Stage	Checkpoint	Examples of Acceptable Evidence	Weight		Guidance
Stage 0 – Planning	0.1 Establish governance	Organizational chart	5%	10%	Provide a simple organizational chart showing the governance and oversight structure for the initiative. The chart should identify oversight and reporting relationships across the program structure, including the State, subrecipients, and sub-subrecipients, as applicable. States should present the structure at an appropriate level for initiative oversight and are not expected to list every individual subrecipient entity where groups or categories can be reasonably consolidated. Submissions should remain concise and focused on oversight roles and reporting relationships relevant to program administration.
	0.2 Submit project plan to CMS	Project plan	5%		Provide operational information in a structured format consistent with industry-standard project planning practices. The State should submit a project plan for each initiative. The initiative project plans should include each milestone from the approved State application and the respective completion dates. The State may choose to include additional tasks beyond the required milestones in the project plans, if desired. States may leverage the project plan template provided by CMS to create their initiative project plans or may use their preferred format as long as it accurately maps the application milestones to completion dates. Industry-standard project planning is typically performed in Excel or a similar structured format rather than in narrative form, and the State should include data fields similar to those in the project plan template (e.g., milestone/task, start and end dates, status, task owner, etc.).
Stage 1 – Project Preparation	1.1 CMS approval of project plan	CMS approval	5%	10%	CMS approval means the project plan is complete enough for implementation and aligns with the NOFO, standard and program terms and conditions, and the approved State application.[2] The State should retain the CMS approval communication for its records.
	1.2 Launch initiative	Go-live memo, public announcement, evidence of payment, executed contract	5%		Provide evidence that the initiative has moved from planning to execution. Evidence should show that at least one program, activity, subaward, contract, payment, go-live action, or equivalent implementation step is underway; issuing a NOFO or RFP alone is not sufficient. At least one executed contract may serve as evidence that the initiative has launched.
Stage 2 – Early Implementation	2.1 Continue initiative activities	In-progress project plan or similar implementation tracking document	5%	20%	Provide evidence that a broad range of initiative activities have continued after launch. Evidence should demonstrate implementation beyond initial startup activities and should reasonably reflect continued implementation across the initiative, rather than only a single activity or small selection of activities. An in-progress project plan or similar implementation tracking document showing multiple tasks in progress during the reporting period may support this checkpoint.
	2.2 Achieve at least one post-launch milestone	In-progress project plan or similar implementation tracking document	5%		Provide evidence that at least one post-launch milestone from the approved State application has been completed. The milestone should reflect substantive implementation progress tied to the approved project plan, and the documentation should clearly connect the evidence to the milestone achieved. This milestone must directly relate to the substance of the initiative, as opposed to administrative or project management milestones such as issuing RFPs, establishing governance, etc. An in-progress project plan or similar implementation tracking document showing the milestone as complete may support this checkpoint, provided the milestone is tied to the approved project plan and reflects substantive implementation progress.
	2.3 Establish metric reporting methodology	Metric targets, baseline, and data collection methodology	5%		Submit this update after subrecipients have been selected and established. At this stage, States are expected to provide a more developed and operational metric reporting and analysis methodology than what was proposed in the application. Submissions should reflect finalized metric approaches, including how methodologies are being implemented in practice, rather than projections or planned models.
	2.4 Submit updated project plan to CMS	Updated project plan	5%		Submit an updated project plan reflecting implementation progress and any refinements to activities, timelines, milestones, responsible parties, or dependencies, as appropriate to the State's approach. The updated plan should continue to operationalize the milestones approved by CMS and demonstrate how implementation has evolved since the initial project plan submission. The plan should continue to follow a structured format consistent with standard project planning practices. States may reference provided examples to inform format and level of detail.
	3.1 CMS approval of updated project plan	CMS approval	5%		CMS approval means the updated project plan adequately reflects implementation experience and remains aligned with the NOFO, terms and conditions, and approved State application. The State should retain the CMS approval communication for its records.

Stage 3 – Midway Implementation	**3.2**	**Complete Q2 2028 milestones**	In-progress project plan or similar implementation tracking document	**10%**	25%	Provide evidence that all milestones scheduled for completion by Q2 2028 have been completed, unless CMS has approved an adjustment. Submissions should confirm that milestone activities have been carried out and are complete. Evidence should clearly reflect fulfillment of the specified milestones and be supported by appropriate documentation.
	3.3	**Report initial metric progress to CMS**	Report with initial metric progress and/or reporting methods	**10%**		Report initial progress for each initiative metric. The report should explain the direction and meaning of progress, including whether data are delayed, unavailable, stagnant, improving, or declining, and should describe the reason for any limited or unexpected results.
Stage 4 – Preparation for Completion	4.1	Share final deliverables plan with CMS	Draft report, reporting template/outline	5%	20%	Share the plan for final deliverables with CMS. The plan should describe what the State will submit at the end of the initiative, the expected format, responsible parties, timeline, and how the deliverables will demonstrate appropriate use of funds and initiative outcomes.
	4.2	CMS approval of final deliverables plan	CMS approval	5%		CMS approval means the final deliverables plan is complete, feasible, and aligned with program requirements. The State should retain the CMS approval communication for its records before proceeding toward final deliverable submission.
	4.3	**Complete post-program planning**	Sustainability plan, lessons learned, external funding, legislation	**10%**		Provide post-program planning that explains how each activity or benefit of the initiative will be sustained, transitioned, completed, or responsibly closed out after RHT Program funding ends. Evidence may include sustainability plans, funding strategies, transition plans, partner commitments, or closeout plans.
Stage 5 – Full Implementation	5.1	Submit final deliverables to CMS	Final report, dashboards	5%	15%	Submit the final deliverables described in the CMS-approved final deliverables plan. Deliverables should be complete, organized, and clearly aligned with the approved plan and any required final reporting expectations.
	5.2	Complete all 2030 milestones	Project plan or similar implementation tracking document	5%		Provide evidence that all milestones scheduled for completion by 2030 have been completed. Submissions should confirm that milestone activities have been carried out and are complete. Evidence should clearly reflect fulfillment of the specified milestones and be supported by appropriate documentation.
	5.3	Report updated metric progress to CMS	Report with values and reporting method for all metrics	5%		Report final progress for each initiative metric. The report should include complete metric results, the methodology used to calculate them, any validation or quality-control steps, and explanations for trends, limitations, or delayed data where relevant.

[1] **Change Control and CMS Review:**
Submission and CMS review/approval of project plan, milestone, and metric changes are program requirements under the NOFO and are not limited to checkpoint scoring activities. States should notify CMS as soon as material changes are anticipated. Material changes must be submitted to CMS for review and approval before being finalized or operationalized. Updates may be submitted during checkpoint reporting (quarterly/annual), or at another time determined appropriate by CMS and the State. States may propose revisions due to implementation experience, funding adjustments, or extenuating circumstances consistent with the NOFO.

[2] **Milestone Review Considerations:**
CMS review of milestones is intended to ensure milestones provide a reasonable framework for tracking implementation progress over the period of performance. When reviewing milestones, CMS may consider whether milestones are aligned with the approved initiative and project plan, reflect meaningful implementation activities, are reasonably timed and achievable, and are supported by sufficient justification consistent with the NOFO. Changes to approved milestones remain subject to Footnote [1] regarding Change Control and CMS Review. CMS would not expect milestones to change absent implementation experience, funding adjustments, extenuating circumstances, or other sufficient justification consistent with the NOFO.

#	Initiative Name
1	Connect Technology and Data for a Healthier South Dakota

Narrative

This initiative addresses the digital divide in rural healthcare by modernizing health IT infrastructure across South Dakota. It supports EHR adoption, health information exchange, and operational resilience through tiered funding and technical assistance. The initiative empowers providers with tools to improve care, coordinate services, and make data-driven decisions, ultimately enhancing health outcomes in rural communities.

Number of People Served	
Please provide the number of people served	0

Metrics

#	Metric	Current Value	As of Date
1	Percentage of facilities that transition from paper-based or limited EHR systems to certified EHR technology	0	07/31/2026
2	Percentage of preventative screenings for colon cancer, breast cancer, or diabetes completed through automated patient identification and outreach	0	07/31/2026
3a	One hundred percent (100%) of funded organizations will track Key Performance Indicators (KPI) who implement or upgrade health-related technology and equipment.	0	07/31/2026
3b	One hundred percent (100%) of funded organizations will track Key Performance Indicators (KPI) who implement cybersecurity measures.	0	07/31/2026
3c	One hundred percent (100%) of funded organizations will track Key Performance Indicators (KPI) who will improve workforce competency in health information technology, cybersecurity, and digital health tools.	0	07/31/2026
4a	Number of innovative health IT pilots (AI-driven tools, advanced analytics, novel telehealth integrations) implemented	0	07/31/2026
4b	Number of innovative health IT pilots (AI-driven tools, advanced analytics, novel telehealth integrations) scaled to partner facilities	0	07/31/2026
5	Number of resources referencing Data Altas	0	07/31/2026
6	Number of county-level outcome indicators available in Data Atlas	0	07/31/2026

Stage 0 – Planning			CMS Review (CMS Use Only)	
			Stage 0 - Planning	
Checkpoint	Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1 Establish governance	Yes	ALL_0.1_OrganizationChart.pptx		
0.2 Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx		
Stage 1 – Project Preparation			**Stage 1 - Project Preparation**	
Checkpoint	Yes/No	Attachment(s)	CMS Status Evaluation	Comments
1.1 CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf		
1.2 Launch initiative	Yes	South Dakota Checkpoint Evidence.pdf		
Stage 2 – Early Implementation			**Stage 2 - Early Implementation**	
Checkpoint	Yes/No	Attachment(s)	CMS Status Evaluation	Comments
2.1 Continue initiative activities	No			
2.2 Achieve at least one post-launch milestone	No			
2.3 Establish metric reporting methodology	No			
2.4 Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation			**Stage 3 - Midway Implementation**	
Checkpoint	Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1 CMS approval of updated project plan	No			
3.2 Complete Q2 2028 milestones	No			
3.3 Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion			**Stage 4 - Preparation for Completion**	
Checkpoint	Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1 Share final deliverables plan with CMS	No			
4.2 CMS approval of final deliverables plan	No			
4.3 Complete post-program planning	No			
Stage 5 – Full Implementation			**Stage 5 - Full Implementation**	
Checkpoint	Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1 Submit final deliverables to CMS	No			
5.2 Complete all 2030 milestones	No			
5.3 Report updated metric progress to CMS	No			

#	Initiative Name
2	Building a Sustainable Rural Healthcare Workforce

Narrative

This initiative strengthens the rural healthcare workforce through an incentive-based program that attracts, develops, and retains professionals across critical roles and care settings. By combining recruitment incentives such as sign-on bonuses, relocation assistance, and rural service stipends with education-focused supports like tuition assistance, paid clinical release time, and flexible training, the program ensures access to care in rural and frontier communities. Together, these strategies build a stable, skilled, and sustainable workforce.

Number of People Served	
Please provide the number of people served	0

Metrics

#	Metric	Current Value	As of Date
1	Number of healthcare professionals recruited to rural communities	0	07/31/2026
2	Percentage of healthcare professionals retained in rural communities five years after receiving incentives	0	07/31/2026
3	Number of professionals completing education or professional development programs supported through the initiative	0	07/31/2026
4	Number of rural, frontier, and tribal counties that have benefited from an individual or entity receiving education incentives	0	07/31/2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx		
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx		
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf		
1.2	Launch initiative	No			
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation				**Stage 3 - Midway Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				**Stage 4 - Preparation for Completion**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				**Stage 5 - Full Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

#	Initiative Name
3	Expand and Strengthen Rural Community Health Worker Workforce

Narrative

Over the past 7 months, we have released an RFP (Request for Proposals) for a contractor to oversee CHW work across SD, received 3 applications, and selected one organization. This organization works closely with the Initiative lead on the 4 key activities: Financial Sustainability & Payment Frameworks, Technical Assistance for Program Development & Expansion, Workforce Recruitment & Retention, and Training, Certification, & Professional Development. The contractor and initiative lead meet 2x/month for progress updates, recruitment efforts, and implementation planning. The team has recruited 26 organizations (both previously established and new) for technical assistance and support efforts since May 1, 2026, with additional organizations continuing to reach out. The Initiative Lead is also working closely with the technical colleges for CHW training and educational awards for students, set to begin at the end of August. Contracts for both organizations are set to be signed in August. The

Number of People Served

Please provide the number of people served	**1250**

Metrics

#	Metric	Current Value	As of Date
1	Total number of individuals trained as CHWs	340	07/31/2026
2	Number of Certified CHWs and CHRs	147	07/31/2026
3	Number of CHW and CHR programs enrolled and serving Medicaid patients	33	07/31/2026
4	Number of unique Medicaid recipients receiving CHW/CHR services	1745	07/31/2026

	Checkpoint	Yes/No	Attachment(s)	CMS Review (CMS Use Only)	
Stage 0 – Planning				**Stage 0 - Planning**	
				CMS Status Evaluation	Comments
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx		
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx		
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
				CMS Status Evaluation	Comments
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf		
1.2	Launch initiative	Yes	South Dakota Checkpoint Evidence.pdf		
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
				CMS Status Evaluation	Comments
2.1	Continue initiative activities	Yes	South Dakota Checkpoint Evidence.pdf		
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation				**Stage 3 - Midway Implementation**	
				CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				**Stage 4 - Preparation for Completion**	
				CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				**Stage 5 - Full Implementation**	
				CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

#	Initiative Name
4	Rural Health Forward: Training and Resource Hub

Narrative

The initiative established a formal governance structure, including a designated team lead, supporting staff, and a contract monitoring process. While no contracts have been fully executed yet, three contracts have been awarded and are currently in the finalization stage. The Department of Health team and the awarded contractor have been meeting regularly to align on the governance model, confirm the needs assessment framework, plan provider engagement activities, and prepare for an external stakeholder kick-off. These steps have positioned the initiative for timely launch once contracts are fully executed.

Challenges: A need for increased project management support for the initiative was noted during year 1 and was added to the budget for year 2.

Number of People Served

Please provide the number of people served	0

Metrics

#	Metric	Current Value	As of Date
1	Number of providers trained	0	07/31/2026
2	% of rural, frontier, and Tribal counties with at least one participating provider	0	07/31/2026
3	Increase in participant knowledge or skill confidence based on pre-/post-training assessments	0	07/31/2026
4	Percentage of trained providers remaining in South Dakota's healthcare workforce after 12 months	0	07/31/2026

Stage 0 – Planning			
	Checkpoint	Yes/No	Attachment(s)
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx
Stage 1 – Project Preparation			
	Checkpoint	Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf
1.2	Launch initiative	Yes	South Dakota Checkpoint Evidence.pdf; Initiative4_1.2_KickOff PPT.pptx
Stage 2 – Early Implementation			
	Checkpoint	Yes/No	Attachment(s)
2.1	Continue initiative activities	No	
2.2	Achieve at least one post-launch milestone	No	
2.3	Establish metric reporting methodology	No	
2.4	Submit updated project plan to CMS	No	
Stage 3 – Midway Implementation			
	Checkpoint	Yes/No	Attachment(s)
3.1	CMS approval of updated project plan	No	
3.2	Complete Q2 2028 milestones	No	
3.3	Report initial metric progress to CMS	No	
Stage 4 – Preparation for Completion			
	Checkpoint	Yes/No	Attachment(s)
4.1	Share final deliverables plan with CMS	No	
4.2	CMS approval of final deliverables plan	No	
4.3	Complete post-program planning	No	
Stage 5 – Full Implementation			
	Checkpoint	Yes/No	Attachment(s)
5.1	Submit final deliverables to CMS	No	
5.2	Complete all 2030 milestones	No	
5.3	Report updated metric progress to CMS	No	

CMS Review (CMS Use Only)	
Stage 0 - Planning	
CMS Status Evaluation	Comments
Stage 1 - Project Preparation	
CMS Status Evaluation	Comments
Stage 2 - Early Implementation	
CMS Status Evaluation	Comments
Stage 3 - Midway Implementation	
CMS Status Evaluation	Comments
Stage 4 - Preparation for Completion	
CMS Status Evaluation	Comments
Stage 5 - Full Implementation	
CMS Status Evaluation	Comments

#	Initiative Name
5	Medicaid Primary Accountable Care Transformation

Narrative

This initiative will implement an alternative payment model that provides flexible, capitated payments to rural primary care practices, incentivizing both providers and patients for quality outcomes while promoting shared accountability for cost and utilization.

Number of People Served	
Please provide the number of people served	0

Metrics

#	Metric	Current Value	As of Date
1	HEDIS-based primary care quality measures	see below	
2	Unnecessary ED Costs	$12,700,000.00	07/31/2026
3	Healthcare expenditures allocated to primary care services	72,000,000	07/31/2026
4	Number of payers formally aligned on payment methodology	0	07/31/2026
5	Medicaid recipients enrolled in ongoing case management services	0	07/31/2026
6a	HEDIS COL (Colorectal Cancer Screening) Percentage of members aged 45–75 who receive appropriate, guideline-driven screening to prevent or detect colorectal cancer	25.06%	07/31/2026
6b	HEDIS Child and Adolescent Well-Care Visits (WCV) Percentage of members aged 3–21 who had at least one comprehensive well-child visit with a PCP or OB/GYN practitioner during the measurement year	37.53%	07/31/2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx		
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx		
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf		
1.2	Launch initiative	Yes	South Dakota Checkpoint Evidence.pdf		
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
2.1	Continue initiative activities	Yes	South Dakota Checkpoint Evidence.pdf		
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation				**Stage 3 - Midway Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				**Stage 4 - Preparation for Completion**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				**Stage 5 - Full Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

#	Initiative Name
6	Medicaid Rural Health Access and Quality Grants

Narrative

This initiative will establish Rural Health Access and QualityStrong Grants to help rural hospitals and clinics that serve rural populations assess and transition update their service delivery models to ensure long-term access to essential healthcare. These grants will help sustain vital rural healthcare services and promote quality in clinical and operational delivery across South Dakota. Funding will support professional services such as financial, legal, and organizational change management, as well as regional assessments and partnerships that strengthen coordination and sustainability. Grants will be awarded through a competitive RFP process. Provider proposals must describe how funds will be used to maintain or expand healthcare access and improve operational performance.

Number of People Served	
Please provide the number of people served	**0**

Metrics

#	Metric	Current Value	As of Date
1	Number of rural communities with access to expanded dental care	0	07/31/2026
2	Number of rural communities with access to expanded specialty service.	0	07/31/2026
3	Types of specialty care expanded to rural communities.	0	07/31/2026
4	Number of at-risk service lines supported to prevent loss of access to care	0	07/31/2026
5	Number of initiatives funded to strengthen provider financial solvency to ensure continued access to care.	0	07/31/2026

Stage 0 – Planning

	Checkpoint	Yes/No	Attachment(s)
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx

Stage 1 – Project Preparation

	Checkpoint	Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf
1.2	Launch initiative	Yes	South Dakota Checkpoint Evidence.pdf

Stage 2 – Early Implementation

	Checkpoint	Yes/No	Attachment(s)
2.1	Continue initiative activities	Yes	South Dakota Checkpoint Evidence.pdf
2.2	Achieve at least one post-launch milestone	No	
2.3	Establish metric reporting methodology	No	
2.4	Submit updated project plan to CMS	No	

Stage 3 – Midway Implementation

	Checkpoint	Yes/No	Attachment(s)
3.1	CMS approval of updated project plan	No	
3.2	Complete Q2 2028 milestones	No	
3.3	Report initial metric progress to CMS	No	

Stage 4 – Preparation for Completion

	Checkpoint	Yes/No	Attachment(s)
4.1	Share final deliverables plan with CMS	No	
4.2	CMS approval of final deliverables plan	No	
4.3	Complete post-program planning	No	

Stage 5 – Full Implementation

	Checkpoint	Yes/No	Attachment(s)
5.1	Submit final deliverables to CMS	No	
5.2	Complete all 2030 milestones	No	
5.3	Report updated metric progress to CMS	No	

CMS Review (CMS Use Only)

Stage 0 - Planning

CMS Status Evaluation	Comments

Stage 1 - Project Preparation

CMS Status Evaluation	Comments

Stage 2 - Early Implementation

CMS Status Evaluation	Comments

Stage 3 - Midway Implementation

CMS Status Evaluation	Comments

Stage 4 - Preparation for Completion

CMS Status Evaluation	Comments

Stage 5 - Full Implementation

CMS Status Evaluation	Comments

#	Initiative Name
7	Strengthening Chronic Disease Management

Narrative

Chronic diseases account for the majority of deaths and healthcare costs in rural South Dakota, yet many are preventable or manageable with appropriate interventions. To help address this we administered 5 different Request for Proposals to provide funding to a variety of entities to implement evidence-based chronic disease management interventions related to remote patient monitoring, chronic disease self-management programming and caregiver support.

Number of People Served

Please provide the number of people served	0

Metrics

#	Metric	Current Value	As of Date
1	30-day readmission rate for chronic condition patients	0	07/31/2026
2	Number of patients with controlled blood pressure	0	07/31/2026
3	Number of individuals completing a certified workshop	0	07/31/2026
4	Number of metrics (of 7) showing improved performance	0	07/31/2026

Stage 0 – Planning

	Checkpoint	Yes/No	Attachment(s)
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx

Stage 1 – Project Preparation

	Checkpoint	Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf
1.2	Launch initiative	Yes	South Dakota Checkpoint Evidence.pdf

Stage 2 – Early Implementation

	Checkpoint	Yes/No	Attachment(s)
2.1	Continue initiative activities	Yes	South Dakota Checkpoint Evidence.pdf
2.2	Achieve at least one post-launch milestone	No	
2.3	Establish metric reporting methodology	No	
2.4	Submit updated project plan to CMS	No	

Stage 3 – Midway Implementation

	Checkpoint	Yes/No	Attachment(s)
3.1	CMS approval of updated project plan	No	
3.2	Complete Q2 2028 milestones	No	
3.3	Report initial metric progress to CMS	No	

Stage 4 – Preparation for Completion

	Checkpoint	Yes/No	Attachment(s)
4.1	Share final deliverables plan with CMS	No	
4.2	CMS approval of final deliverables plan	No	
4.3	Complete post-program planning	No	

Stage 5 – Full Implementation

	Checkpoint	Yes/No	Attachment(s)
5.1	Submit final deliverables to CMS	No	
5.2	Complete all 2030 milestones	No	
5.3	Report updated metric progress to CMS	No	

CMS Review (CMS Use Only)

Stage 0 - Planning

CMS Status Evaluation	Comments

Stage 1 - Project Preparation

CMS Status Evaluation	Comments

Stage 2 - Early Implementation

CMS Status Evaluation	Comments

Stage 3 - Midway Implementation

CMS Status Evaluation	Comments

Stage 4 - Preparation for Completion

CMS Status Evaluation	Comments

Stage 5 - Full Implementation

CMS Status Evaluation	Comments

#	Initiative Name
8	Regional Maternal and Infant Health Hubs

Narrative

The Department of Health (DOH)-Established governance with a team lead, support staff, and contract monitoring process. DOH has fully executed two of the projected seven contracts, Guidehouse and South Dakota Foundation for Medical Care (SDFMC). The remaining five contracts have been awarded and are in the finalization process.

Guidehouse - Maternal Health Needs Assessment, Planning, and Policy Alignment contract started June 1, 2026. Guidehouse held a kickoff meeting, developed the assessment framework with priority and project activity alignment to final goals and project deliverables. They also completed a project plan with project management tools and identified and requested data sources needed to complete the assessment.

Number of People Served	
Please provide the number of people served	0

Metrics

#	Metric	Current Value	As of Date
1	Prenatal care visit during the first trimester (% among participating women at each OB hub)	0	07/31/2026
2	Number of women receiving hybrid OB care	0	07/31/2026
3	Percentage of women in OB hybrid model who had a positive social determinant of health screening that receive a referral for social/behavioral health needs	0	07/31/2026
4	Number of trained, certified, and Medicaid verified doulas statewide	14	07/31/2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx		
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx		
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf		
1.2	Launch initiative	Yes	South Dakota Checkpoint Evidence.pdf		
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation				**Stage 3 - Midway Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				**Stage 4 - Preparation for Completion**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				**Stage 5 - Full Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

#	Initiative Name
9	Integrated Behavioral Health through CCBHC & Collaborative Care

Narrative

This initiative will implement the Certified Community Behavioral Health Clinic (CCBHC) model statewide, ensuring comprehensive, coordinated care with same-day access, 24/7 crisis response, integrated physical and behavioral health services, and evidence-based care for special populations including veterans and perinatal populations. This initiative will also expand the Collaborative Care Model from three pilot sites to additional primary care locations statewide, integrating mental health into primary care through teams of physicians, behavioral health case managers, and psychiatric consultants. This evidence-based model improves access and quality of care for rural and frontier patients closer to home.

Number of People Served

Please provide the number of people served	**0**

Metrics

#	Metric	Current Value	As of Date
1	Operational CCBHCs per region	0	07/31/2026
2a	Percentage of same-day access standards met	0	07/31/2026
2b	Percentage of 7-day follow-ups completed and documented	0	07/31/2026
3	6-month symptoms and medication improvement among those pursuing CCBHC certification	0	07/31/2026
4	Average days from identification to first treatment intervention among all members enrolled in CCBHC	0	07/31/2026

Stage 0 – Planning				**CMS Review (CMS Use Only)**	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx		
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx		
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf		
1.2	Launch initiative	Yes	South Dakota Checkpoint Evidence.pdf		
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation				**Stage 3 - Midway Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				**Stage 4 - Preparation for Completion**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				**Stage 5 - Full Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

#	Initiative Name
10	Enhancing Sustainable Emergency Medical Services

Narrative

This initiative is designed to create a more connected, coordinated, and sustainable EMS system for South Dakota's rural, frontier, and Tribal communities while preserving local control with regional and state support. Initial efforts focused on developing the regional EMS hub framework and preparing investments in workforce development, telemedicine, health information exchange integration, shared resources, coordinated response, and clinical quality improvement. Over the

Number of People Served	
Please provide the number of people served	0

Metrics

#	Metric	Current Value	As of Date
1	Operational regional EMS hubs per designated region	0	07/31/2026
2	Percentage of licensed South Dakota ground ambulance services integrated with the State Health Information Exchange (HIE) through electronic patient care report (ePCR) data exchange	0	07/31/2026
3	Reduce the percentage of EMS responses exceeding 15 minutes by 25% from baseline by December 31, 2029.	1.65% (During calendar year 2025, 1,604 of 97,449 ground ambulance 911 responses with a unit-notified-to unit en route interval exceeded 15 minutes)	07/31/2026
4	Number of South Dakota EMS providers licensed by the South Dakota Board of Medical and Osteopathic Examiners (EMR through Paramedic).	EMR = 98; EMT = 2,177; AEMT = 139; Paramedic = 890	07/31/2026

Stage 0 – Planning			
Checkpoint		Yes/No	Attachment(s)
0.1	Establish governance	Yes	ALL_0.1_OrganizationChart.pptx
0.2	Submit project plan to CMS	Yes	ALL_0.2_Project Plan.xlsx
Stage 1 – Project Preparation			
Checkpoint		Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	South Dakota Checkpoint Evidence.pdf
1.2	Launch initiative	No	
Stage 2 – Early Implementation			
Checkpoint		Yes/No	Attachment(s)
2.1	Continue initiative activities	No	
2.2	Achieve at least one post-launch milestone	No	
2.3	Establish metric reporting methodology	No	
2.4	Submit updated project plan to CMS	No	
Stage 3 – Midway Implementation			
Checkpoint		Yes/No	Attachment(s)
3.1	CMS approval of updated project plan	No	
3.2	Complete Q2 2028 milestones	No	
3.3	Report initial metric progress to CMS	No	
Stage 4 – Preparation for Completion			
Checkpoint		Yes/No	Attachment(s)
4.1	Share final deliverables plan with CMS	No	
4.2	CMS approval of final deliverables plan	No	
4.3	Complete post-program planning	No	
Stage 5 – Full Implementation			
Checkpoint		Yes/No	Attachment(s)
5.1	Submit final deliverables to CMS	No	
5.2	Complete all 2030 milestones	No	
5.3	Report updated metric progress to CMS	No	

CMS Review (CMS Use Only)	
Stage 0 - Planning	
CMS Status Evaluation	Comments
Stage 1 - Project Preparation	
CMS Status Evaluation	Comments
Stage 2 - Early Implementation	
CMS Status Evaluation	Comments
Stage 3 - Midway Implementation	
CMS Status Evaluation	Comments
Stage 4 - Preparation for Completion	
CMS Status Evaluation	Comments
Stage 5 - Full Implementation	
CMS Status Evaluation	Comments

Score Factor	Workload Funding Score Factor Criterion	Baseline	Commitment	Current Status	Supporting Evidence	Optional Comments/Notes
B.2.	Presidential Fitness Test	0 Points: A State does not require schools to reestablish the Presidential Fitness Test	100 Points: A State requires schools to reestablish the Presidential Fitness Test that is aligned with federal guidance associated with Executive Order 14327	0 Points: A State does not require schools to reestablish the Presidential Fitness Test		South Dakota Department of Health will be bringing forward a bill to re-enact the Presidential Fitness Test for the 2027 South Dakota Legislative Session
D.2.	Physician - Medical Licensure Compact	100 Points: IMLC Member State serving as SPL (State of principal license)	No Commitment			
	Nurse - Nurse Licensure Compact	100 Points: NLC state	No Commitment			
	EMS - EMS Compact	100 Points: Is-a-licensure compact member of the EMS Compact	No Commitment			
	Psychology - PSYPACT	100 Points: PSYPACT participating	No Commitment			
	Physician Assistant - PA Compact	0 Points: No active legislation to become a PA Compact member	100 Points: Legislation enacted to become a PA Compact member – State is a compact member	100 Points: Legislation enacted to become a PA Compact member – State is a compact member	ps://sdlegislature.gov/Session/Bill/26716/302	House Bill 1146 passed during South Dakota's 2026 legislative session to become a PA Compact Member.
D.3.	PA - Scope of Practice	100 Points: Optimal Scope of Practice	No Commitment			
	NP - Scope of Practice	100 Points: Full Scope of Practice	No Commitment			
	Pharmacist - Overall Score	0 Points: 0-3 score from Cicero report for States with restricted authority	No Commitment			
	Pharmacist - Drug Administration	2 Points: Full Authority	No Commitment			
	Pharmacist - Lab Testing	1 Point: CLIA-Waived Authority	No Commitment			
	Pharmacist - Independent Prescribing	0 Points: Restricted Authority	No Commitment			
	Dental Hygienist - Overall Score	50 Points: Semi Restricted Scope of Practice (3-5 types tasks)	No Commitment			
	Dental Hygienist - Dental Hygiene Diagnosis	Unallowable Task	No Commitment			
	Dental Hygienist - Prescriptive Authority	Unallowable Task	No Commitment			
	Dental Hygienist - Local Anesthesia	General	No Commitment			
	Dental Hygienist - Supervision of Dental Assistants	Allowable Task	No Commitment			
	Dental Hygienist - Direct Medicaid Reimbursement	Unallowable Task	No Commitment			
	Dental Hygienist - Dental Hygiene Treatment Planning	Unallowable Task	No Commitment			
	Dental Hygienist - Provision of Sealants	Allowable Task	No Commitment			
	Dental Hygienist - Direct Access to Prophylaxis	Allowable Task	No Commitment			
E.3.	Short-term, limited-duration insurance (STLDI)	100 Points: STLDI plans are not restricted in the State beyond the latest federal guidance	No Commitment			
F.1.	Medicaid Payment for at Least One Form of Live Video	100 Points: Reimbursed	No Commitment			
	Medicaid Payment for Store and Forward	100 Points: Reimbursed	No Commitment			
	Medicaid Payment for Remote Patient Monitoring (RPM)	100 Points: Reimbursed	No Commitment			
	In-State Licensing Requirement Exception	0 Points: No exceptions are in place	No Commitment			
	Telehealth License/Registration Process (including special licenses)	100 Points: Regulation process is in place	No Commitment			

Success Stories

Please share success stories that you want to highlight as result of your State's implementation of the RHT Program.

1) In February 2026, South Dakota released the first round of Rural Health Transformation funding opportunities including the Digital Health Modernization and Technology Grant Program Manager, Medicaid Primary Accountable Care Transformation, Department of Social Services Project Manager, Project Management Support for the Chronic Disease Management initiative, Caregiver Support Programming, Chronic Disease Self-Management Programming, and Expand and Strengthen the Rural Community Health Worker Workforce.

2) South Dakota had moved from planning to the implementation phase of the Rural Health Transformation Program, awarding $31.75 million through selecting 30 Rural Strong grants serving 20+ healthcare systems across the state. The investments support expanded access, care coordination, maternal and Tribal health initiatives and sustainable rural healthcare models.

3) Community Health Worker Initiative: Transforming Rural Care Through Community Health Workers

The experience at Huron Regional Medical Center (HRMC) is a strong example of how South Dakota's Community Health Worker Initiative can advance the goals of the Rural Health Transformation Program by strengthening the connection between healthcare providers, patients, and the community.

As part of the initiative, a Community Health Worker (CHW) in Huron was supported in providing services to a single male client with both health and social care needs. The CEO of HRMC participated in a shadowing experience during the CHW's home visit to better understand the role, scope, and value of CHWs within a rural healthcare setting.

Before entering the client's home, the CHW prepared the CEO for the visit by explaining the client's living environment, the different dynamics that could be present, safety considerations, and the importance of approaching the client and his circumstances with dignity and respect. The visit provided the CEO with a firsthand look at the complexity of needs that rural patients may experience outside of the traditional healthcare setting—and how CHWs are uniquely positioned to address those needs.

During and after the visit, the CEO was inspired by the compassion, professionalism, and expertise demonstrated by the CHW. While he was already supportive of the CHW program at HRMC, witnessing the work firsthand significantly deepened his understanding of the CHW role and its impact on patient care.

As a direct result of the experience, the CEO is now actively encouraging HRMC healthcare providers to refer patients who fall within the CHW scope of work to the program. He is also identifying opportunities to expand CHW services throughout the organization. The CEO described the work of HRMC's current team of three CHWs as "beyond impressive" and plans to work with other healthcare leaders to increase referrals for CHW-specific services and supports across the hospital.

This is precisely the type of system-level change the Rural Health Transformation Program seeks to encourage. CHWs extend the reach of the healthcare system beyond the walls of the hospital, helping rural residents navigate healthcare and social service.

Sustainability Planning

What are the most significant updates or changes to your sustainability plan based on the past year's experiences, successes, and challenges?

1)Rural Strong Grants: Sustainability Strategy 1 — Frontier Pediatric Dental Surgical Readiness Project

The Frontier Pediatric Dental Surgical Readiness Project is designed to be financially and operationally sustainable following the grant period. Rather than creating a grant-dependent service line, the project provides a one-time infrastructure and operational readiness investment that optimizes an established healthcare delivery model.

Once the post-COVID PACU recovery bottleneck is resolved, the expanded recovery workflow will become part of routine operations at Rushmore Ambulatory Surgery Center (RASC). Sustainability is supported by: a)Sustained regional demand: RASC has a pediatric surgical scheduling backlog exceeding five months, demonstrating substantial unmet demand and supporting continued utilization. b) Established reimbursement: Increased surgical throughput will continue to be supported through existing Medicaid and third-party payer reimbursement pathways.

The project leverages existing leadership, surgical and anesthesia teams, workflows, billing systems, and licensed infrastructure, minimizing long-term administrative and staffing burden. Improved utilization of existing capacity will increase scheduling flexibility and reduce throughput limitations.

By permanently expanding local pediatric surgical access, the project will support rural healthcare sustainability through earlier intervention, reduced backlogs, emergency diversion, and preservation of rural healthcare infrastructure.

2)Rural Strong Grants: Sustainability Strategy 2 — Avera CURE Project

The Avera CURE Project is designed for long-term sustainability by building on Avera Heart Hospital's existing cardiovascular infrastructure, including cardiology coverage, diagnostics, outpatient capacity, telehealth, electronic health records, quality systems, and established relationships with rural hospitals and critical access hospitals. Grant funding will establish the staffing, technology, workflows, and evaluation systems needed to implement the model at scale. Following implementation, sustainability will be supported through retained clinical revenue, reduced leakage, operational efficiencies, appropriate use of rural and tertiary resources, value-based care readiness, and continued organizational investment in rural specialty access. The addition of two on-staff cardiologists creates capacity for a dedicated CURE rotation while maintaining existing clinical responsibilities. This allows CURE to be integrated into the ongoing cardiology staffing model rather than creating a separate grant-dependent structure. Program leadership, quality oversight, technology management, and data analysis will similarly be integrated into existing operational roles.

Financial sustainability will be reinforced through four mechanisms: 1. Reduced leakage: CURE will improve access to timely cardiology consultation and help retain clinically appropriate cardiac care within the Avera network. Current leakage is approximately 10 cardiology and vascular-related transfer requests per month, with an estimated contribution margin impact of $3,000–$15,000 per procedure or transfer. 2. Strengthened rural services: Supporting appropriate ECG review, echocardiography, stress testing, cardiac CT, rhythm monitoring, and follow-up will preserve utilization and financial viability of rural services. 3. Value-based care readiness: Improved care coordination, follow-up, chronic disease management, and reduced avoidable utilization will strengthen management of high-risk cardiac populations. 4. Data-driven investment: CURE will track referral response times, transfer avoidance, diagnostic completion, follow-up closure, patient and provider satisfaction, and cardiovascular outcomes to demonstrate value and guide future investment.

After the grant period, Avera anticipates sustaining CURE through retained clinical revenue, improved use of rural services, reduced avoidable transfers and leakage, standardized workflows, and ongoing organizational investment. Technology, care navigation, and analytics costs may also be supported through service-line operating budgets, value-based care infrastructure, payer partnerships, or future rural health funding opportunities.

Rural Definition

Please provide the definition of 'rural area' that the State used to determine whether subrecipients were considered to be rural.

South Dakota defines rural areas using the Health Resources and Services Administration's (HRSA) definition of rural as ZIP codes with Rural-Urban Commuting Area (RUCA) codes 4-10. RUCA classifications, developed by the United States Department of Agriculture (USDA), are based on population density, urbanization, and commuting patterns. Recognizing the varying degrees of rurality across the State, South Dakota further categorized these areas as Rural (RUCA 4-6), Small Rural (RUCA 7-9), and Very Rural (RUCA 10). Under this methodology, 59 ZIP codes were classified as Rural, 47 ZIP codes as Small Rural, and 253 ZIP codes as Very Rural.

Further documentation explains this in our strategic analysis of rural health in South Dakota online at: https://doh.sd.gov/healthcare-professionals/rural-health/.