South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
FAX: 605.773.5246
WEB: dss.sd.gov

South Dakota Medicaid Tribal Consultation Agenda
October 20, 2026
1:00-3:00 Central Time
Kneip Conference Room
700 Governors Drive, Pierre, SD, 57501-2291
Join via Tribal Consultation | Meeting-Join | Microsoft Teams
Meeting ID: 259 637 219 936 16
Passcode: DB7ko2Ra

1. Introductions
2. Review Minutes from July Meeting
    - Outstanding items from previous meetings
3. Eligibility Updates and Feedback
    - HR1 Website
    - Medicaid Application Update
4. State Plan Amendments
5. Other Medicaid Updates
    - Rural Health Transformation Plan
    - HB1006 Taskforce Update
    - Transportation
6. Tribal Reports
7. IHS and UIH Reports
8. Public Input

2027 Meetings

- 01/19/2027 – Virtual
- 04/20/2027 – Rapid City
- 07/20/2027 – Sioux Falls
- 10/19/2027 – Pierre

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South Dakota Medicaid Tribal Consultation Agenda
July 21, 2026

Attendees:
Ashley Lauing, Matthew Ballard, Renae Hericks, Cynthia Gillaspie, Sara DeCoteau, Elise Johnson, Jennifer Stalley, Kimberly Johnson, Leah Belgarde, Marissa Garza, Rick Stracqualursi, Nico Sheppard, Vanessa Palmier, Caitlin Shoulder, Gene Tyon, Chairman Peter Lengkeek, Ben May, Emily Erickson, Erik Lujan, Melanie Boetel, Aaliyah Jones, Rebecca Gervais-Larson, Kate Derrick, Kristin McNeely, Mary Johnle

Welcome and Introductions:
Matt Althoff, Cabinet Secretary, Department of Social Services (DSS). Welcomed everyone and discussed preliminary implementation of Indian Managed Care Entity (HB 1006). Communication will be sent out soon to each tribe's council seeking tribal representation.

Heather Petermann, Medicaid Director, Department of Social Services (DSS), Division of Medical Services (DMS) welcomed the group, and everyone in attendance introduced themselves.

Review Minutes from the April 2026 Meeting:
Ashley Lauing, Policy Strategy Manager, DSS, DMS reviewed the minutes and indicated that minutes for the meeting can be found online on the Medicaid Tribal Consultation Website

State Plan Amendments
Renae Hericks, Policy Manager, DSS, DMS reviewed current SPAs in the tribal consultation period. Slides can be found on the Medicaid Tribal Consultation Website.

Rural Health Transformation
Matthew Ballard, Deputy Director, DSS, DMS provided an update on the Rural Strong Grant RFP. He noted a high volume of applications. The review process was recently completed, and award notifications will be sent out soon. Matthew also provided a status update regarding the Primary Accountable Care Transformation (PACT) initiative. Several stakeholder meetings have been held to inform model design. The department also recently signed a contract with a vendor to assist with model design and payment calculation. Information on the Rural Health Transformation may be found on the Department of Health's website.

- Leah Belgarde – Can you share how many tribal applicants you have had? Have there been any awards and how much?
  - Award letters have not gone out yet, as such DSS can't share those details.
- Can those be shared at the next Tribal Consultation meeting?
  - Yes, the department will share what we are able at the next meeting.

Program Integrity
Rebecca Gervais-Larson discussed program integrity efforts across South Dakota as it pertains to provider enrollment, claims processing, national reviews and state reviews and the methods that

are used to ensure accurate information. The State consistently achieves good results on our national reviews.

- Sara DeCoteau commented that she was appreciative of the work South Dakota is doing to monitor fraud, waste, and abuse.
    - Rebecca added that we send out letters to a randomly selected set of 400 recipients indicating recent visits and asking them to let Medicaid know if there are concerns.

Board of Addiction and Prevention Professionals Credentialing
Jennifer Stalley provided an overview of proposed rules regarding credentialling for select providers including peer supports. The rules package can be found here:
https://rules.sd.gov/detail.aspx?Id=955

- Gene Tyon with Oaye Luta noted they are working toward expanding the services they provide.
- Marissa Garza asked if the changes were specific to SUD?
    - This rule package is specific to addiction and prevention services.

HR1 Website Overview
Mary Johnle, Eligibility Program Administrator, DSS showed attendees the new HR1 website and where to find updates.

- Leah Belgard extended a thank you for the hard work going into the website and appreciated the language that comprehensively described excluded individuals

Tribal/IHS/UIH/Tribal 638

- Sara DeCoteau indicated that Sisseton Wahpeton is working on billing for CHW, Targeted Case Management and Doula services. They are also working with South Dakota Medicaid for an onsite training to help recipients with Medicaid applications.
- Nico Sheppard indicated that Oyate has obtained some new accreditations. Oyate is seeing exponential growth with around 600 employees. They are remodeling the dental area to expand services. They are looking to increase specialty services.

2026 Meetings

- 10/20/2026 – Pierre Tentatively

OCTOBER 2026

Revising the FSSA:
Implementing required updates for Community Engagement (and improving the form along the way)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

What we'll cover today

- **Who we are and what we do**
- **Our focus in South Dakota**
- **Hearing from you**

Who we are and what we do

WHO WE ARE

A multidisciplinary team with deep expertise

Leadership & Product



Aaron Chafetz
Engagement Lead



Jenn Noinaj
Engagement Manager



Bobby Lee
Product Lead



Charlotte Reid
Product Manager



Hailey Vest
Product Manager

Research & Design



Julia Lindpaintner



Kate Saul



Louisa Sholar



Jill Fromewick



Claire Harlam



Meghan Casey

Engineering



Neil Martinsen-Burrell



Jeff Greenland



Ian Norris



Brady Fausett

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Ian Norris



Brady Fausett

WHAT WE DO

Practical, flexible, no-cost support to states for Community Engagement implementation

Our goals

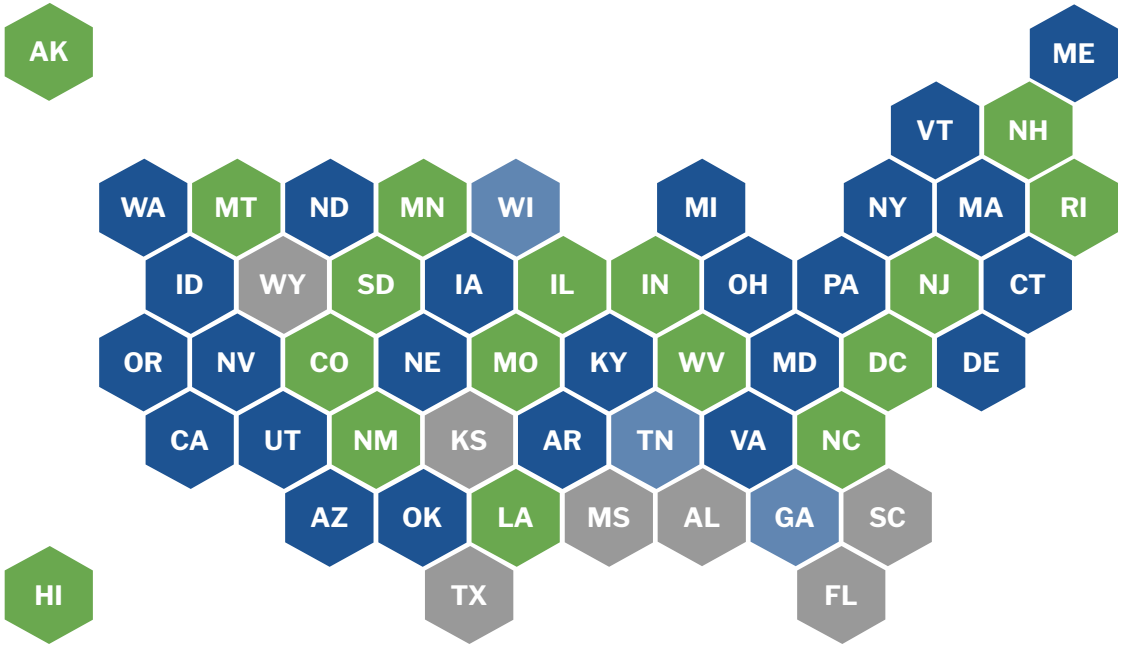
- Assist states in successfully implementing HR1 requirements
- Improve state costs and operational efficiency
- Minimize burden for applicants and beneficiaries

Our areas of focus

- **Product**: Testing, planning, and prioritization for MVP and beyond
- **Technical**: Leveraging data systems for ex parte verification
- **Operational**: Staff training and process implementation
- **Research and design**: Assessing and improving customer experience

WHO WE'RE WORKING WITH

We're engaged with states across the country



- Supporting 17 states with Emmy/TA
- Expansion enrollees (41 states)
- 1115 Waiver enrollees (3 states)
- Not impacted (7 states)

Our focus in South Dakota

Deliver an updated, streamlined, and more user-friendly Medicaid application

Update the content of the FSSA

Add questions related to CE requirements and integrate the existing Long-Term Care application (EA-240) and Medicare Savings Plan application (EA-270)

Identify opportunities for improvement

Learn about current pain points and bright spots through interviews with benefits specialists and community-based organizations

Implement form design best practices

Use plain language, logical sequencing, clear wayfinding, and more to make the form easier to for applicants, assistors, and benefits specialists

Hearing from you

HEARING FROM YOU

We invite you to share current pain points, highlight bright spots, and ask us questions

A few prompts

- What hopes and/or fears do you have about changes to the FSSA?
- If you could wave a magic wand, what would you change about the application process?
- What else do you want us to know?

Thanks for your time!

Please feel free to reach out to us if you have any questions or comments—we'd love to hear from you.

julia.lindpaintner@cms.hhs.gov



State Plan Amendment Updates



October 20, 2026

South Dakota Department of Social Services

SPAs in Tribal Consultation

SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Tribal Consultation End Date
26-0007	**CHIP Goals** Updates the CHIP state plan strategic objectives, corresponding goals and performance measurements.	11/01/2026	10/19/2026	11/18/2026
26-0012	**PASRR and Other Licensed Practitioner Services** Adds marriage and family therapists under a plan of supervision to the list of other licensed practitioner services to provide and bill for mental health services. The SPA also makes minor edits to the PASRR Categorical Determinations page at the request of Centers for Medicare & Medicaid Services (CMS) to ensure language is consistent with PASRR definitions and requirements under 42 CFR 483.100–138.	10/15/2026	10/05/2026	11/04/2026
26-0009	**CHIP Noncitizen Eligibility** Provides assurances that the State is complying with federal law regarding who is eligible for CHIP. Beginning October 1, 2026, the federal government's CHIP eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens.	10/01/2026	09/28/2026	10/28/2026
26-0010	**Medicaid Noncitizen Eligibility** Provides assurances that the State is complying with federal law regarding who is eligible for Medicaid. Beginning October 1, 2026, the federal government's Medicaid eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens.	10/01/2026	09/28/2026	10/28/2026

State plan amendments are available on our website at:
https://dss.sd.gov/medicaid/medicaidstateplan.aspx

CHIP Goals

SD-26-0007

Brief Description:
Updates the CHIP state plan strategic objectives, corresponding goals and performance measurements.

Reason for Amendment:
Updates strategic objectives, corresponding goals and performance measurements to be more meaningful and accurately measured on an annual basis for purposes of the CHIP Annual Report.

Anticipated Impact to Tribes:
No impact anticipated.

Important Dates:
Comment Period: October 19, 2026, to November 18, 2026.
Effective date: November 1, 2026

PASRR and Other Licensed Practitioner Services

SD-26-0012

Brief Description:

Adds marriage and family therapists under a plan of supervision to the list of other licensed practitioner services and makes minor edits to the PASRR Categorical Determinations page at the request of Centers for Medicare & Medicaid Services (CMS) to ensure language is consistent with PASRR definitions and requirements under 42 CFR 483.100–138.

Reason for Amendment:
Align with recent administrative rule changes and clarify PASRR policy consistent with federal regulations.

Anticipated Impact to Tribes:
No impact anticipated.

Important Dates:
Comment Period: October 5, 2026, to November 4, 2026
Effective date: October 15, 2026

CHIP Noncitizen Eligibility

SD-26-0009

Brief Description:
Provides assurances that the State is complying with federal law regarding who is eligible for CHIP. Beginning October 1, 2026, the federal government's CHIP eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens.

Reason for Amendment:
To meet new federal requirements under recent legislation.

Anticipated Impact to Tribes:
No anticipated impact.

Important Dates:
Comment Period: September 28, 2026 to October 28, 2026
Effective date: October 1, 2026

Medicaid Noncitizen Eligibility

SD-26-0010

Brief Description:
Provides assurances that the State is complying with federal law regarding who is eligible for Medicaid. Beginning October 1, 2026, the federal government's Medicaid eligibility standards will no longer allow eligibility for qualified noncitizens who are not Federal Financial Participation (FFP)-eligible noncitizens.

Reason for Amendment:
To meet new federal requirements under recent legislation.

Anticipated Impact to Tribes:
No anticipated impact.

Important Dates:
Comment Period: September 28, 2026 to October 28, 2026
Effective date: October 1, 2026

Anticipated SPAs

SPA Description	Anticipated Start of Tribal Consultation
Removal of Sunset Provision for Eligible Juveniles Removes a provisional sunset date tied to Section 5121 implementation requirements for eligible juveniles who are inmates of public institutions. Further updates coverage to fulfill the intent of Section 5121 including updating the targeted case management period to 90 days post-release and incorporating coverage authorized under Section 5122 for eligible youth incarcerated pending disposition of charges.	Fall / Winter 2026

State plan amendments are available on our website at:
https://dss.sd.gov/medicaid/medicaidstateplan.aspx

Removal of Sunset Provision for Eligible Juveniles (Anticipated)

Brief Description:
Removes a provisional sunset date tied to Section 5121 implementation requirements for eligible juveniles who are inmates of public institutions. Further updates coverage to fulfill the intent of Section 5121 including updating the targeted case management period to 90 days post-release and incorporating coverage authorized under Section 5122 for eligible youth incarcerated pending disposition of charges.

Reason for Amendment:
Conditions included in a CMS companion letter have been met allowing for the removal of the provisional sunset date and to more timely fulfil the objective of the current 5121 eligible juvenile coverage.

Anticipated Impact to Tribes:
Improved access to case management and pre-adjudication services for eligible Tribal youth and increased opportunities for Tribal providers to participate in delivering these services.

Important Dates:
Comment Period: Fall / Winter 2026
Effective date: December 1, 2026

SPAs Under CMS Review

SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Tribal Consultation End Date	Date Submitted to CMS
26-0004	**SFY27 Care Connect (Health Home) Inflationary Increase** Implements the inflationary rate increases appropriated during the 2026 legislative session and rebases the PMPM tier amounts.	07/01/2026	06/29/2026	07/29/2026	08/06/2026
26-0008	**SFY27 Provider Inflationary Increase** Primarily implements the inflationary rate increases appropriated by the state legislature during the 2026 legislative session effective July 1, 2026.	07/01/2026	06/29/2026	07/29/2026	08/14/2026
26-0002	**SFY27 Behavioral Health Inflationary Increase** Implements community mental health center (CMHC) and substance use disorder (SUD) agency rate increases appropriated by the state legislature during the 2026 legislative session effective June 1, 2026.	06/01/2026	04/20/2026	05/20/2026	05/21/2026
26-0003	**Hospital Reimbursement** Updates hospital reimbursement methodologies including inpatient and outpatient hospital services for both instate and out-of-state hospitals to modernize, streamline and more closely align the methodologies with industry standards.	07/01/2026	04/13/2026	05/13/2026	05/21/2026

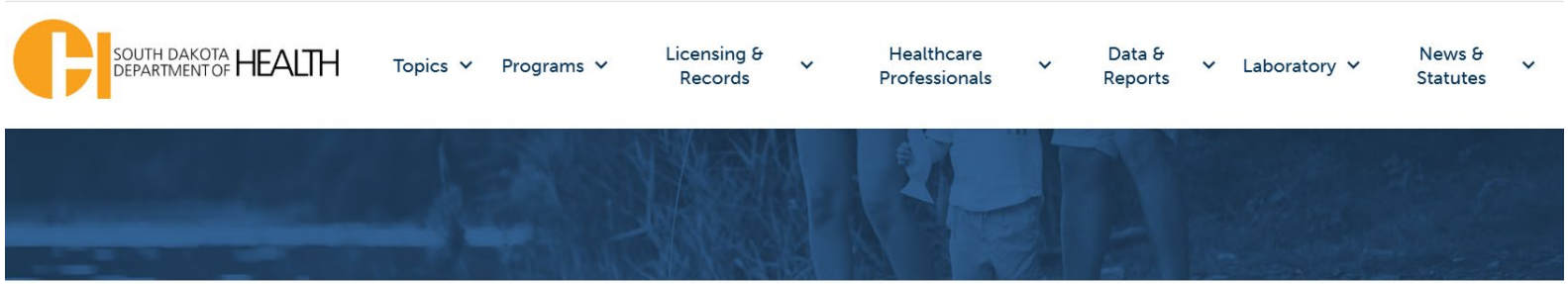
State plan amendments are available on our website at:
https://dss.sd.gov/medicaid/medicaidstateplan.aspx

Approved SPAs

SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Tribal Consultation End Date	Date Submitted to CMS	Date Approved
25-0012	**SFY26 Provider Inflationary Increase** Implements inflationary rate increases appropriated by the state legislature during the 2025 legislative session effective July 1, 2025, and coverage and reimbursement for Rural Emergency Hospitals under the Clinic Services benefit.	07/01/2025	06/23/2025	07/23/2025	07/31/2025	10/08/2026
26-0005	**CY26 Care Coordination Supplemental Payments** Updates the care coordination provider list and supplemental payment amounts.	06/01/2026	05/04/2026	06/03/2026	06/23/2026	09/08/2026
26-0001	**FQHC/RHC Scope of Service and FQHC Alternative Payment Methodology** Updates Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) criteria for scope of service changes and implements an Alternative Payment Methodology (APM) encounter rate informed by the statewide cost-based weighted-average for FQHCs as appropriated for by the legislature.	07/01/2026	04/20/2026	05/20/2026	05/21/2026	08/13/2026

State plan amendments are available on our website at:
https://dss.sd.gov/medicaid/medicaidstateplan.aspx

Rural Health Transformation



The South Dakota Department of Health (SD DOH) strives to promote, protect, and improve the health of all South Dakotans with information, licensing, and more.

Rural Health Transformation Program

Every South Dakotan deserves access to safe, high-quality care close to home. This program is designed to make rural healthcare more sustainable, connected, and resilient for the long term.

Learn More About the Rural Health Transformation Program

Explore the NEW Rural Health Transformation Interactive Map

For Providers

- Provider Education Hub
- Professional Licensing Boards
- Recruitment Assistance for Healthcare Professionals
- Data Dashboards
- Health Facility Licensure
- Food & Lodging Licensure & Codes
- Public Health

doh.sd.gov

Rural Health Transformation

SOUTH DAKOTA
RURAL HEALTH TRANSFORMATION

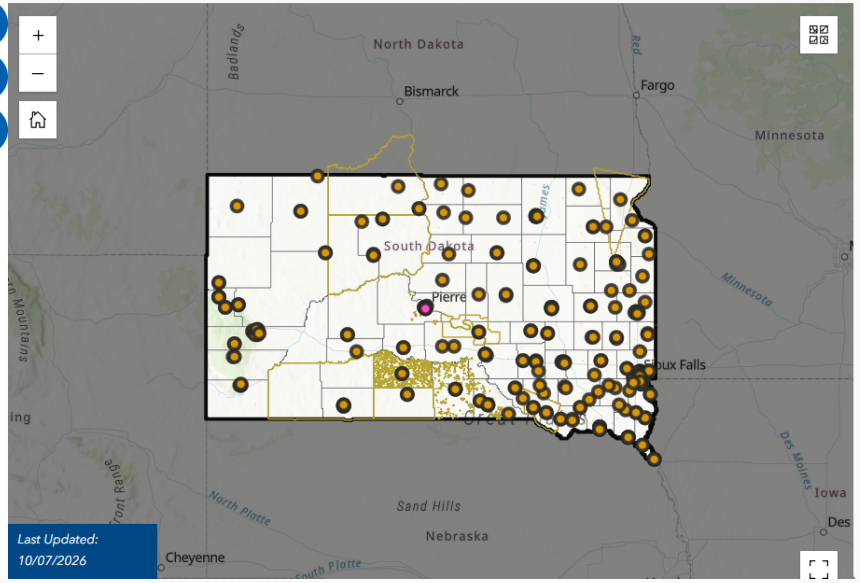
Where Investment Meets Impact

Funding Obligated	Total Number of Grants Awarded	Total Year 1 Amount
$13.8M	293	$189,477,607.26

Initiative Selection

Map Layers

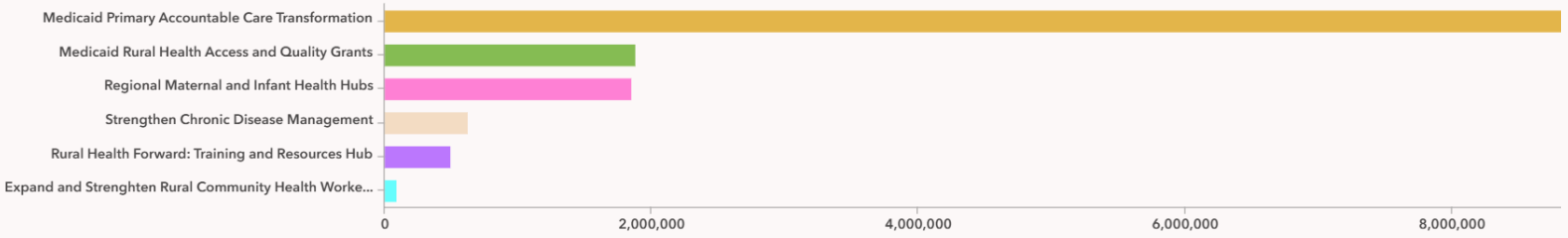
Key Terms & Definitions



Rural Health Transformation Initiatives

- 1. Connect Technology & Data for a Healthier SD
- 2. Building a Sustainable Rural Healthcare Workforce
- 3. Expand and Strengthen Rural Community Health Worker Workforce
- 4. Rural Health Forward: Training and Resource Hub
- 5. Medicaid Primary Accountable Care Transformation
- 6. Medicaid Rural Health Access and Quality Grants
- 7. Strengthen Chronic Disease Management
- 8. Regional Maternal and Infant Health Hubs
- 9. Integrated Behavioral Health through CCBHC & Collaborative Care
- 10. Enhancing Sustainable Emergency Medical Services

Funding by Initiative



2026 South Dakota Legislature

House Bill 1006

ENROLLED

AN ACT

ENTITLED An Act to create a taskforce to study the creation of Indian medicaid managed care entities in the state.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. There is established the Indian Medicaid Managed Care Model taskforce to study the creation of Indian medicaid managed care entities, as defined in 42 U.S.C. § 1396u-2(h), in this state. The taskforce must consist of:

(1) A representative from each federally recognized Indian tribe located wholly or partially within the state, appointed by the appropriate tribal council;
(2) The secretary of the Department of Social Services, or the secretary's designee;
(3) The secretary of the Department of Health, or the secretary's designee;
(4) The secretary of the Department of Tribal Relations, or the secretary's designee;
(5) Two members of the House of Representatives, appointed by the speaker of the House of Representatives;
(6) Two members of the Senate, appointed by the president pro tempore of the Senate;
(7) A representative of the United States Bureau of Indian Affairs, appointed by the director of the bureau; and
(8) The following members, appointed by the Executive Board of the Legislative Research Council:
    (a) One member representing a healthcare provider;
    (b) One member representing a healthcare insurance provider; and
    (c) One healthcare administrator.

Any vacancy on the taskforce must be filled in the same manner as the original appointment.

At the initial meeting, the members of the taskforce shall select one from among themselves to serve as the chair and one to serve as the vice chair**.**

The Department of Social Services shall provide administrative support to the taskforce.

The taskforce shall seek input from state and federal executive branch agencies, representatives of the Indian tribes, representatives of the health care industry, and other relevant stakeholders.

The taskforce shall report its findings and recommendations, together with any proposed legislation, to the Governor, on or before December 1, 2028.

Indian Medicaid managed care Taskforce

TENTATIVE Schedule

Quarterly; generally 2nd Mondays; ~3hr

November 9th 2026

January 13th 2027 (morning)

April 12th 2027

July 12th 2027

October 11th 2027

January 10th 2028

April 10th 2028

July 10th 2028

September 11th 2028

November 13th 2028

Example topics

Medicaid and Managed Care Basics

Care Delivery Models

Funding and payment flows

Critical Factors Influencing Capitation

Outcomes measurement



Medicaid Transportation Services



2026

South Dakota Department of Social Services

Medicaid Transportation

- Community Transportation: non-emergency transportation to medical services.
- Secure Transportation: non-emergency transportation for individuals who rely on a wheelchair or stretcher to move around.
- Non-Emergency Medical Transportation (NEMT): reimbursement for travel to medical appointments outside your city of residence.

Community and Secure 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.

  - **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 and Secure Transportation - Non-Covered Services

- Transportation beyond the closest facility or medical provider capable of providing the necessary services unless authorized;
- Cancelled transportation, including no-shows;
- More than two round trips (4 one-way trips) a day.

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

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.

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

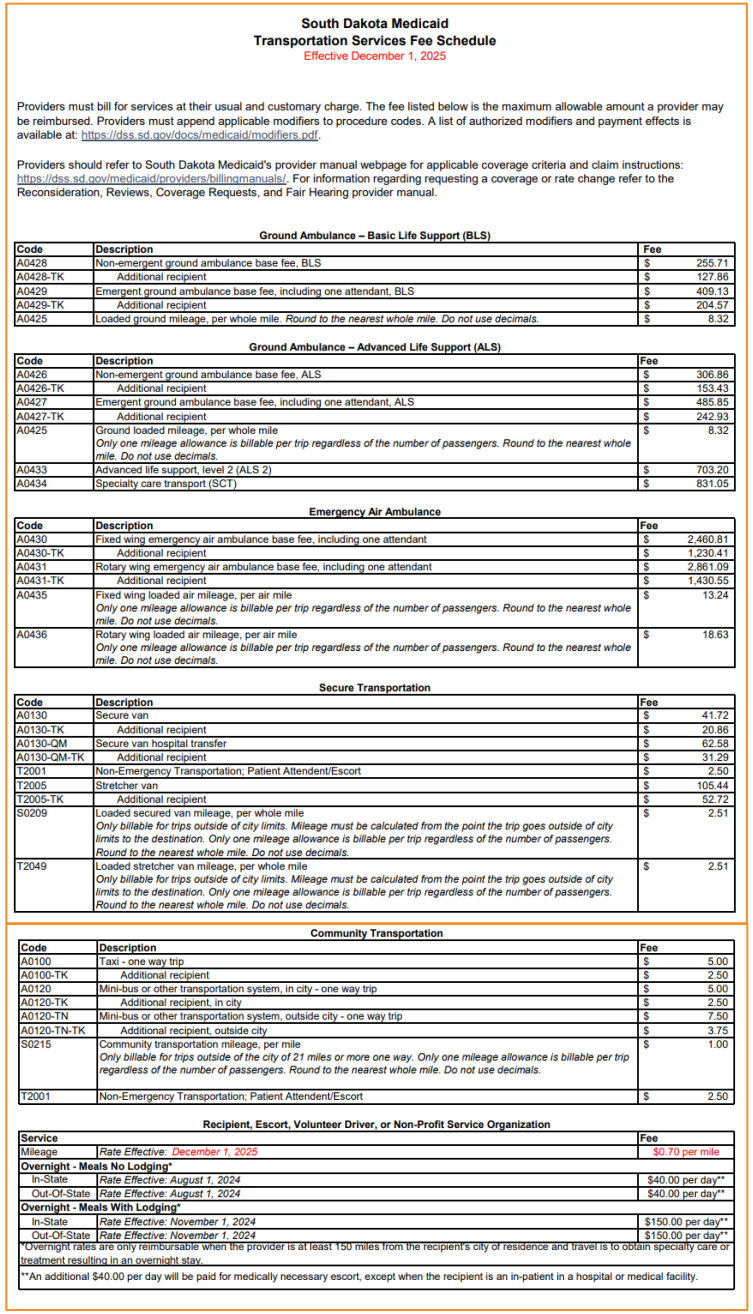
Provider Resources

- 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

Reimbursement Rates

- Fee Schedules: https://dss.sd.gov/docs/medicaid/providers/feeschedules/Other_Services/Transportation_Services_Current.pdf
- Targeted Increases Made July 2025:
  - Community Transportation Base Rate
    $5.00 (A0100 and A0120)
  - Community Transportation Mileage
    $1.00 (S0215)
  - Secure Transportation Van Base Rate
    $41.72 (A0130)
  - Secure Transportation Stretcher Van Base Rate
    $105.44 (T2005)
  - Non-Emergency Transportation; Patient Attendent/Escort
    $2.50 (T2001)



South Dakota Medicaid
Transportation Services Fee Schedule
Effective December 1, 2025

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: https://dss.sd.gov/docs/medicaid/modifiers.pdf.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: https://dss.sd.gov/medicaid/providers/billingmanuals/. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Ground Ambulance – Basic Life Support (BLS)

Code	Description	Fee
A0428	Non-emergent ground ambulance base fee, BLS	$ 255.71
A0428-TK	Additional recipient	$ 127.86
A0429	Emergent ground ambulance base fee, including one attendant, BLS	$ 409.13
A0429-TK	Additional recipient	$ 204.57
A0425	Loaded ground mileage, per whole mile. *Round to the nearest whole mile. Do not use decimals.*	$ 8.32

Ground Ambulance – Advanced Life Support (ALS)

Code	Description	Fee
A0426	Non-emergent ground ambulance base fee, ALS	$ 306.86
A0426-TK	Additional recipient	$ 153.43
A0427	Emergent ground ambulance base fee, including one attendant, ALS	$ 485.85
A0427-TK	Additional recipient	$ 242.93
A0425	Ground loaded mileage, per whole mile *Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 8.32
A0433	Advanced life support, level 2 (ALS 2)	$ 703.20
A0434	Specialty care transport (SCT)	$ 831.05

Emergency Air Ambulance

Code	Description	Fee
A0430	Fixed wing emergency air ambulance base fee, including one attendant	$ 2,460.81
A0430-TK	Additional recipient	$ 1,230.41
A0431	Rotary wing emergency air ambulance base fee, including one attendant	$ 2,861.09
A0431-TK	Additional recipient	$ 1,430.55
A0435	Fixed wing loaded air mileage, per air mile *Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 13.24
A0436	Rotary wing loaded air mileage, per air mile *Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 18.63

Secure Transportation

Code	Description	Fee
A0130	Secure van	$ 41.72
A0130-TK	Additional recipient	$ 20.86
A0130-QM	Secure van hospital transfer	$ 62.58
A0130-QM-TK	Additional recipient	$ 31.29
T2001	Non-Emergency Transportation; Patient Attendent/Escort	$ 2.50
T2005	Stretcher van	$ 105.44
T2005-TK	Additional recipient	$ 52.72
S0209	Loaded secured van mileage, per whole mile *Only billable for trips outside of city limits. Mileage must be calculated from the point the trip goes outside of city limits to the destination. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 2.51
T2049	Loaded stretcher van mileage, per whole mile *Only billable for trips outside of city limits. Mileage must be calculated from the point the trip goes outside of city limits to the destination. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 2.51

Community Transportation

Code	Description	Fee
A0100	Taxi - one way trip	$ 5.00
A0100-TK	Additional recipient	$ 2.50
A0120	Mini-bus or other transportation system, in city - one way trip	$ 5.00
A0120-TK	Additional recipient, in city	$ 2.50
A0120-TN	Mini-bus or other transportation system, outside city - one way trip	$ 7.50
A0120-TN-TK	Additional recipient, outside city	$ 3.75
S0215	Community transportation mileage, per mile *Only billable for trips outside of the city of 21 miles or more one way. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 1.00
T2001	Non-Emergency Transportation; Patient Attendent/Escort	$ 2.50

Recipient, Escort, Volunteer Driver, or Non-Profit Service Organization

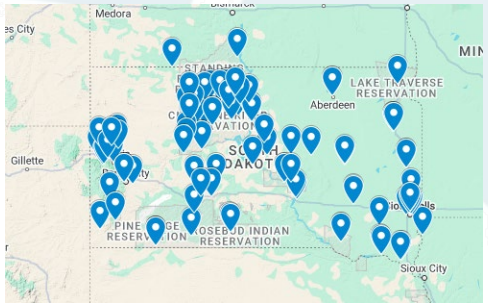
Service		Fee
Mileage	*Rate Effective: December 1, 2025*	$0.70 per mile
Overnight - Meals No Lodging*		
In-State	*Rate Effective: August 1, 2024*	$40.00 per day**
Out-Of-State	*Rate Effective: August 1, 2024*	$40.00 per day**
Overnight - Meals With Lodging*		
In-State	*Rate Effective: November 1, 2024*	$150.00 per day**
Out-Of-State	*Rate Effective: November 1, 2024*	$150.00 per day**

*Overnight rates are only reimbursable when the provider is at least 150 miles from the recipient's city of residence and travel is to obtain specialty care or treatment resulting in an overnight stay.

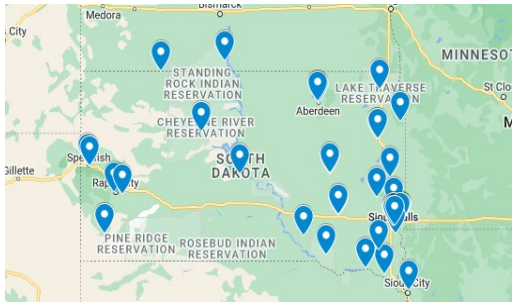
**An additional $40.00 per day will be paid for medically necessary escort, except when the recipient is an in-patient in a hospital or medical facility.

Recipient Resources

- Recipient transportation website: https://dss.sd.gov/medicaid/recipients/transportation.aspx.
- 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

Unknowns

- How many recipients have their own vehicle
- How many rural recipients received a service locally (less than 21 miles) without billed mileage

Discussion

- How familiar are staff and patients with the Medicaid transportation benefit?
  - Do any parts of the transportation process (eligibility, scheduling, communication) present challenges for your organization?

- Do you know of barriers that currently limit Medicaid recipient's access to transportation services? For example, are certain geographic areas not served, is there insufficient vehicle availability in your area, or are recipients unable to access online resources.

- Are there resources or guidance that would help your organization better support recipients who rely on transportation services?

- Based on your experience, are there changes to the transportation benefit that could improve outcomes for recipients?