South Dakota Department of Social Services

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# South Dakota Medicaid
# Thursday, April 23, 2026
# Beneficiary Advisory Council Meeting Minutes

**Beneficiary Advisory Council (BAC) Attendees**
**Bethany Curtis,** Sioux Falls, SD; **Mikki Donelson,** Sioux Falls, SD; **Marissa Garza,** Rapid City, SD; **Alex Helvin,** Sioux Falls, SD; **Jeannette Wellman,** Hot Springs, SD

**Could Not Attend**: Larissa Deedrich, Sioux Falls, SD; Julie Kopp, Box Elder, SD

**Other Attendees**
**Matthew Ballard**, Deputy Director, South Dakota Medicaid; **Dr. Clarissa Barnes**, Chief Medical Officer, South Dakota Medicaid; **Misty Black Bear**, Assistant Director of Long Term Services, South Dakota Department of Human Services; **Renae Hericks,** Policy and Program Manager, South Dakota Medicaid**; Lee Hosman,** Division of Economic Assistance; South Dakota Department of Social Services; **Sarah Houska**, Care Management Program Manager South Dakota Medicaid, **Mary Johnle**, South Dakota Economic Assistance, South Dakota Department of Social Services; **Ashley Lauing**, Policy Strategy Manager, South Dakota Medicaid; **Kara Peery**, Medical Program Specialist, South Dakota Medicaid; **Heather Petermann**, Director, South Dakota Medicaid; **Chris Soukup**, Care Management Administrator, South Dakota Medicaid; **Ben May** and **Sharon Chontos**, BAC Coordinators, North Star Solutions

**Welcome and Overview**
Ashley Lauing, Policy Strategy Manager with South Dakota Medicaid, welcomed the BAC members. She welcomed attendees to Rapid City, especially those who traveled to attend the meeting.

Heather Petermann, Director of South Dakota Medicaid, thanked the BAC members for their role in shaping policy and improving communication with beneficiaries. She noted that their feedback and recommendations are carefully considered and incorporated as the department develops and refines language that affects Medicaid beneficiaries across South Dakota.

**Review January 2026 Meeting Minutes**
Ben reviewed the January 2026 meeting minutes and asked for questions or corrections. Hearing none, the BAC accepted the minutes as presented. The January 2026 minutes can be found online at the BAC website.

**Benefits Guide**
Matthew Ballard, Deputy Director, South Dakota Medicaid, thanked the BAC members for their suggestions on how to improve the benefits guide and display the guide on the website. The BAC members said they liked the design of the benefits guide and it was easy to follow. They also appreciated the list of frequently asked questions. The handouts can be found on the BAC website.

Q: Petermann. Is the benefits guide in the recipient manual?
A: Yes; however, it is in a different format. In the next update of the recipient manual, we will look at aligning it with this design.

Q: Donelson. I would concur with aligning the recipient manual with this design. There are a handful of ways people can sign up for Medicaid or refer to benefits. It may be good to have this benefits guide at the Economic Assistance offices and providers offices. It is also good to have a phone number to call.

Q: Helvin. I agree that a phone number should be added. For example, I tried to go online and the site was down. The nurse helped me. Also, selecting a provider is a big decision. Many people do not know who their primary care provider is.
A: We will add a phone number. We appreciate the feedback.

**HOPE Waiver Renewal**
Misty Black Bear, Assistant Director of Long-Term Services, South Dakota Department of Human Services, reviewed the HOPE Waiver. The waiver was out for public comments through April 24, 2026. The comments will be considered for language updates. The slides can be found on the BAC website.

Q: Helvin. Will this be aligned with kids that need home care?
A: No, this only applies to those age 65 and older with qualifying disability.

**Cost Sharing**
Matthew Ballard, Deputy Director, South Dakota Medicaid, presented the cost sharing federal requirements and Soth Dakota Medicaid's draft proposals. He reported there are approximately 142,000 individuals enrolled in Medicaid of which 30,000 are eligible through Medicaid expansion. Of those 30,000, preliminary information indicates about 10,000 will be subject to the cost sharing. The slides can be found on the BAC website.

Comment: Helvin. By stating the dollar amounts (e.g., $5, $20), it is clear what the expectations are for the beneficiaries. This is much clearer than health plan language that lists 20% of services. It is not clear how much 20% will be for a particular service. I appreciate how primary care services are covered. However, some people do not know who their primary care doctor is and they do not know the difference between primary care providers and specialists.

Comment: Donelson. These are feasible costs. Most people have the means to get $5 - $20. It will be easier to convince people to get the care they need.

Comment: Helvin. Yes, it is easier to pay the $5 cost share than the entire claim. The expectations are clear.

Q: Garza. Will the cost share requirements align with specific medical codes?

A: Yes, the cost share would be triggered off claims information, which may include diagnosis codes or procedure codes. For example, some in-patient hospital stays could be exempt such as newborn deliveries.

Q: Donelson. What happens when a patient leaves the hospital and then comes back right away?

A: If the hospitalization is within 72 hours, it should be just one claim. We are still considering the scenario if they transfer to another hospital.

Comment: Wellman. In that case, transferring to a hospital for more advanced services would be continuation of care.

Comment: Helvin. If a patient begins their journey in one hospital and they need an ambulance to be transferred to the second hospital, they will stop the process and not want to be transferred if there is an additional cost.

Q: Garza. Is the intent per visit or date of services.

A: The intent is per visit.

Q: Garza. Could there be two or more claims during one visit?

A: We need to consider this and reconcile with claims programming considerations.

Comment: Helvin. Each procedure should clearly outline how cost-sharing is applied. For example, the cost-share structure for surgical wisdom tooth extraction could differ from that of a crown, and these distinctions should be explicitly defined.

Comment: Donelson. Dentures are very expensive. A higher cost share would be fair. For example, $20.

Comment: Wellman. Dentures require multiple fittings. Again, it would be nice to have each service outline.

Q: Petermann. Guidance from the CMS indicates that cost sharing must be implemented. Are there additional services we should evaluate for the application of cost sharing?

Q: Garza. Durable medical equipment (DME) can be expensive.

A: Some DME is rental and some is purchased, which adds to programming complexity.

Q: Garza. What would fall under school district?

A: School nurses administer care to medically complex students. Beneficiaries under 21 years old are exempt so we could not implement cost share there.

Q: Donelson. Are beneficiaries who are institutionalized or transitional housing required to participate in cost share?

A: The state is not proposing cost sharing related to these services.

Comment. Graza. South Dakota Medicaid could include auditory and podiatry.

Q: Wellman. Hearing aid fittings and testing are like dental services. If this was included, would it be per visit or bundled?

A: If proposed, we could review programming requirements further.

Comment: Garza, Wellman, Donelson. We believe $20 for this bundle (e.g., hearing aid) would be fair and reasonable. “I would be so relieved to be only charged $20.”

Comment: Garza. Radiology may be an option. $5 cost share for a $1,400 charge.

Comment: Donelson. Other potential services for cost sharing would be chiropractor, occupational therapy, physical therapy, and speech therapy.

Comment: Garza. I would not recommend chiropractor and therapy services.

Summary: Consider audiology, podiatry, surgical, and radiology services for cost sharing.

**HR1 Communications**

Mary Johnle, Program Administrator, South Dakota Economic Assistance asked the BAC members for feedback on the content of the community engagement brochure. The brochure and program is being developed in partnership with the Helpline Center and South Dakota Department of Labor. The handouts can be found on the BAC website.

Q: Donelson. Do people need to have a doctor’s appointment and letter if they cannot work?

A: People who are exempt due to disability or a medically frail condition are not required to participate in this program.

Q: Donelson. Can you combine work with community service hours? For example, 20 hours a month of work and 60 hours a month of community service?

A: Yes, a combination of work and community service is acceptable. Also, they can combine school with community service.

Q: Wellman. Some people may criticize volunteering; however, volunteering gets people outside their house and into the community helping others.

Comment: All BAC members. The brochure makes sense as is. Add one or two examples, especially combinations of school, work, and community service.

Comment: Helvin. There may be a need for messaging that encourages community involvement by explaining both the personal benefits and the impact to the community. Explain how participation can improve individual well-being, build connections, and provide a sense of purpose, while also contributing to the community.

Comment: Donelson. Provide options for volunteering.

Q: Donnelson. How does this policy impact the recently incarcerated?
A: Beneficiaries have six months after release from prison to be on this program.
Comment: Donnelson. That works. That would give them time to get qualifications and get a job.

Q: Garza. How is community service validated?
A: Community service will be validated by a volunteer manager. DSS staff will outreach by email to the volunteer manager to validate hours of service.

Q: Donelson. Will the volunteer validation be on the website? Can I print it off and get the volunteer manager signature?
A: Yes

Q: Garza. Where can the volunteers work? Are there restrictions?
A: We are waiting for CMS guidance. We do not know if it needs to be a registered nonprofit.

Q: Garza: What happens if they do not meet community engagement requirements?
A: If they are subject to community engagement requirements, they will not qualify for Medicaid benefits.

Q: Donelson. How often do they need to turn in their paperwork?
A: Every 6 months.

**Medical Frailty**
Dr. Clarissa Barnes, Medical Director, South Dakota Medicaid, reviewed the definition of medical frailty and CMS guidance. The slides can be found on the BAC website.

Q: Helvin. I assume the doctor needs to validate or write a letter regarding medical status.
A: If we don't know who their doctor is, we may need to ask the patient if we don't have claims data yet.

Comment: Wellman: Would it be possible to trigger an automatic response from the doctor's office to Medicaid or from Medicaid to the doctor's office?

Comment: Donelson. When the patient is sick and stressed, it may be hard for them to coordinate validation between the doctor and Medicaid.

Comment: Helvin. Self-attesting would work for some people. However, it may be better to come from a doctor. They have the patient's medical records and can back up their recommendations based on appointments, diagnosis, medications, and care plans. In that way, the doctor can advocate for their patient.

Comment: Curtis. I would recommend examining the workflow between the doctor and Medicaid. How can the patient, CHW, patient advocate, or nurse help with that process?

Recommendation: Examine and recommend an optimum workflow between the doctor through their portal. Define what conditions would trigger the form.

**Rural Health Transformation Plan**
Matthew Ballard, Deputy Director, South Dakota Medicaid, reviewed the status of the RHT program. The RFPs should be released in second quarter of 2026.The slides can be found on the BAC website.

Q: Wellman: Can hospitals apply for the Rural Strong program?

A: Any hospital in South Dakota can apply. However, hospitals in urban areas need to explain how the project will impact rural populations outside their counties.

**Closing Remarks**
Ashley announced that two BAC members, Larissa Deedrich and Marissa Garza, are leaving the BAC as they have met their one-year term. Ashley and the South Dakota Medicaid team thanked Larissa and Marissa for their service. They may reapply to be on the BAC in one year.

Q: Helvin. I have three additional questions for South Dakota Medicaid. While working with patients, the SD BEES system would not upload files, and it would also stop in the middle of filling out forms and logging out. Also, we have received feedback from beneficiaries that the autorenewals are not happening. Finally, people assume that the SNAP and Medicaid systems speak with each other; however, I have submitted information to one system and found the other system did not receive that information.

A: Thank you for bringing this up. Others have brought this to our attention as well. We will address the portal issues. Additionally, the SNAP and Medicaid teams should be sharing between the two systems. We are working with the regional managers to ensure that happens.

Comment: Donelson. I can validate the portal has not worked consistently. People will fill out a portion of the form and then get kicked out. We have had to have people fill out the paper form.

Comment: Helvin. Some people do not have emails or phones. My agency will set them up with an email address but then they cannot do multi-authentication because they do not have a phone to receive a text.

Ashley and the Medicaid team acknowledged the issues reported above and will follow-up. In the meantime, Ashley encouraged the BAC members to reach out directly for help or addressing questions right away, rather than waiting for a meeting. Additionally, BAC members can add agenda items to the next meeting.

**Future Meetings:**

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