Who is covered in South Dakota’s Medicaid Program?

**ELIGIBILITY GROUPS**

**FFS**

- Current & Former Foster Care Children
- Dual Eligibles
- Undocumented Immigrants**
- Intellectual and Developmental Disabilities
- Disabled Children*
- Children (0-18 years)*
- Parents and Other Caretaker Relatives*
- Pregnant Women*
- Aged, Blind, and Disabled Adults*
- American Indians/Alaskan Natives*
- Qualified Non-Citizens**

*Qualified non-citizens are subject to a 5-year waiting requirement.
**Emergency Medicaid services only.
+ Covered through primary care case management.

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**Important News**

**February 2016** - The federal government agreed to pay 100% of costs for services to Indian Health Service patients who receive specialty care in non-IHS facilities. Previously, the federal government paid a fixed rate in such cases, and the state government covered the rest of the costs. The savings from the new arrangement were significant enough to keep the possibility of Medicaid expansion for South Dakota an option.¹

**November 2016** - Although South Dakota had been expected to be the next state to expand its Medicaid program, the governor announced that they will no longer seek expansion.⁵ The decision came after the governor met with Vice President Mike Pence, who discussed the administration’s plans to repeal and replace the ACA.⁸

**June 2017** - The Department of Social Services (DSS) division of behavioral health is given $2 million in federal funding to help combat opioid use in South Dakota.⁷

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**Do Medicaid health plans provide coverage?**

**YES**

**NO**

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**How has South Dakota’s Medicaid program engaged in Managed Care?**

**SECTION 1115 WAIVER**

The Former Foster Care Youth waiver was created to provide coverage for former foster care youth up to 26% FPL through the age of 26. This coverage extends to youth who participated in the foster care system in another state or tribe.

**APPROVAL:** 4/30/2018

**EFFECTIVE:** 5/1/2018

**EXPIRATION:** 5/1/2023
**How is South Dakota meeting the needs of Medicaid enrollees?**

**Value-Based Healthcare Initiatives**
South Dakota’s health homes program offers enhanced health care services to eligible Medicaid recipients who have qualifying chronic conditions or a severe mental illness or emotional disturbance. The health home provides:
- Person-centered care
- Assistance in identifying community resources
- Medication and medical treatment management and support

**Family Planning**
Covered family planning services include:
- Diagnosis and treatment
- Drugs
- Supplies
- Devices
- Procedures
- Counseling

**Women’s Health**
Covered women’s health services include:
- Well-woman exam
- Pap smears

The breast and cervical cancer program is for under/insured women who require treatment for breast or cervical cancer, including pre-cancerous conditions and early-stage cancer.

- Coverage lasts until treatment is completed

Limited medical coverage for pregnant women is available for those with higher income limits than current requirements for the general Medicaid program. Coverage is limited to services directly related to pregnancy and delivery. It also includes 60-days postpartum care and family planning services.

**Behavioral Health**
Covered services include:
- Psychiatric and psychological evaluations
- Individual/group/family psychotherapy for the care and treatment of certain diagnosis-related mental illness or disorders
- 40 mental health visits within a 12-month period for adults. There are no limits for children under 21 years of age
- Covered drug therapies: naloxone, naltrexone, and disulfiram

**Oral Health**
Covered oral health services for children include:
- Two exams and two cleanings per year
- Most dental sealants and other services to prevent tooth decay
- Cavity fillings
- Crowns, root canals, dentures, partials, and other services to fix problems have limits with requiring pre-approval
- Braces and other orthodontic services are covered with pre-approval only when medically necessary for the worst cases; the child’s teeth must be bad enough to limit the ability to eat, chew, and talk
- A replacement retainer is covered one time

Covered services for adults include:
- Two exams and two cleanings per year
- Cavity fillings
- Limited coverage for crowns, root canals, dentures, partials, and other services, with most requiring pre-approval

There is a $1,000 limit every year (July 1 - June 30) for covered dental services.

Timeline

**Federal**

- President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.
- Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- Children and pregnant women become mandatory Medicaid eligibility groups.
- Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.
- Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.
- Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- Olmstead decision allows expanded HCBS coverage for persons with disabilities.
- Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.
- ACA implementation begins.
- 32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

**South Dakota**

- 1966: South Dakota adopts the Medicaid program²
- 1981: South Dakota initiates the Kansas Options Program.
- 1984: South Dakota initiates the Kansas Options Program.
- 1989: Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- 1997: Olmstead decision allows expanded HCBS coverage for persons with disabilities.
- 2011: Veterans Health Care Act allows 340B providers to carve out Medicaid for retail pharmacy due to challenges in the data exchange between the pharmacy and the pharmacy billing system.¹⁶
- 2013: South Dakota creates health home services for Medicaid enrollees suffering from chronic conditions, including chronic obstructive pulmonary disease, hypertension, and musculoskeletal, neck, and back disorders.
- 2017: South Dakota creates health home services for Medicaid enrollees suffering from chronic conditions, including chronic obstructive pulmonary disease, hypertension, and musculoskeletal, neck, and back disorders.