical Frailty definition based on CMS Final Rule and guidance. Update Technical Requirements as needed.

July 2026
HR1 Policy & Procedure Training including Medical Frailty

September 2026
Initial CE notification to all Medicaid Expansion enrollees.

August 2026
Town Hall Webinars for customers, stakeholders, and providers.

October / November 2026
Combined Policy/System training on HR1.

January 1, 2027
HR1 CE requirements begin.



Questions?

dss.sd.gov

South Dakota Department of Social Services



RHTP RFPs

South Dakota Department of Social Services

RFPs and Important Dates

RFP	Proposal Released	Proposals Due	Anticipated Award Date	Amount
Project Management	02/25/2026	03/27/2026	04/08/2026	$ 500,000 – 2 years
Rural Strong Grant	04/02/2026	05/22/2026	06/22/2026	$ 31,750,000 – Year 1
PACT Methodology and Modeling	02/25/2026	04/03/2026	04/30/2026	$ 450,000 – Not to exceed
PACT Population Health and Case Management Tool	Q2 Anticipated	TBD	TBD	TBD