



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
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Attention: South Dakota Medicaid Providers

From: South Dakota Medicaid

RE: Authorized Representatives and Medicaid Applications

South Dakota Medicaid would like to remind providers of the difference of placing yourself or your facility as an authorized representative and/or a release of information authorized by a recipient. An authorized representative carries a risk of liability. It is important providers and recipients understand an authorized representative can act for the applicant/recipient on matters related to the application and case.

When a provider signs an application on behalf of an applicant/recipient they acknowledge the following statement:

I understand that the information on this form is subject to verification by Federal, State, and local officials to determine that such information on this application is correct and complete including citizenship and alien status of the members applying for benefits. If any information is found to be incorrect, benefits may be reduced or terminated, and I will be responsible for paying the benefits back. I declare and affirm under penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct. I understand I may be subject to criminal prosecution for knowingly providing incorrect information. I have read and understand the legal information and understand my responsibilities and agree to fulfill them. I understand the penalties for giving false information or breaking the rules of the assistance program(s).

If providers would like to have information released to them regarding a recipient's case they can utilize form DSS-EA-211 ([English](#) or [Spanish](#)). This would allow providers to contact DSS to receive information based on what information the applicant authorizes on the form.

If providers would like to remove themselves as an authorized representative from any prior cases, they can contact the applicable [local office](#) and request removal.

Sincerely,

South Dakota Medicaid