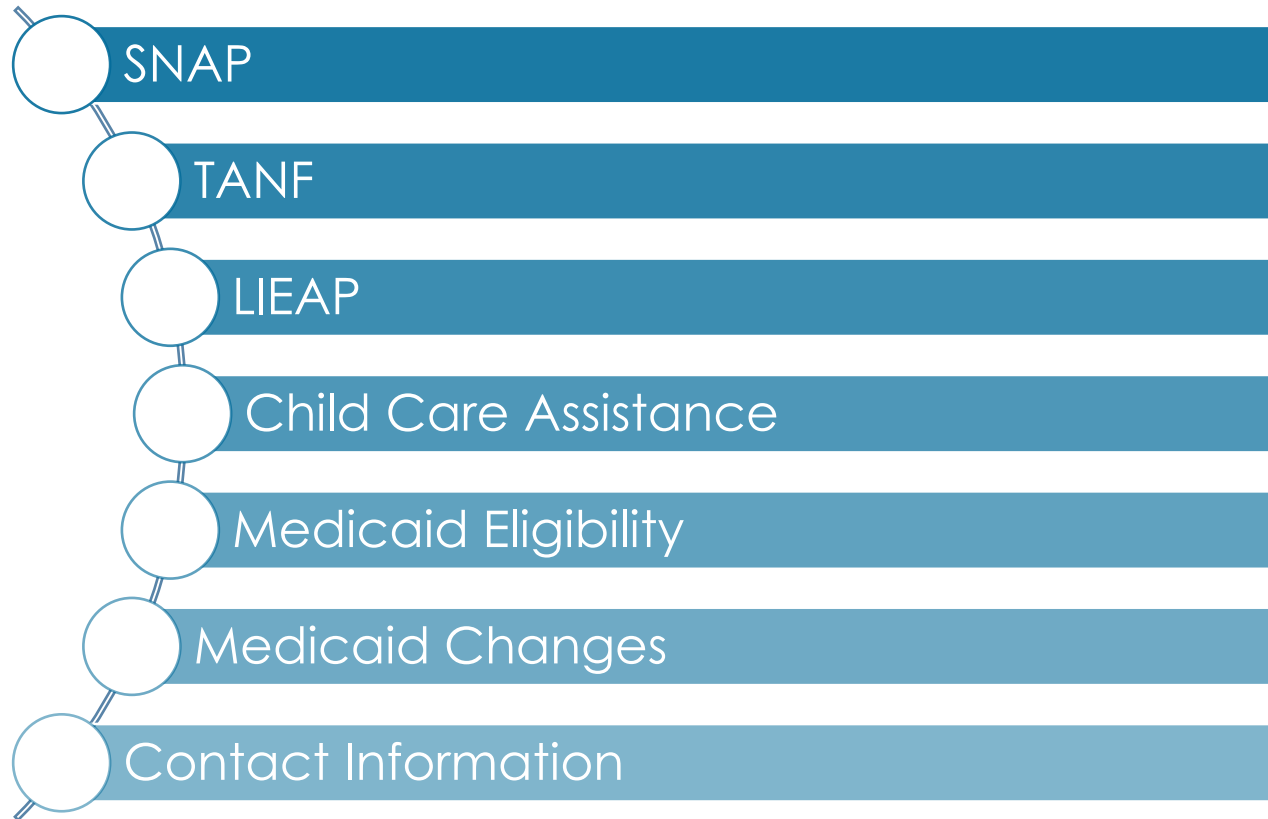




Economic Assistance



Agenda

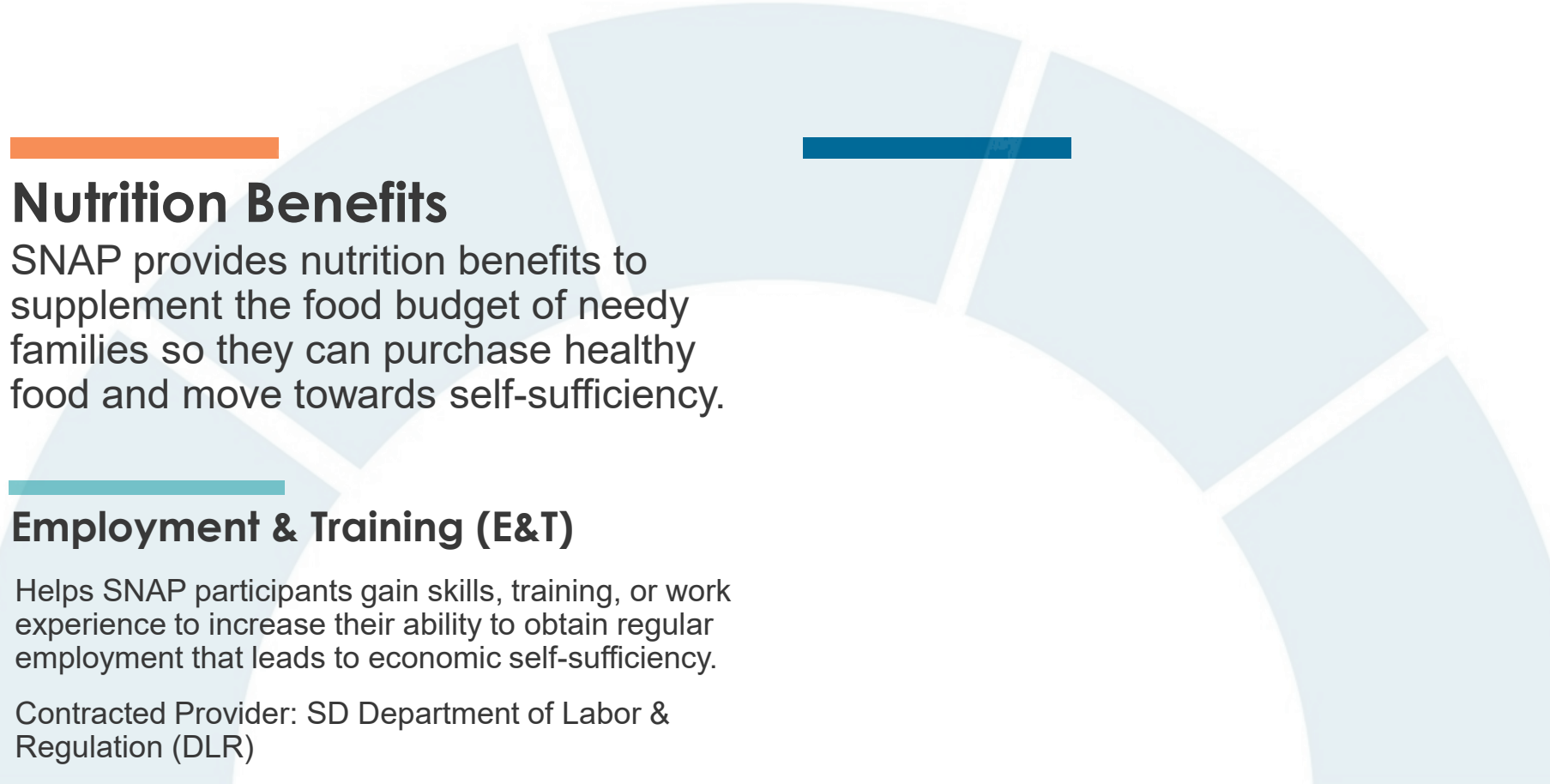


Economic Assistance Programs

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Medicaid and the Children's Health Insurance Program (CHIP)
- Energy and Weatherization Assistance
- Child Care Assistance

What is SNAP?

Supplemental Nutrition Assistance Program (SNAP)



Nutrition Benefits

SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.

Employment & Training (E&T)

Helps SNAP participants gain skills, training, or work experience to increase their ability to obtain regular employment that leads to economic self-sufficiency.

Contracted Provider: SD Department of Labor & Regulation (DLR)

Who Does SNAP Serve?

Families, Children, Elderly and Individuals with Disabilities

Families

In August 2026, there were 70,368 individuals in 35,887 households receiving SNAP.

- \$14.1 million was paid in SNAP benefits in August.

Elderly

In August 2026, SNAP served 10,491 elderly individuals, about 15% of individuals served.

- Elderly is 60 years of age or older.

Children

In August 2026, SNAP served 31,916 children, about 46% of individuals served.

- Child is under age 18.

Disabled

In August 2026, 33.7% of SNAP benefits were issued to households with a least one individual with a disability.



SNAP Requirements – General

- **Citizenship:** All household members must be U.S. citizens or lawfully residing in the U.S.
- **Social Security Number:** All household members must provide a Social Security number or apply for one.
- **Gross Monthly Income:** 130% or less of the federal poverty guidelines.
- **Resource Limits:** No more than \$3,000 in countable resources, such as a bank account (\$4,500 if at least one person in the household is a person with a disability or age 60 or older). Certain resources are not counted, such as your home and one vehicle.
- **Work Requirements:** Most able-bodied adults must meet work requirements.

SNAP Income Guidelines

Household Size	Gross monthly income (130 percent of poverty)	Net monthly income (100 percent of poverty)
1	\$1,696	\$1,305
2	\$2,292	\$1,763
3	\$2,888	\$2,221
4	\$3,483	\$2,680
5	\$4,079	\$3,138
6	\$4,675	\$3,596
7	\$5,271	\$4,055
8	\$5,867	\$4,513
Each additional member	+ \$596	+ \$459

SNAP

Electronic Benefits Transfer (EBT) Card



SNAP recipients are issued a South Dakota EBT card, like a debit card. Generally, benefits are available on the 10th of the month.

Customers purchase at an authorized retailer; online shopping is also available at select retailers.

What is TANF?

Temporary Assistance for Needy Families

TANF is a needs-based program for families with

- children under age 18
- or under age 19 if the child is in high school

Who need financial support because of:

- a death of a parent,
- a parent is absent from the home,
- A physical or mental incapacity of a parent, or
- unemployment of both parents

Who Does TANF serve?

Families with serious financial needs may qualify for TANF monthly payments.

The TANF payment is based on

- who lives with your family,
- who is eligible in your household,
- other income and resources available to family.

Who Does TANF Serve?

Families and Children

Families

In August 2026, there were 4,417 individuals in 2,207 households receiving TANF.

- Over \$1 million was paid in TANF benefits in August.

Caretaker Relative Cases

Over 80% of all TANF cases involve a non-parent caretaker (relative other than a parent).

Children

In August 2026, TANF served 3,977 children, about 90% of individuals served.

- Child is under age 18.

TANF Payment Standards

PERSON(S)	INDEPENDENT	SHARED	CHILD(REN)	AGENCY PLACED	NO AGENCY PLACEMENT
1	\$ 491	\$ 304	1	\$ 414	\$ 414
2	\$ 601	\$ 414	2	\$ 486	\$ 486
3	\$ 672	\$ 486	3	\$ 557	\$ 557
4	\$ 743	\$ 557	4	\$ 627	\$ 627
5	\$ 812	\$ 627	5	\$ 697	\$ 697
6	\$ 884	\$ 697	6	\$ 767	\$ 767
7	\$ 954	\$ 767	7	\$ 839	\$ 839
8	\$ 1,025	\$ 839	8	\$ 909	\$ 909
9	\$ 1,093	\$ 909	9	\$ 977	\$ 977
10	\$ 1,163	\$ 977	10	\$ 1,047	\$ 1,047
11	\$ 1,233	\$ 1,047	11	\$ 1,118	\$ 1,118
12	\$ 1,304	\$ 1,118	12	\$ 1,190	\$ 1,190

TANF

Parents must cooperate with work requirements with Employment Specialists from Department of Social Services or Department of Labor, depending upon their location. Parents will have:

- Access to skill-assessments
- Skill building opportunities
- Strengthen their families
- Meet personal and family goals

TANF

TANF payments will be received electronically.

Customers may choose to have their payments deposited directly into their checking or savings account, or they may choose to receive the Conduent Way2Go card.



What is LIEAP?

Low Income Energy Assistance Program and Weatherization

Help with Heat Bills

Energy Assistance helps low-income citizens pay for their home heating costs.

Weatherization

The Weatherization program is designed to help low-income households overcome the high cost of energy by making their homes more efficient.

The four community action agencies determine eligibility for the program and complete the work to weatherize the homes. (Weather-stripping doors and windows, caulking cracks, insulating attics, wall and under floors)

Emergency Components

The Emergency Crisis Intervention Program (ECIP) assists with energy bills when a customer has a current disconnect notice for their heat source, be cash on delivery or refusal to deliver with less than 20% in tank, or have an eviction notice for non-payment when heat is included in their rent.

Income Limits

LIEAP

2025-2026 Heating Season Income Limits

Household Size	Maximum 3-month Income
1 Person	\$7,825
2 Person	\$10,575
3 Person	\$13,325
4 Person	\$16,075
5 Person	\$18,825
6 Person	\$21,575
7 Person	\$22,514
8 Person	\$23,014
9 Person	\$23,514
10 Person	\$24,431

Weatherization

Household Size	3 Month 200%
1	\$7,825
2	\$10,575
3	\$13,325
4	\$16,075
5	\$18,825
6	\$21,575
7	\$24,325
8	\$27,075
9	\$29,825
10	\$32,575

Child Care Assistance

Child Care assistance is available to families to assist with childcare expenses while they work or go to school.

Payments are made directly to the childcare provider. Customers may have a co-pay, depending on their income limit.

Eligible providers include those registered or licensed by CCS, relatives, in home providers that only care for your children or an informal provider that only cares for your children.

Income Limits

Family Size	Adjusted Monthly Income
	Based on 209% of Federal Poverty Level Effective March 1, 2026
2	\$3,769
3	\$4,758
4	\$5,748
5	\$6,737
6	\$7,726
7	\$8,715

Child Care Assistance – Sliding Fee Scale

South Dakota 2026 Child Care Subsidy Co-Payments Based on 2025 Federal Poverty Guidelines Effective March 1, 2026

Family Size	170%	171%	172%	173%	174%	175%	180%	185%	190%	195%	200%	205%	206%	207%	208%	209%
2	\$3,066	\$3,084	\$3,102	\$3,120	\$3,138	\$3,156	\$3,246	\$3,336	\$3,426	\$3,517	\$3,607	\$3,697	\$3,715	\$3,733	\$3,751	\$3,769
co-pay	\$0	\$0	\$1	\$2	\$3	\$4	\$9	\$13	\$18	\$22	\$27	\$31	\$32	\$33	\$34	\$35
3	\$3,870	\$3,893	\$3,916	\$3,939	\$3,961	\$3,984	\$4,098	\$4,212	\$4,326	\$4,440	\$4,553	\$4,667	\$4,690	\$4,713	\$4,735	\$4,758
co-pay	\$0	\$1	\$2	\$3	\$4	\$5	\$11	\$17	\$22	\$28	\$34	\$39	\$40	\$42	\$43	\$44
4	\$4,675	\$4,703	\$4,730	\$4,758	\$4,785	\$4,813	\$4,950	\$5,088	\$5,225	\$5,363	\$5,500	\$5,638	\$5,665	\$5,693	\$5,720	\$5,748
co-pay	\$0	\$1	\$2	\$4	\$5	\$6	\$13	\$20	\$27	\$34	\$41	\$48	\$49	\$50	\$52	\$53
5	\$5,480	\$5,512	\$5,544	\$5,576	\$5,609	\$5,641	\$5,802	\$5,963	\$6,124	\$6,286	\$6,447	\$6,608	\$6,640	\$6,672	\$6,705	\$6,737
co-pay	\$0	\$1	\$3	\$4	\$6	\$8	\$16	\$24	\$32	\$40	\$48	\$56	\$58	\$59	\$61	\$62
6	\$6,284	\$6,321	\$6,358	\$6,395	\$6,432	\$6,469	\$6,654	\$6,839	\$7,024	\$7,209	\$7,393	\$7,578	\$7,615	\$7,652	\$7,689	\$7,726
co-pay	\$0	\$1	\$3	\$5	\$7	\$9	\$18	\$27	\$36	\$46	\$55	\$64	\$66	\$68	\$70	\$72
7	\$7,089	\$7,131	\$7,172	\$7,214	\$7,256	\$7,298	\$7,506	\$7,715	\$7,923	\$8,132	\$8,340	\$8,549	\$8,590	\$8,632	\$8,674	\$8,715
co-pay	\$0	\$2	\$4	\$6	\$8	\$10	\$20	\$31	\$41	\$52	\$62	\$72	\$75	\$77	\$79	\$81
8	\$7,894	\$7,940	\$7,987	\$8,033	\$8,079	\$8,126	\$8,358	\$8,590	\$8,822	\$9,055	\$9,287	\$9,519	\$9,565	\$9,612	\$9,658	\$9,705
co-pay	\$0	\$2	\$4	\$6	\$9	\$11	\$23	\$34	\$46	\$58	\$69	\$81	\$83	\$85	\$88	\$90
% of income	0.00%	0.03%	0.05%	0.07%	0.11%	0.14%	0.28%	0.40%	0.52%	0.64%	0.74%	0.85%	0.87%	0.88%	0.91%	0.93%

How to read scale – Locate family size in the far left column. Follow the line across to find top number which most closely matches the family's estimated monthly gross income (all sources, including wages, child support, etc). The blue number directly below it would be the estimated family co-payment (the amount the family is responsible for paying each month). Note that this chart is a condensed version and although 170 - 200% FPL is shown in 5% increments only, copay amounts do increase gradually for every increasing percentage point.

- Co-payments are calculated on a per family basis.
- All earned income is adjusted with a 4% disregard.
- Families with adjusted gross income at or below 170% of the Federal Poverty Level (FPL) do not have a co-payment.
- Families with adjusted income over 170% of the FPL will have a co-payment of under 1% of the family income.
- Co-payments remain the same, regardless of the cost of care or what type of care is selected.

Copayments are waived for Foster families caring for children in the custody of the State of South Dakota Child Protection Services or the custody of a Tribal Child Protection agency. As well as children determined to be in need of protective services who may reside in a placement with a relative caretaker or in a host placement through a family service agency. Additionally, copayments are waived for families receiving TANF or O+TANF benefits.

Medical Assistance Programs

South Dakota Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage for people who meet certain eligibility standards.

- Acts as an insurance company for individuals and pays for medically necessary services.
- Most of the individuals covered are children.
- Other individuals covered include low-income pregnant women, parents and other caretaker relatives, adults (Medicaid Expansion), individuals with physical or developmental disabilities, and individuals in need of nursing facility or home and community-based services.

Medicaid Expansion: Adult Group

SD expanded Medicaid effective July 1, 2023. Adults may be eligible for Medicaid if they are:

- aged 19 through 64,
- have income under 138% FPL, and
- are not entitled to or enrolled in Medicare.

Adult Group	
Household Size	Maximum Gross Monthly Income
1	\$1,835
2	\$2,488
3	\$3,142
4	\$3,795
5	\$4,448
6	\$5,102
7	\$5,755
8	\$6,407

Medicaid & CHIP for Children

Children With Private Health Insurance		Children Without Private Health Insurance	
Household Size	Maximum Gross Monthly Income	Household Size	Maximum Gross Monthly Income
1	\$2,487	1	\$2,780
2	\$3,372	2	\$3,768
3	\$4,258	3	\$4,759
4	\$5,143	4	\$5,748
5	\$6,027	5	\$6,736
6	\$6,913	6	\$7,727
7	\$7,798	7	\$8,715
8	\$8,682	8	\$9,704

Low-Income Families & Pregnant Women

Low-Income Families	
Household Size	Maximum Gross Monthly Income
1	\$590
2	\$740
3	\$842
4	\$941
5	\$1,042
6	\$1,145
7	\$1,244
8	\$1,343

Pregnancy Coverage	
Household Size	Maximum Gross Monthly Income
1	\$1,835
2	\$2,488
3	\$3,142
4	\$3,795
5	\$4,448
6	\$5,102
7	\$5,755
8	\$6,407

All Medical Coverage Groups

More information on SD's medical coverage groups can be located at

https://dss.sd.gov/economicassistance/medical_programs.aspx.

This includes information on specific eligibility criteria for each group, including income limits and for applicable programs, resource limits.

Medicaid Expansion - Adult Group
Children's Health Insurance Program (CHIP)
Low-Income Families
Pregnant Women
Newborns
Medicare Savings Program
Individuals in Assisted Living Facilities, Nursing Facilities or Homes
Breast and Cervical Cancer Program
HOPE Waiver for Individuals in Assisted Living or Community Home Facilities
HOPE Waiver for Individuals Living in their Homes
CHOICES Waiver for Children and Adults with Disabilities
Family Support 360 Waiver for Children and Adults with Disabilities
Disabled Children's Program
Assisted Daily Living Services Waiver for Individuals with Quadriplegia
South Dakota Medicaid for Workers with Disabilities (MAWD)
Individuals with Chronic Renal Disease
South Dakota Medicaid for Youth Formerly in Foster Care
South Dakota Medicaid for Individuals in Adult Foster Care Facilities
Adults Currently and Formerly Receiving Supplemental Security Income
Refugee Medical Assistance

Medicaid Changes Timeline

1

Starting July 2025

DSS and Partners actively preparing systems, communications, staff training, and documentation materials.

2

By September 1, 2026

Community Engagement information letter sent to all Adult Expansion recipients.

3

By October 1, 2026

Changes for qualified noncitizens.

4

Starting January 1, 2027

Community Engagement requirements apply to NEW applicants for Adult Expansion.

Currently enrolled Adult Expansion recipients are reviewed for community engagement criteria at their next regularly scheduled renewal.

Citizenship & Immigration

Current Eligibility Rules

U.S. Citizens and U.S. Nationals

Qualified Noncitizens

Changes Effective October 1, 2026

U.S. Citizens and U.S. Nationals

Lawful Permanent Residents, Cuban and Haitian Entrants, and Compact of Free Association (COFA) Migrants

5-Year Bar & 40 QQs

5-Year Bar

Certain immigration statuses are subject to the 5-year bar. After 10/01/2026:

- Lawful Permanent Residents (LPRs) are still subject to it.
- CHEs and COFA migrants are still exempt from it.

40 QQ State Option

SD has opted to require LPRs to also have 40 Qualifying Quarters (QQs) of work through SSA in their Medicaid State Plan.

People can have their own QQs or be credited with 40 QQs from a spouse (for QQs earned during marriage) or from a parent (QQs must have been earned while applicant was <18).

LPRs are **exempt from the 40 QQ** requirement if their **status on entry was exempt from the 5-year bar**. This is true even if their status on entry is no longer an FFP-eligible status. Exempt statuses upon entry include refugees, CHEs, COFA migrants, asylees, victims of human trafficking, Amerasian immigrants, and some other less common statuses.

What coverage is not affected October 1, 2026?

Unborn Children of Ineligible Noncitizens

Coverage is restricted to pregnancy-related services.

Emergency Medicaid for Ineligible Noncitizens

Coverage is restricted to the treatment of the emergency medical conditions.

Refugee Medical Assistance (RMA)

This is a wholly federally funded program that provides up to 12 months of coverage to certain newly arrived noncitizens who don't qualify for Medicaid.

Retroactive Coverage

Current Eligibility Rules

Coverage can begin up to three (3) months prior to the application date.

Changes Effective January 1, 2027

Coverage can begin up to one (1) month prior to the application date for Adult Expansion applicants and two (2) months for all other applicants.

Renewal Changes

Current Eligibility Rules

Renewals occur once every 12 months for all coverage groups.

Changes Effective January 1, 2027

Renewals occur once every 6 months for Adult Expansion, unless Native American, tribally enrolled, or eligible for Indian Health Services.

Renewals remain once every 12 months for all other coverage groups.

How will the renewal changes go into effect?

Effective Date of Change: January 1, 2027

New Applicants

New applicants approved for Adult Expansion on or after January 1, 2027, will have 6-month renewals **immediately**.

Ongoing Beneficiaries

Adult Expansion beneficiaries enrolled on January 1, 2027, will transition to 6-month renewals at their **first regularly scheduled renewal starting March 2027**.

Community Engagement (“Work Requirements”)

WHO is impacted?

Some adults ages 19 through 64 with income up to 138% of the federal poverty level.

WHEN?

New Applicants – January 1, 2027

Ongoing Adult Expansion Beneficiaries –
First regularly scheduled renewal starting March 2027

Which Adult Expansion beneficiaries are excluded? (1 of 2)

- People who under age 26, who were in state or tribal care when they turned 18, and were enrolled in Medicaid at that time
- People who are Native American, enrolled in a tribe, or eligible for Indian Health Services
- People who provide regular care to a child age 13 or younger or a person with a disability of any age (individuals may meet this exclusion even if they aren't related to or don't live with the child or person with a disability)
- Veterans with total disability ratings, whether temporary or permanent
- People who are medically frail or have special medical needs (like a disability or serious or complex medical condition) that impair their ability to complete community engagement activities

Which Adult Expansion beneficiaries are excluded? (2 of 2)

- People who are already required to comply with SNAP or TANF work requirements
- People who are in drug addiction or alcohol treatment or rehabilitation
- People who are current or recent inmates of public institutions
- People who are pregnant, people who are eligible for postpartum Medicaid

Exceptions

People who were under the age of 19, entitled or enrolled in Medicare, were in certain other coverage groups, or were previously excluded during their “community engagement review period”

What if someone is not excluded?

Qualifying Activities (one or more)

For How Long?

New Applicants – 1
Month Prior to
Application Date

Beneficiaries – 1 Month
Since Last Renewal

**\$580 Countable
Household Income**

**Half-Time
Educational
Enrollment**

**80 Hours of Paid,
Unpaid, or In-Kind
Work**

**80 Hours of
Community Service**

**80 Hours of Work
Program
Participation**

Top Customer Questions

How do I know if I'm an Adult Expansion beneficiary?

Notices from DSS, the BEES Customer Portal starting January 1, 2027, or contact with your local office.

How will I know if DSS needs something from me?

DSS will send you a Request for Information at application or renewal with 30 days to respond.

What if I don't have documents?

DSS only asks for documents if information isn't in the file or electronically available.

If you don't have documents, we'll send a form to fill out.

Top Provider and Stakeholder Questions

Will providers be asked to document medical frailty and how is it defined?

DSS will host a webinar on medical frailty on November 4, 2026.

How can we help?

Encourage enrollees to keep their contact information with DSS up to date and read all notices from DSS.

What if someone loses coverage?

Individuals can reapply at any time.

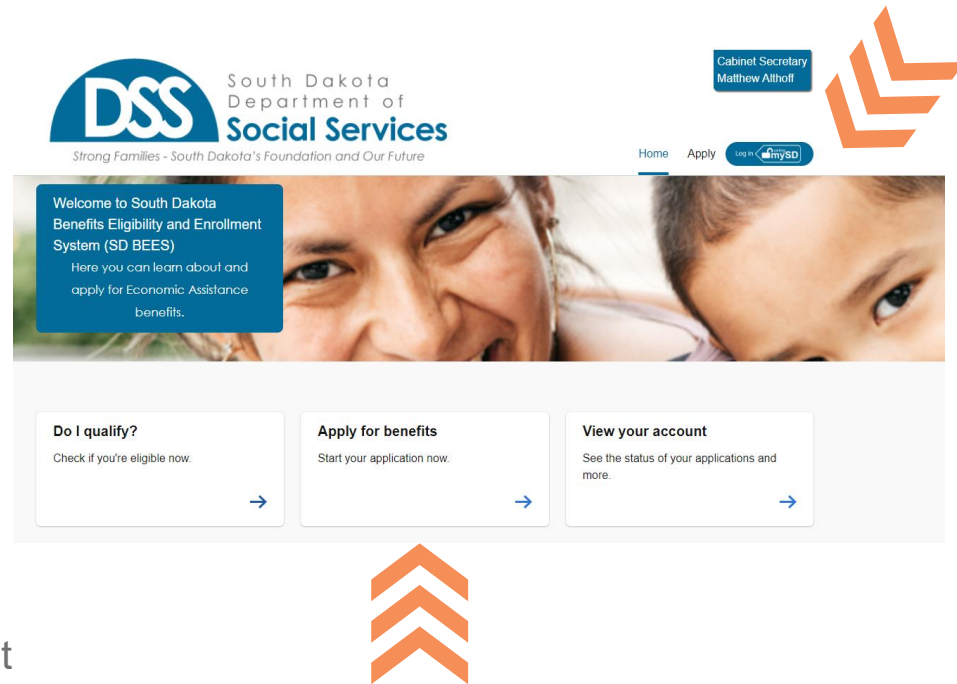
Benefits Eligibility & Enrollment System (BEES)

The **BEES Customer Portal** helps South Dakotans:

- Apply for Medicaid/CHIP, SNAP, and/or Child Care Assistance (CCA),
- Report changes,
- Complete renewals,
- Check coverage/application status,
- View notices,
- Request appeals, and
- Find local office contact information.

The site is optimized to work on a desktop computer as well as any other mobile device (e.g., scales to laptop, cell phone, or tablet).

Sign up or log into the BEES Customer Portal at <https://eaportal.sd.gov/>.



Customer Support

How Medicaid Enrollees Can Learn More and Stay Informed

- *Make sure your preferred mailing address and phone number are up to date with DSS.*
- Read all notices and mail from DSS
- Contact your local office if you have questions. Find your local office information at: <https://dss.sd.gov/findyourlocaloffice/>
- Frequently visit the South Dakota Medicaid Changes Coming Soon website at <https://dss.sd.gov/medicaid/HR1.aspx>
- Access the Community Engagement Fact Sheet in English and Spanish at <https://dss.sd.gov/formsandpubs/>
- Sign up to receive email and/or text alert notifications when we send you mail in the SD BEES Customer Portal. Sign up or login here: <https://eaportal.sd.gov/>
- Visit the Medicaid Recipient page to sign up for the Recipient Listserv and learn more about recipient communication: <https://dss.sd.gov/medicaid/recipients/>
- Follow DSS on Facebook at <https://www.facebook.com/SouthDakotaDSS/>
- Follow DSS on Instagram at <https://www.instagram.com/southdakotadss/>

Provider & Stakeholder Resources

What Providers and Stakeholders Can Do Now

- *Encourage enrollees to keep their preferred mailing address and phone number up to date with DSS and to read all notices and mail from DSS.*
- Encourage enrollees to sign up for email and/or text alert notifications when we send them mail in the SD BEES Customer Portal. Sign up or login here: <https://eaportal.sd.gov/>
- Frequently visit the South Dakota Medicaid Changes Coming Soon website at <https://dss.sd.gov/medicaid/HR1.aspx>
 - ✓ *Take advantage of the Partner Tip Sheet to Help Someone Renew Medicaid & CHIP Coverage and the Social Media Toolkit available now on our site*
- Access the Community Engagement Fact Sheet in English and Spanish at <https://dss.sd.gov/formsandpubs/>
- Visit the Medical Tribal Consultation page and sign up for the Tribal Consultation Listserv at: <https://dss.sd.gov/medicaid/generalinfo/tribalconsultation.aspx>
- Visit the Medicaid provider communication page and sign up for the Provider Listserv at: <https://dss.sd.gov/medicaid/providers/communication.aspx>
- Follow DSS on Facebook at <https://www.facebook.com/SouthDakotaDSS/>

Who do I contact?

There are a numerous full-time offices located throughout the state.

Every local office has Economic Assistance Benefits Specialists available to determine eligibility for SNAP, TANF and Medical Assistance Programs.

<https://dss.sd.gov/findyourlocaloffice/>

Apply online for SNAP, Medical Assistance, and Child Care Assistance!



SNAP & Medical Assistance Application:
[DSS.SD.gov/applyonline](https://dss.sd.gov/applyonline)

Child Care Assistance Application:
[Online Application Link](#)



Questions? Thank You!

<https://dss.sd.gov/findyourlocaloffice/>



MedElig@State.SD.US



SOUTH DAKOTA WIC



WHAT IS WIC

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- WIC Services include:
 - Nutrition Support
 - Breastfeeding Support
 - Referrals
 - Tailored Food Benefits



GOAL/MISSION

South Dakota WIC aims to safeguard the health of limited income women, infants, and children up to age 5 at nutritional risk by providing personalized nutrition information, breastfeeding education and support, referral to healthcare and social services, and providing nutritious foods to supplement diets.

Pilot 1972

Today - US
Premier Public
Health Nutrition
Program

Est. 1974

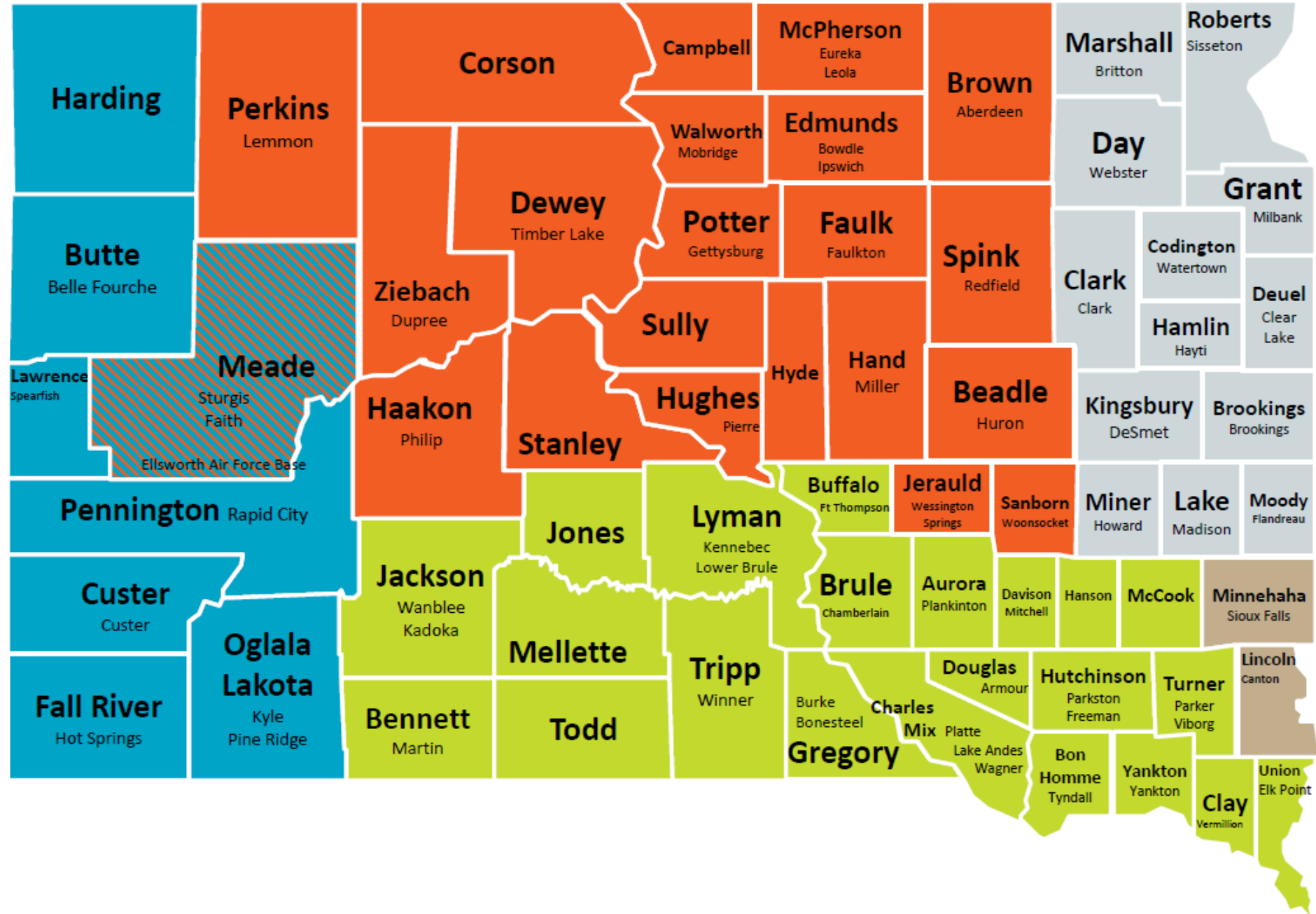
- Rosebud
- Sisseton-Wahpeton

WIC OVERVIEW

Federal discretionary grant
program

Administered at the Federal level
by United States Department of
Agriculture (USDA), Food
Nutrition Administration (FNA)

WIC Service Areas | Statewide



WIC FUNDING

WIC is 100% federally funded.

- The WIC grant is split into 2 categories: Food dollars and nutrition services/ administration.
- The grant award is distributed to State Agencies according to an allocation formula based on population and participation.

Food Funds

- These funds can only be spent for foods to the WIC participant and breast pumps.

Nutrition Services Administration funds

- These dollars are to be used for costs associated with the delivery of services to participants, breastfeeding promotion and support, nutrition education, training, program monitoring, program integrity, prevention of fraud, general oversight and food instrument accountability, outreach, participant services, retail monitoring, bank services, Automated Data Processing services, etc.

FINANCIAL BENEFITS

Healthcare Cost Savings

- Every dollar spent on WIC services returns at least \$2.48 in medical, education, and productivity costs based on costs associated with preterm births.
- WIC has been noted to be the second most cost-effective program for reducing infant mortality in the US and is relatively low cost to run. Only basic prenatal care in the first trimester of pregnancy proved to be more cost-effective. For every dollar invested in WIC for pregnant women, it has produced a savings in health care costs from \$1.77 to \$3.13 within the first 60 days after birth

Brings Money to Local Communities

- Statewide, in 2024 \$973,064.00 in WIC foods are spend monthly in over 167 WIC retailers.

WHO IS ELIGIBLE?

- The WIC target population are low-income, nutritionally at risk:
 - Pregnant women
 - Breastfeeding women up to 1 year
 - Postpartum, non-breastfeeding women up to 6 months postpartum
 - Infants up to 1 year
 - Children ages 1-4



WHO CAN SIGN UP?



- Any guardian of a child can enroll a child on WIC including:
 - Fathers
 - Grandparents
 - Foster families
 - etc.

OTHER ELIGIBILITY CRITERIA

- Applicants must meet income guidelines, $\leq 185\%$ of poverty level or qualify by adjunct eligibility- receive Medicaid (certain categories), SNAP or Temporary Assistance to Needy Families (TANF)
- Be a **resident of the state** and provide proof.
- Prove **identity**.
- **Nutrition risk**: Must have medical- or dietary-related condition that impacts nutritional health



WIC'S IMPACT

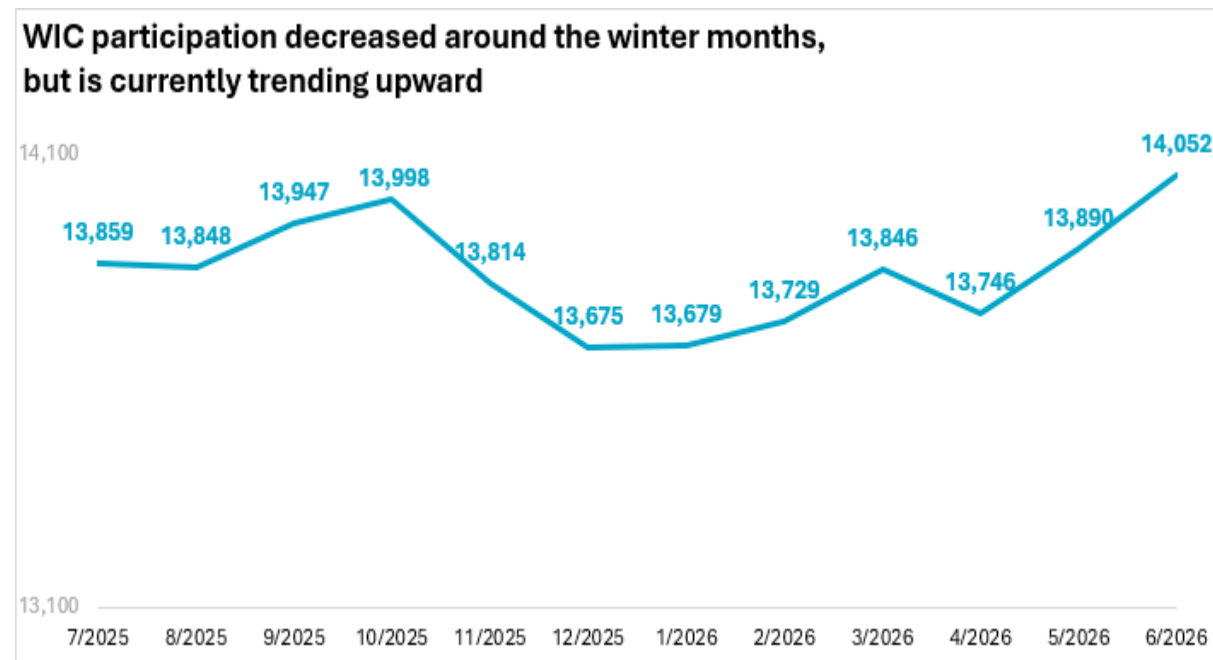


~13,000-14,000 participants each month



167 authorized vendors

Participation from July of 2025 - June of 2026



WIC PROVIDES...

- WIC is a public health intervention program designed to strengthen families by influencing lifetime nutrition and health behaviors in a targeted, high-risk population.
- WIC provides a gateway to good health with its combination of:
 - personalized nutrition education and guidance,
 - breastfeeding education and support,
 - referral information for other health and social services,
 - guidance on purchasing healthy foods,
 - guidance on healthy lifestyle activities, and
 - healthy foods to help supplement diets.



HEALTH BENEFITS OF WIC

Healthy Birth Outcomes

Increased Breastfeeding Rates

Adequate Growth and Development

Increased Consumption of Key Nutrients

Decreased Prevalence of Anemia

Improved Likelihood of Immunizations

NUTRITION SUPPORT



- Participants can speak with dietitians, trained nutritionists, nurses, and paraprofessionals to discuss their nutrition-related questions
- Staff facilitate education and counseling aimed at positive changes in participant behaviors through participant-centered counseling strategies and motivational interviewing

BREASTFEEDING

- WIC promotes exclusive breastfeeding
- Trained Designated Breastfeeding Experts
- Certified Lactation Counselor (CLC)
- International Board-Certified Lactation Consultants (IBCLC)
- WIC's statewide Breastfeeding Peer Counselors (BFPC) help new moms successfully breastfeed their babies



FOOD PACKAGES

- All food packages are individually prescribed to WIC participants.
- These foods are high in **protein, iron, calcium** and **vitamins** to supplement their diet.
- The food package is intended to **supplement** the foods WIC participants normally purchase.
- [Sd.gov/wic](https://www.sd.gov/wic) > Shopping > Approved Foods
- https://www.sd.gov/wic?id=wic_approved_foods



Benefits that Begin in January 2026

FRUITS & VEGETABLES

Fresh
Frozen
Canned



WHOLE GRAINS

Bread
Tortillas
Brown Rice & Other Grains
Pasta



DAIRY

Yogurt
Milk
Soy Beverages
Cheese



CEREAL

Hot & Cold



JUICE

64oz Plastic Containers



EGGS & PLANT PROTEINS

Eggs
Beans, Peas & Lentils
Peanut Butter
Tofu



FISH

Tuna
Salmon
Sardines



INFANT FOODS

Infant Fruit & Vegetables
Infant Cereal
Infant Formula
Infant Meats



SHOPPING

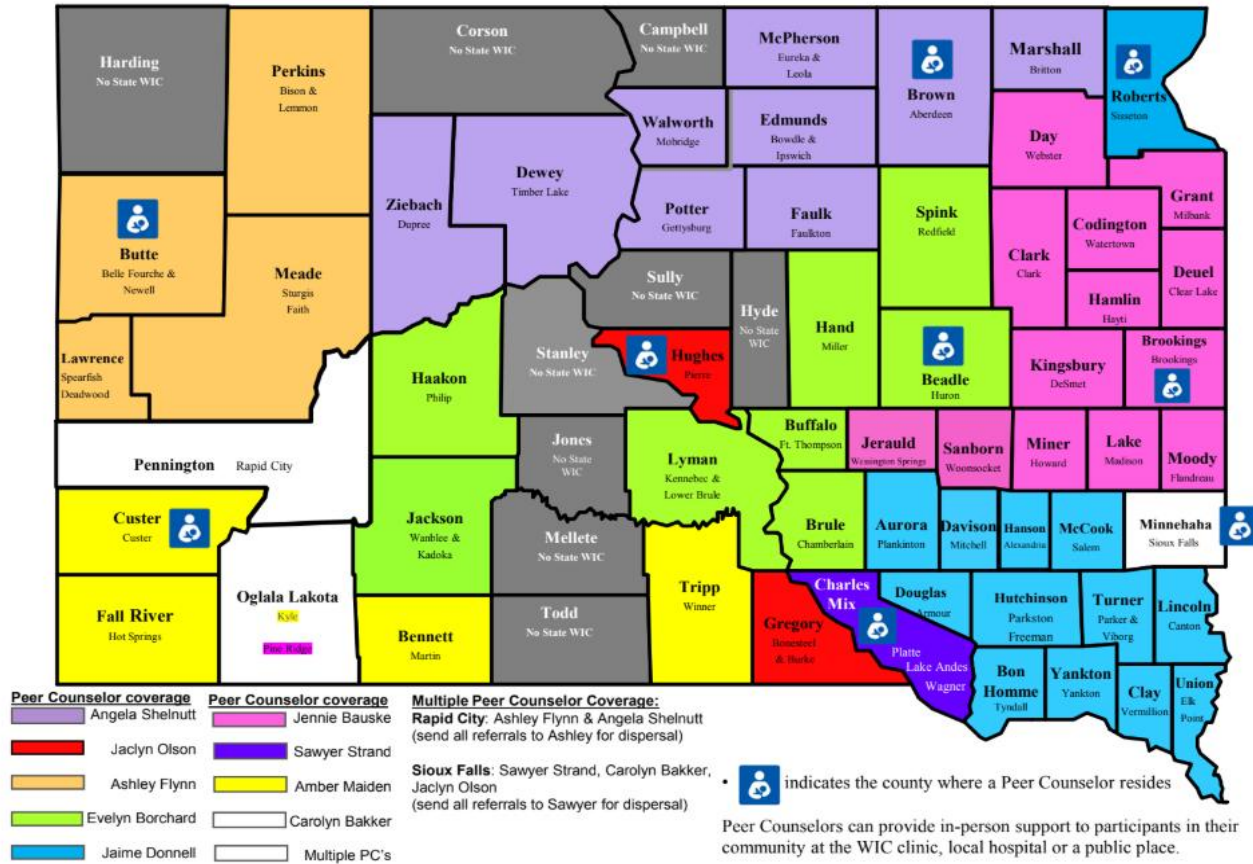
- Each household's food benefits are loaded onto a WIC EBT card.
- New benefits are loaded each month.
- Participants can swipe their WIC card at WIC authorized grocery stores to redeem their food benefits.



BFPC PROGRAM

BREASTFEEDING PEER COUNSELOR COVERAGE

Rev 08.08.2024



WHAT IS A Breastfeeding Peer Counselor?

A Breastfeeding Peer Counselor is a woman in the WIC community who has personal breastfeeding experience as well as specialized training in helping moms breastfeed.

This service is free to pregnant and breastfeeding women on the WIC program.

- Help you make an educated choice on how to feed your baby
- Discuss common breastfeeding concerns with you
- Help you work breastfeeding into your life
- Educate family and your personal support group on breastfeeding
- Provide you with emotional support and encouragement during and after your pregnancy

They are available any hour of the day, every day of the week!



Crystal



Angela

WIC and Growing Up Together are equal opportunity providers.

CALL: 1-855-384-MILK (6455)

TEXT: 605-789-HELP (4357)

EMAIL: sdbestmilk@gmail.com

Visit online: SouthDakotaBreastfeeding.com

RESOURCES

sd.gov/wic

sdwic@state.sd.us

FRANK Dashboard (Nutrition Assessment Dashboard) –
<https://doh.sd.gov/health-data-reports/data-dashboards/nutrition-assessment-dashboard/>

2025 WIC Annual Report – <https://doh.sd.gov/health-data-reports/mch-data/>



Maternal, Infant and Early Childhood Home Visiting As a Case Management Strategy



What is Bright Start ?

Bright Start supports expectant moms by connecting them with a free personal nurse to walk alongside them every step of the pregnancy and early parenting years.

How is Bright Start Home Visiting Designed?

- ❖ First-time pregnant women (Soon to change!)
- ❖ Enrollment occurs during pregnancy, ideally before reaching 28 weeks of gestation
- ❖ Visits continue until the child turns two years of age

A client or family who chooses to enroll:

- Agrees that participation is voluntary
- Has visits with the nurse regularly in a place the family feels comfortable (e.g., home or park), with supplemental telehealth as an option
- Receives individualized health and parental education as well as emotional support from their own personal nurse

Evidence Based Model



Nurse-Family
Partnership

Helping First-Time Parents Succeed®

Bright Start Service Delivery Team



Nurse Home Visitor Service Delivery Map

West

Team Lead: Katie Erfman (605) 209-1540

Administrative Assistant: Lizzy Wahl (605) 206-1438

Rapid City	Pine Ridge	Sturgis	Spearfish
Carlyn Maks	Heather Castro		Patti Benson
Bree Kratovil			Malynda Wolf
Alysia Dressler			

South Central

Team Lead: Amy Paulson (605) 933-2171

Administrative Assistant: Destiney Storms (605) 906-3750

Mitchell	Pierre	Winner	Yankton
Amber Thede	Courtney Estes	Carol Phillips	Sam Rupp

North Central

Team Lead: Amy Paulson (605) 933-2171

Administrative Assistant: Destiney Storms (605) 906-3750

Huron	Aberdeen	Brookings	Watertown
Kelly Cronin	Kristen Vogel	Christine Garbers	Jane Koehn
MacKenzie Olivier			

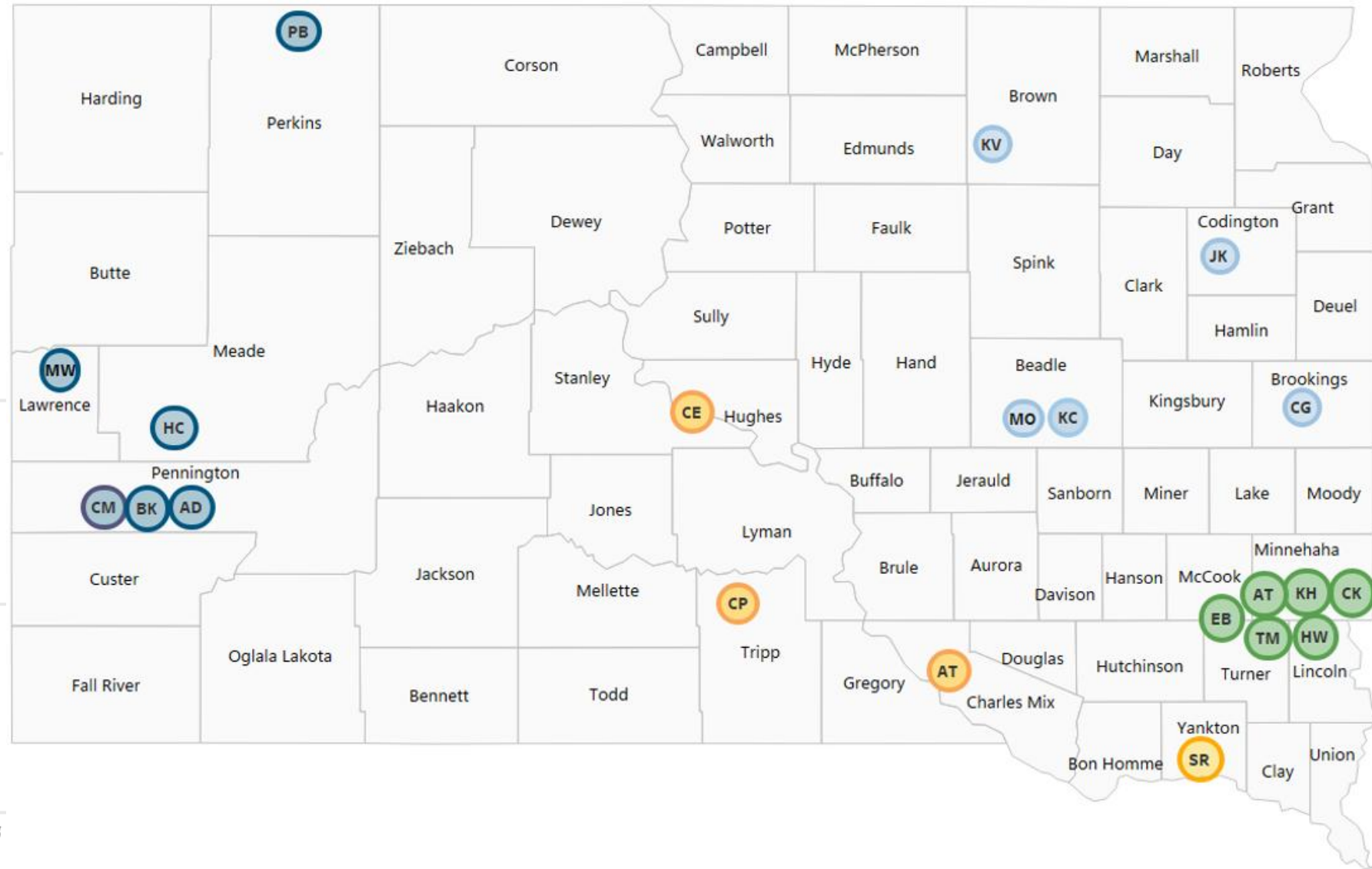
East

Team Lead: Desiree Davis (605) 350-4920

Administrative Assistant: Melissa Joachim (605) 900-8906

Sioux Falls

Holly Wilgers	Therese Marlette	Kristy Hazel	Amanda Tilberg
Chelsea Konda	Erin Beckstrom		



Program Goals

The client and her nurse are working toward:

- Improved pregnancy and maternal health outcomes
- Improved child health and development
- Increased economic self-sufficiency



During the home visit there are six core areas of focus:

Personal Health

Maternal Role

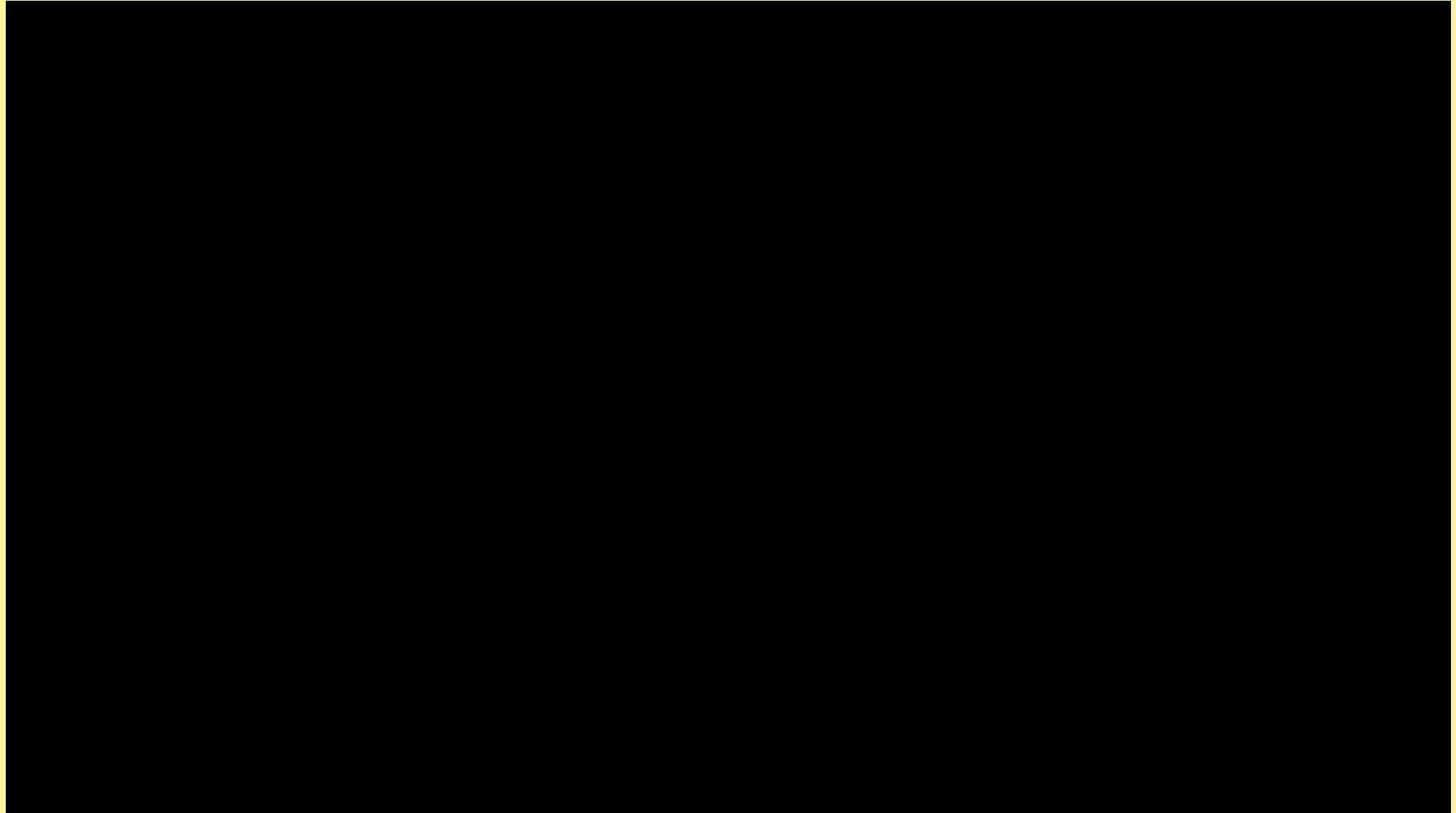
Environmental Health

Family and Friends

Life Course Development

Health and Human Services

Nurse Family Partnership Video



Case Management in Home Visiting

1. Screening and Assessment

2. Goal Planning

3. Referrals

4. Service Navigation

5. Monitoring and Follow up

6. Community Partnerships
and Coordination



← **Key
Components**

↓ **Foundational Aspects**

Relationship Building

Emotional Support

Family Self Empowerment



It's all about the relationship

"There is a magic window during pregnancy...it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

David Olds, PhD

Founder of Nurse-Family Partnership

Professor of Pediatrics at University of Colorado



Bright Start Home Visiting Program Outcomes

Maternal health outcomes FY2026

- **83%** of mothers were **screened for postpartum depression** within 90 days of delivery
- **85%** of mothers were **screened for intimate partner violence** within 6 months of enrollment

Child health and development outcomes FY2026

- **46%** of Bright Start infants were **receiving breastmilk** between 6 and 12 months of age.
- **90%** of Bright Start infants had **received the most recent recommended well child visit**, based on their age
- **48%** of caregivers reported always **following safe sleep practices**
- **84%** of caregivers reported **reading, singing or telling stories** to their baby every single day.

How to Sign Up

If you're an expectant mom who's not sure what to do next, Bright Start can offer a free personal nurse to support your pregnancy planning while helping you build confidence in your decision-making as a mom. Start gaining clarity in your pregnancy by signing up for your own personal Bright Start nurse.

www.brightstartsd.com

Bright Start Referral Link

"My nurse makes me feel like I'm an amazing mom."

-Bright Start client





**For questions or to learn more about Bright Start, please
reach out to:**

Carrie Churchill, Administrator
Office of Home Visiting
Carrie.Churchill@state.sd.us

Reporting Child Abuse/Neglect & the CPS Process

MIRANDA RIBSTEIN

PROTECTIVE SERVICES
PROGRAM SPECIALIST

About DSS

The South Dakota Department of Social Services is the state's largest agency with nearly 1,500 employees and 43 offices in communities across South Dakota.

We are here to help children, families, individuals, seniors and people with disabilities through some of the most difficult times in their lives with the programs and services we provide.



At DSS, We Believe:

- ▶ Families have the right to be safe and secure.
- ▶ In providing opportunities and choices that support the needs of families through available and accessible services.
- ▶ In collaborative communications, teamwork, partnerships and trust for essential family services.
- ▶ In respecting individual cultural differences by treating people with dignity, fairness and respect.
- ▶ In focusing on meaningful outcomes, continuous quality improvement and using technology to be efficient and effective.
- ▶ In professional and well-trained staff that is competent, accountable and empowered.
- ▶ In providing quality, timely customer service through the “no wrong door” approach.

Our Vision & Mission

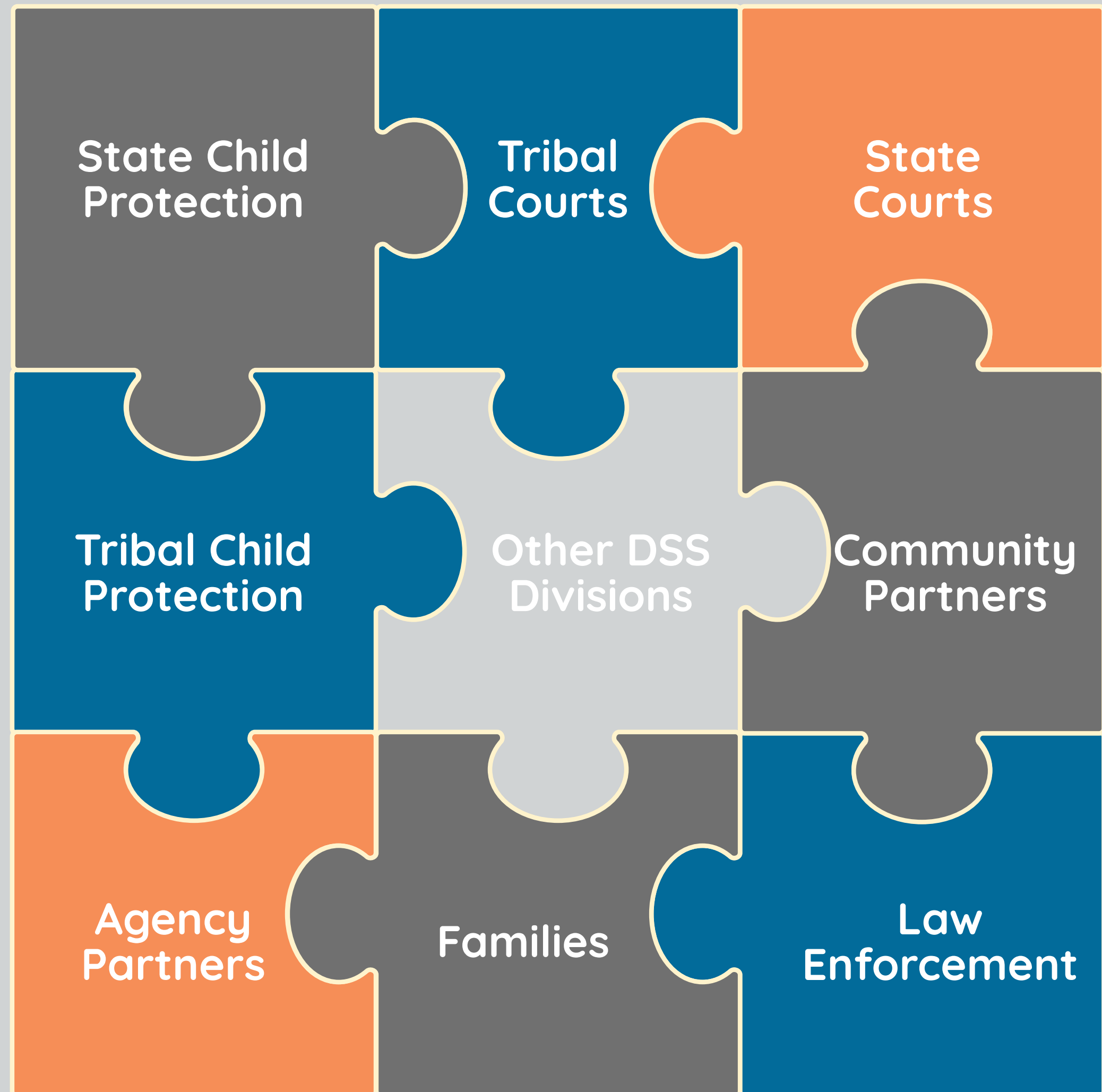
Vision

Families are engaged with a child welfare system which honors and uplifts their values and resilience through the empowerment of families involved within the system.

Mission

South Dakota welfare's mission is to engage parents, youth, and partners in a shared vision, to empower all involved to lead systemic change.

Child Welfare System



The Role of Law Enforcement

CPS and Law Enforcement often work closely, especially on physical abuse and sexual abuse allegations.

CPS may request law enforcement to respond with them and law enforcement may request CPS to respond.

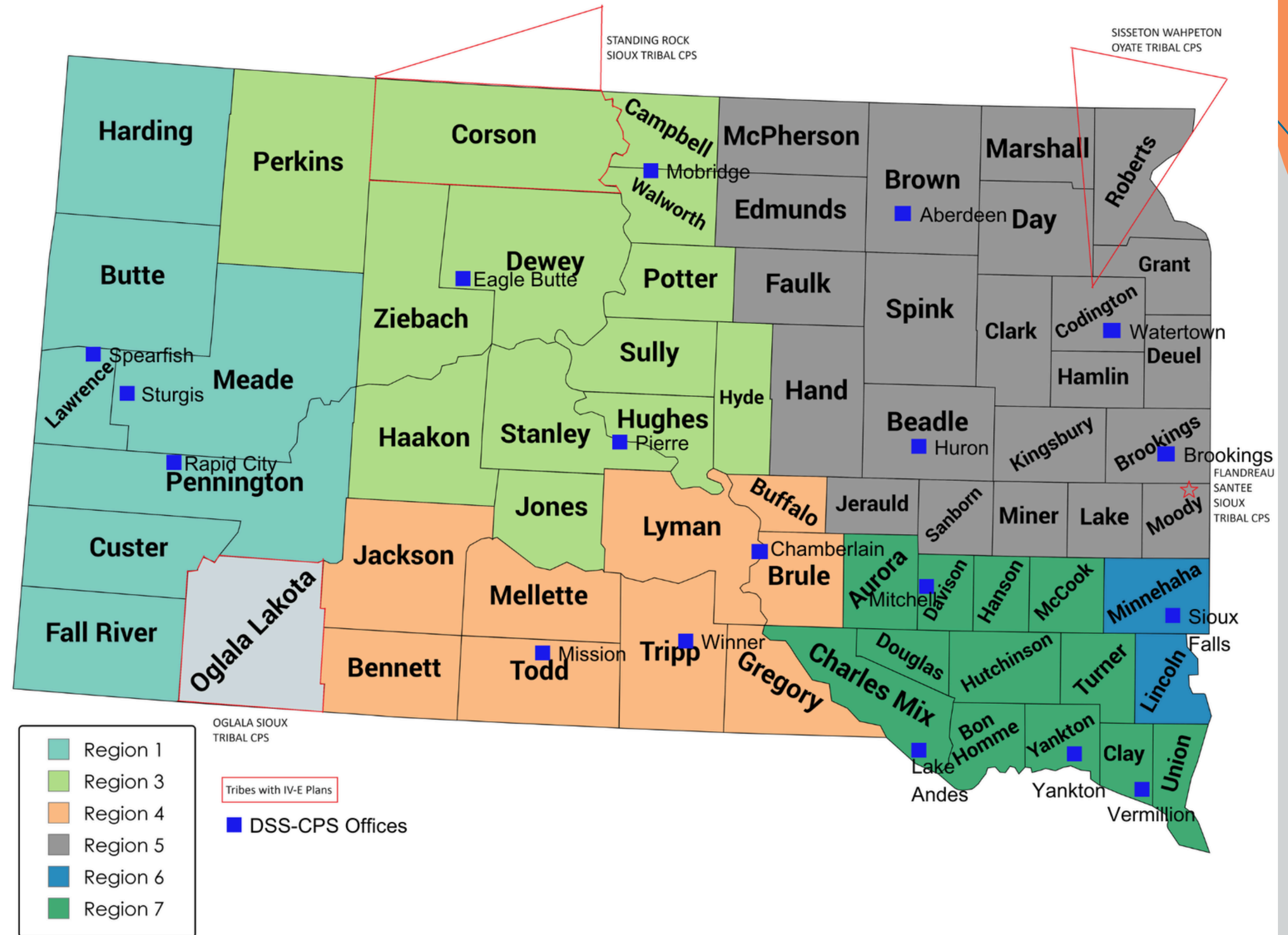
CPS

- Civil Process
- Substantiation not criminal charge
- CPS determines if a RFS is assessed through an IFA

Law Enforcement

- Criminal Process
- Can file criminal charges
- LE may investigate crimes, at times these are the same allegations as the RFS
- Can remove children from the home, turns over custody to CPS

CPS Regional Map



PHYSICAL ABUSE

An action of the parent, guardian or custodian that is non-accidental and results in physical injuries, often occurring in the name of discipline or punishment.

PHYSICAL NEGLECT

Occurs when a parent, guardian or custodian fails to provide for a child's basic needs like food, clothing, shelter, education, medical care or supervision and abandonment. The failure to meet basic needs must represent a threat to the child's immediate health and safety or impending danger if there is a pattern or history of the child's needs not being met

4 TYPES OF ABUSE AND NEGLECT

Occurs when a parent, guardian or custodian fails to provide the emotional nurturing needed for a child's psychological growth and development, or willfully denies the child the emotional stability necessary for proper psychological growth and development. Emotional maltreatment results in an observable or measurable impairment of the child.

EMOTIONAL MALTREATMENT

Occurs when a parent, guardian or custodian commits, or allows contacts or interactions between a child and adult, where the child is used for the sexual stimulation of the parent or caretaker, or other person. Sexual abuse may also be committed by a person under the age of 18, when that person is significantly older than the victim, or in a position of power and control over the child.

SEXUAL ABUSE AND EXPLOITATION

REPORTING ABUSE AND NEGLECT

WHAT HAPPENS WHEN A CALL IS RECEIVED?

If reporting an emergency before 8am, after 5pm,
on the weekends or a holiday--CALL LOCAL LAW
ENFORCEMENT

If a situation is emergent, call 911 and report it
immediately

(13) intake staff then sends the reports to the (4)
screeners who determine if a report is “assigned”

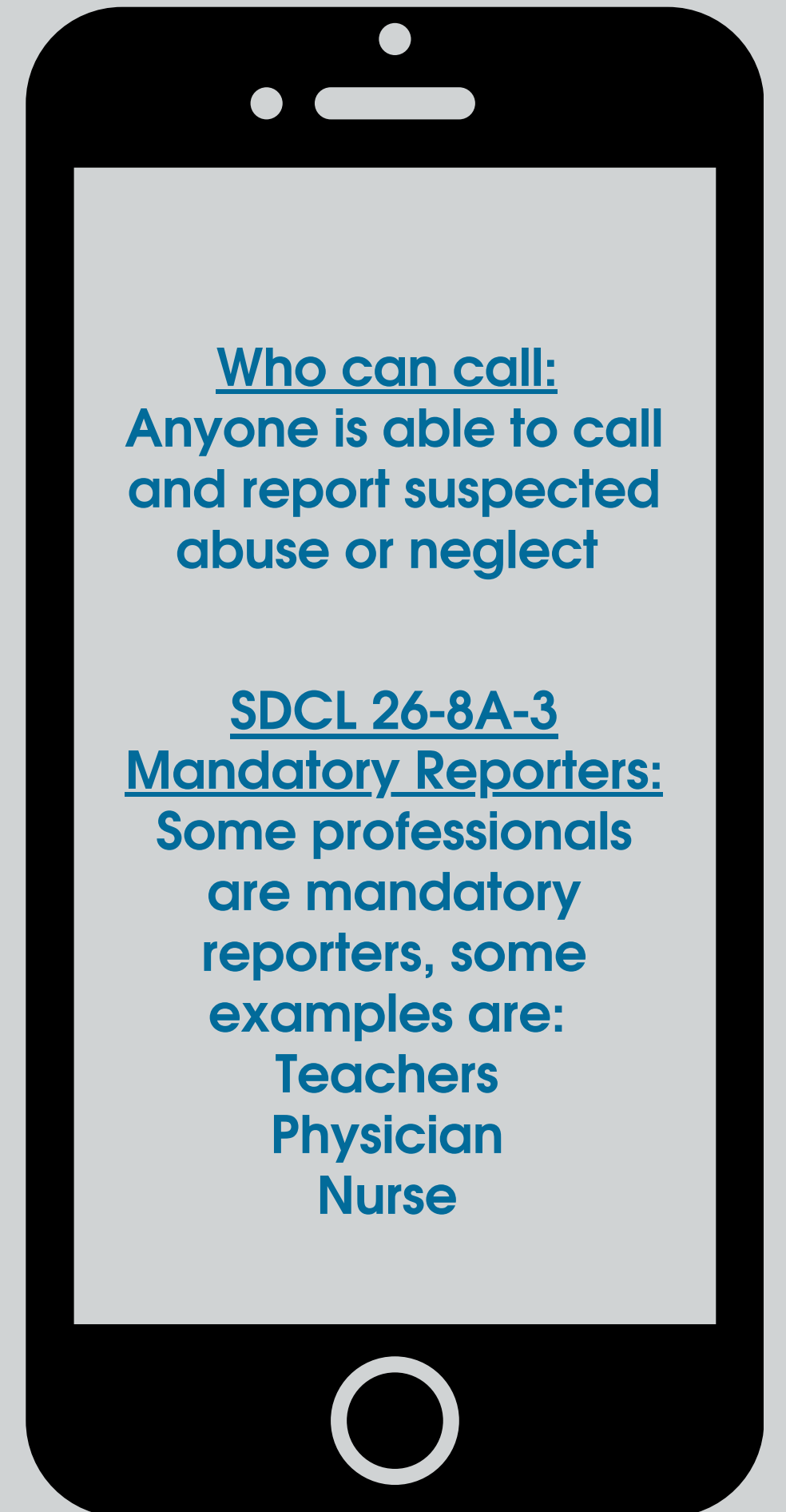
Intake workers gather information including tribal
affiliation and extended family members

In Fiscal Year 2025:
The intake line received 15,623 calls reporting
concerns of child abuse or neglect.

Call 1.877.244.0864

Who can call:
Anyone is able to call
and report suspected
abuse or neglect

SDCL 26-8A-3
Mandatory Reporters:
Some professionals
are mandatory
reporters, some
examples are:
Teachers
Physician
Nurse



Intake Assessment

The Intake Assessment is the first decision-making process within the South Dakota Comprehensive Safety Intervention (CSI) model and is concerned with:

Evaluating allegations of maltreatment
and threats to child safety.

&

Identifying families in need of
Child Protection Services.

The Screener
Must Consider:

**SAFETY
VS.
WELL-BEING**

Why is the
Standard
for CPS
involvement
so high?

Isolating

Threatening
and Fear
Inducing

Not a
Fix All

Trauma
Inducing

Inadvertently
Punishes
Children

Breaks
Family
Bonds

Intrusive

Referent Letter

As a mandatory reporter, you have the right to know what happened with the report, within the bounds of confidentiality.

South Dakota Codified Law 26-8A-8 states “...If requested by the reporting person, the Department of Social Services or concerned law enforcement office shall issue within 30 days, a written acknowledgment of the receipt of the report and a response stating whether or not the report will be investigated.”

It is also important to know your information as a mandated reporter is kept confidential. The Department of Social Services does not release the reporting person’s name or identifying information; however, a Court may order the release of the information if necessary for a determination by the Court.

Rights of Parents

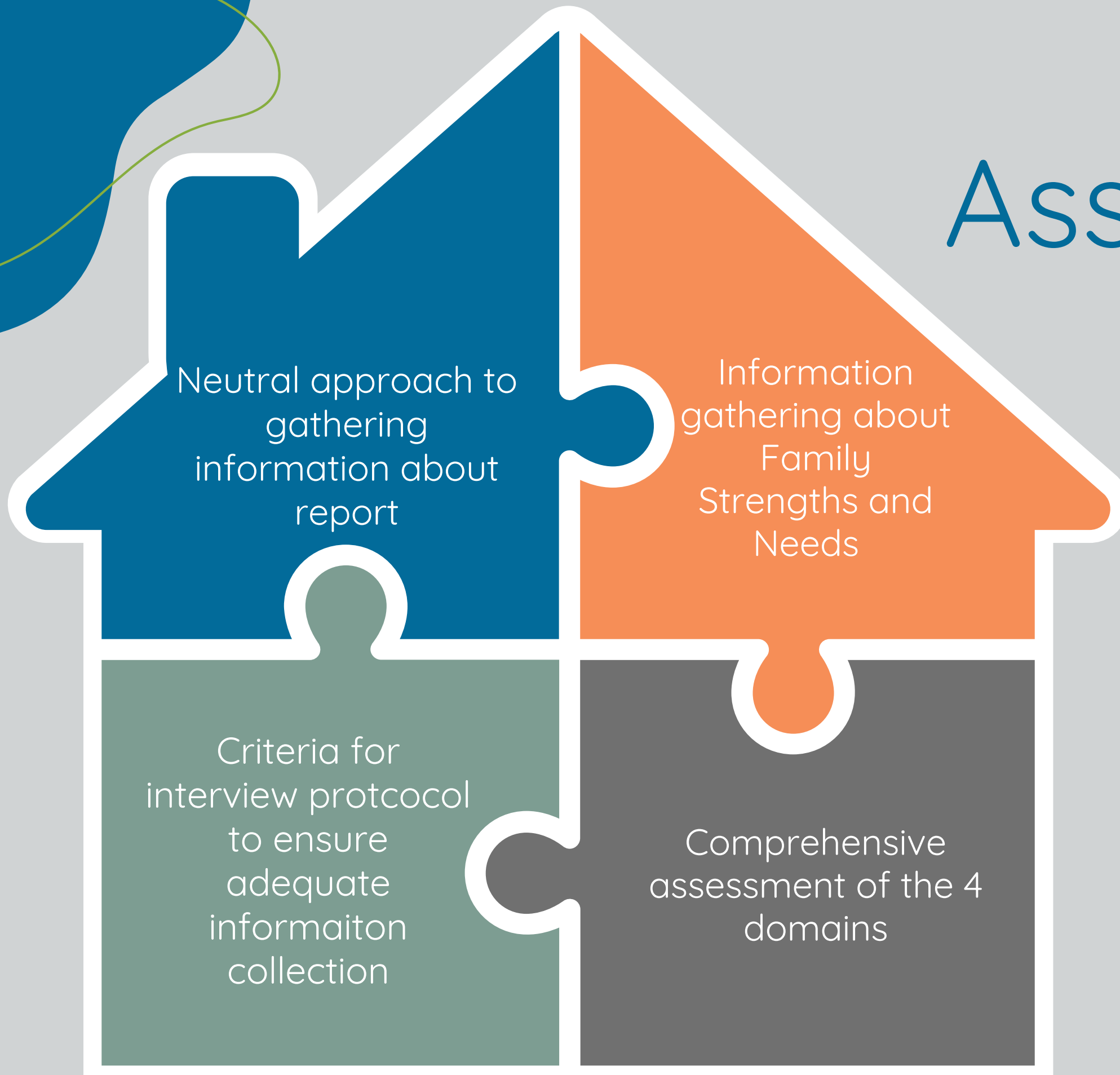
- Parents are notified of their rights at the start of the IFA and provided an Initial Contact Letter.
- Parents have a right to know what the content of the CPS report entails, but not the identity of the reporter.
- Prior to the commencement of any legal proceedings, the parents' interaction is voluntary.
- If the Department initiates a legal proceeding, the parent has a right to an attorney, to a hearing and to present witnesses for his/her case.
- If the parent cannot afford an attorney, a court appointed attorney will be provided.
- Parents have all their civil rights as guaranteed under the US Constitution.

indian child welfare act (ICWA)

Active efforts must be provided to “prevent the breakup” of Native American families who enter the child welfare system. Active efforts are required from the moment the possibility of removal arises. The tribes of South Dakota receive notification whenever a Native American caregiver or Indian custodian enters custody. This notice demonstrates an active effort by CPS to prevent a NA child from entering custody and provides the tribe an opportunities to reach out to families to offer services and begin searching for potential placements.

Upon receipt of a report pursuant to Codified Law 26-8A-8, South Dakota Codified Law 26-8A-9 allows the Department of Social Services to personally interview a child out of the presence of the child's parents, guardian, or custodian without advance notice or consent.

Initial Family Assessment Process



- Is child(ren) in a state of danger
- Validity of allegations of abuse and/or neglect
- What, if any, safety interventions are needed
- What is the least intrusive option that assures safety?

INITIAL FAMILY ASSESSMENT OUTCOMES

!! Every effort is made to prevent children from entering the temporary legal and physical custody of Child Protection Services !!

IFA CLOSED

- No danger identified and no further intervention

OR

- Danger identified but safety managed in the home

IN HOME CPS SERVICES

- Danger was identified but safety managed in the home with supports from CPS
- Can include placement of the child out of their parent or caregivers home with a voluntary plan with CPS for ongoing services
- Ongoing Caseworker is assigned, and the goal is always to maintain the family

OUT OF HOME-CUSTODY CPS SERVICES

- Court ordered custody of the child due to danger in the parent's home.
- Danger was identified and could not be managed in the home
- Ongoing Caseworker is assigned, and the goal is always to work with the family to achieve Reunification
- Ongoing works with the family their right to self determination

State Law Requirements

PLACEMENT

The court and the Department of Social Services shall give placement preference to a relative, custodian, or an individual, not related by birth, adoption, or marriage to the child but who has an emotionally significant relationship with the child, who is available and who has been determined by the department to be qualified, provided that placement with that relative, custodian, or individual is in the best interest of the child.

SDCL 26-7A-19 & SDCL 26-7A-19.1

35.7% (618 OF 1,731)
OF CHILDREN IN CARE
ARE PLACED IN
KINSHIP CARE

Case Planning Process

- Structured Interactive process
- Identify Strengths and Needs
- Identify behaviors that impact child safety
- Identify and refer to individualized and culturally responsive services
- Ongoing monitoring and evaluation

Some of our Case Planning Partners

- Parents and Caregivers
- Substance Use Providers
- Mental Health Providers
- Medical Providers
- CASA
- Tribes/Tribal ICWA Partners
- Attorneys
- Other identified supports
- Other state agencies such as EA and DBH

Self-Determination and Motivational Interviewing

- For the caregiver to change, they must be involved. They must decide to examine themselves and to change.

- The power of self-determination is absolute and exists with the caregiver who can exercise their free will and then must or may face the consequences.

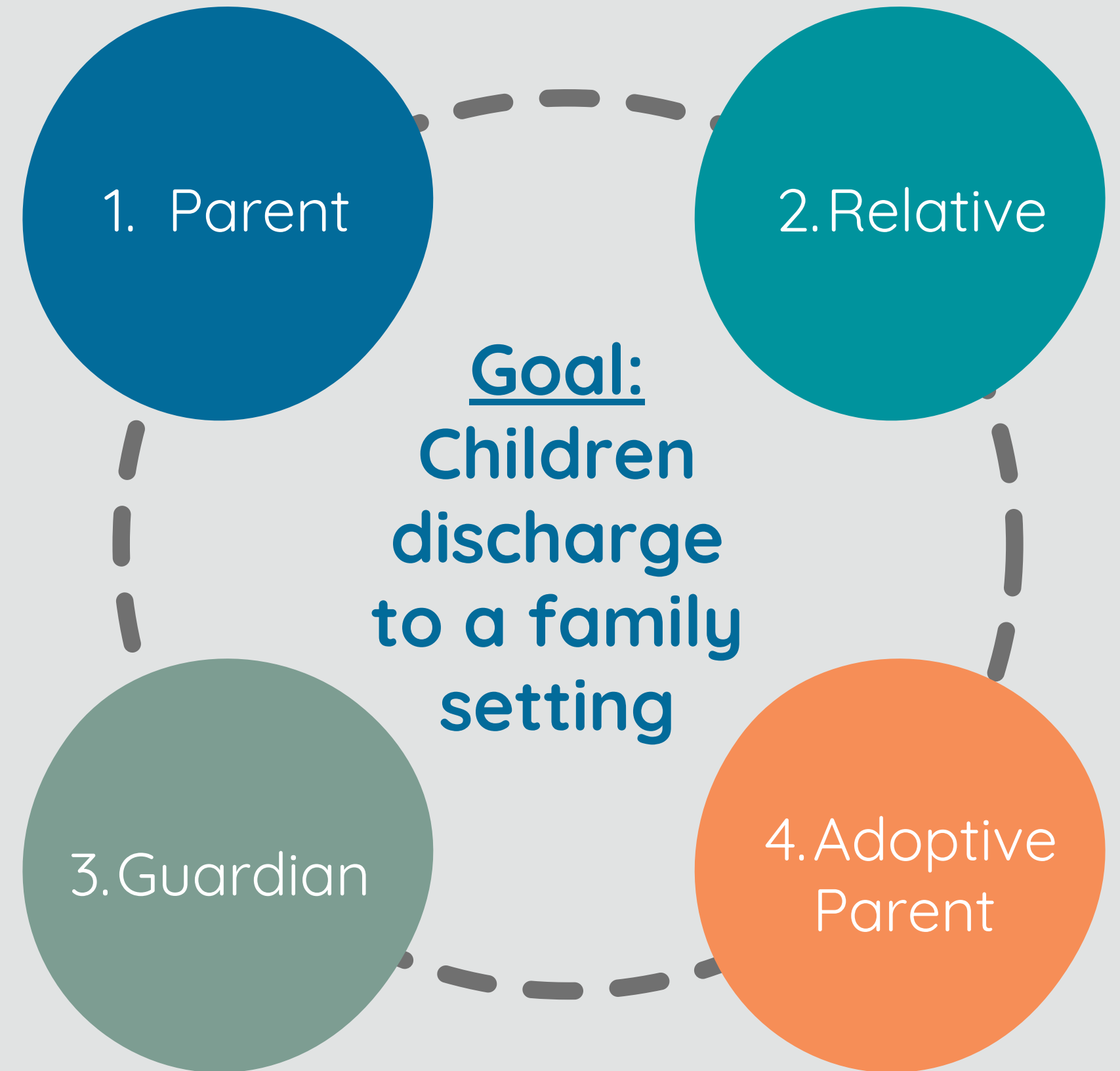
- The job of the Ongoing caseworker is to support self-determination and assist the caregiver to make productive, constructive choices.

- MI is a collaborative, person-centered conversation style that strengthens a person's own motivation and commitment to change. Focuses on exploring ambivalence through acceptance, empathy, and partnership

Case Closure & Permanency

Reunification

The first goal is always for children to return to a safe parent



Who are members of the child's Permanency Planning Team?

- Family Services Specialist
- All Parents
- Child
- Extended Family (grandparents, aunts, uncles, cousins, fictive kin, etc.)
- Placement Resource (kinship, foster care, group/residential provider)
- Therapist
- CASA/Guardian Ad Litem

Permanency & Concurrent Planning

When children cannot return home safely, the child should achieve alternate permanency.

Alternative Permanency goals are:

Adoption

Guardianship

- With a relative or non-relative

Another Permanent Planned Living Arrangement (APPLA)

Working towards reunification while at the same time implementing an alternative permanency plan.

Plan A = Reunification

Plan B = Concurrent Plan

Why is Concurrent Planning important?

PLAN A

PLAN B



Thank you!
Questions?



DEPARTMENT OF HUMAN SERVICES

ADULT PROTECTIVE SERVICES MANDATORY REPORTING



LTSS
LONG TERM SERVICES & SUPPORTS

South Dakota Adult Protective Services

MISSION

Adult Protective Services (APS) works to protect the rights, safety, independence, and dignity of elder adults and adults with disabilities who have experienced abuse, neglect, and/or exploitation. APS investigates reports of abuse, neglect, and/or exploitation and connects eligible adults with support services to help them remain safe in their homes and communities.



dhs.sd.gov/ltss



dakotaathome@state.sd.us



1 (833) 663-9673

Training Objectives

By the end of this training, participants should be able to:

Describe the role of South Dakota Adult Protective Services (APS).

Recognize common indicators of abuse, neglect, exploitation and self-neglect.

Identify mandatory reporting responsibilities under SDCL Chapter 22-46.

Know what information to provide when making a report.

Understand what may happen after an APS referral and the importance of self-determination.



What is Adult Protective Services?

Receive & Screen

- APS receives reports involving alleged abuse, neglect, or exploitation of eligible adults and determines whether the report meets criteria for APS involvement.

Assess & Investigate

- APS gathers information, assesses safety and risk, and conducts investigations in accordance with South Dakota law and APS policy.

Support & Protect

- APS identifies protective interventions, connects adults with services and supports, and may refer concerns to other appropriate entities or resources when the reported issue falls outside APS's role or additional involvement is needed – all while respecting rights, preferences, and self-determination.



Who Does South Dakota APS Serve?

- Elder

A person 65 years of age or older.

- Adult with a Disability

A person eighteen years of age or older who has a condition of intellectual disability, infirmities of aging as manifested by organic brain damage, advanced age, or other physical dysfunctioning to the extent that the person is unable to protect himself or herself or provide for his or her own care

Eligibility and assignment are determined from the facts reported and applicable APS criteria – not solely from a diagnosis or age.



APS: Important Practice Principles

Self-Determination

- Adults retain rights and choices. APS works to reduce risk while respecting the adult's preferences and legal rights.

Not an Emergency Service

- If there is immediate danger or a medical emergency, call 911. APS responds to reports during business hours and per APS policy timeframes.

Collaboration

- APS may coordinate with law enforcement, health care, service providers, legal resources, family/supports, and other partners as appropriate.



What APS Can – and Cannot - Do

APS CAN

Investigate eligible abuse, neglect, exploitation, and self-neglect concerns. Refer clients to local services and resources.

Coordinate services accepted by the client.

Work with the adult and supports to develop a safety plan.

APS CANNOT

Force services on an adult with capacity.

Force an adult to change behavior or lifestyle.

Remove or evict an adult from their home.

Provide direct mental health counseling or financial advice.

File criminal charges or make arrests.

APS uses person-centered, least restrictive approaches and respects the adult's right to make decisions.



Types of Concerns APS May Encounter

Physical Abuse

Physical harm, bodily injury, attempted harm, or fear of imminent physical harm.

Neglect

Caretaker-caused harm to health or welfare through failure to provide needed care within available means.

Exploitation

Wrongful taking or control of property with intent to defraud.

Emotional / Psychological Abuse

Specified repeated, willful, and malicious conduct by a caretaker.

Self-Neglect

A safety concern that may involve an adult's inability or failure to meet essential needs; assess under APS policy and eligibility criteria.

Sexual / Other Abuse Concerns

May overlap with criminal conduct and other statutory definitions; report concerns based on observed facts.



Warning Signs & Red Flags

One sign does not prove abuse. Look for patterns, changes, explanations, and context.

Physical

- Unexplained or repeated injuries
- Untreated injuries
- Injuries inconsistent with the explanation
- Inadequate clothing or basic care

Behavioral

- Fear or anxiety
- Withdrawal or resignation
- Hesitation to speak
- Abrupt changes in behavior

Caregiver / Home

- Threats or verbal harassment
- Isolation
- Unsafe conditions
- Lack of food, heat, or needed care

Financial

- Unusual withdrawals or charges
- Abrupt changes to legal/financial documents
- Missing property
- Signatures inconsistent with ability



Physical Abuse

Physical harm or bodily injury.

Attempt to cause physical harm or injury.

Fear of imminent physical harm or bodily injury.

Examples of concerns: hitting, pushing, rough handling, inappropriate restraint, or threatening physical harm.

Focus on facts

Document what was observed, disclosed, or reported – avoid diagnosing or investigating beyond your role



Emotional or Psychological Abuse

Statutory focus

South Dakota law addresses a caretaker's willful, malicious, and repeated infliction of specified conduct, including unreasonable confinement; property/pet harm; ridiculing or demeaning conduct; derogatory remarks; verbal harassment; and threats.

Possible indicators

Fearfulness around a caretaker

Sudden withdrawal or agitation

Humiliation or intimidation

Threats to harm the adult, property, or pets

Unreasonable isolation or confinement



Neglect: Care Available but Not Provided

Failure by a caretaker to provide adequate food, clothing, shelter, or medical care within available means.

Examples may include not preparing/providing needed meals, failing to provide prescribed medications, leaving an adult unsafe or unsupervised when care is required, or ignoring necessary medical care.

Distinguish a capable adult's informed refusal from a caretaker withholding or failing to provide care.

SDCL 22-46-1.1 contains exclusions from the statutory definition of neglect; apply current law and APS policy.



Financial Exploitation

Definition

Exploitation is the wrongful taking or exercising of control over the property of an elder or adult with a disability with intent to defraud

Red flags

Unexplained withdrawals or transfers

New names on accounts

Unpaid bills despite available funds

Pressure to sign documents

Sudden changes to wills, deeds, POAs, or beneficiaries

Property or valuables missing



Self-Neglect & Personal Choice

Policy Definition

Serious risk of imminent harm to oneself or others created by an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks, including obtaining essential food, clothing, shelter, medical care, needed goods/services, or managing financial affairs.

Personal choice still matters

Risk alone does not eliminate an adult's rights. APS considers capacity, the adult's understanding and expressed choices, available supports, and whether another person is causing or contributing to the harm. Self-neglect reports are screened using APS policy criteria.



Mandatory Reporting: Who Must Report?

- SDCL 22-46-9 identifies mandatory reporters, including specified health care professionals, social workers, mental health professionals/counselors, and criminal justice/law enforcement personnel.
- SDCL 22-46-10 addresses reporting duties for staff of specified facilities/entities and the person in charge.

Your employer may have additional internal reporting requirements. Internal reporting does not replace statutory reporting obligations unless the law specifically provides that reporting pathway.



You Do Not Need Proof to Make a Report

Your role

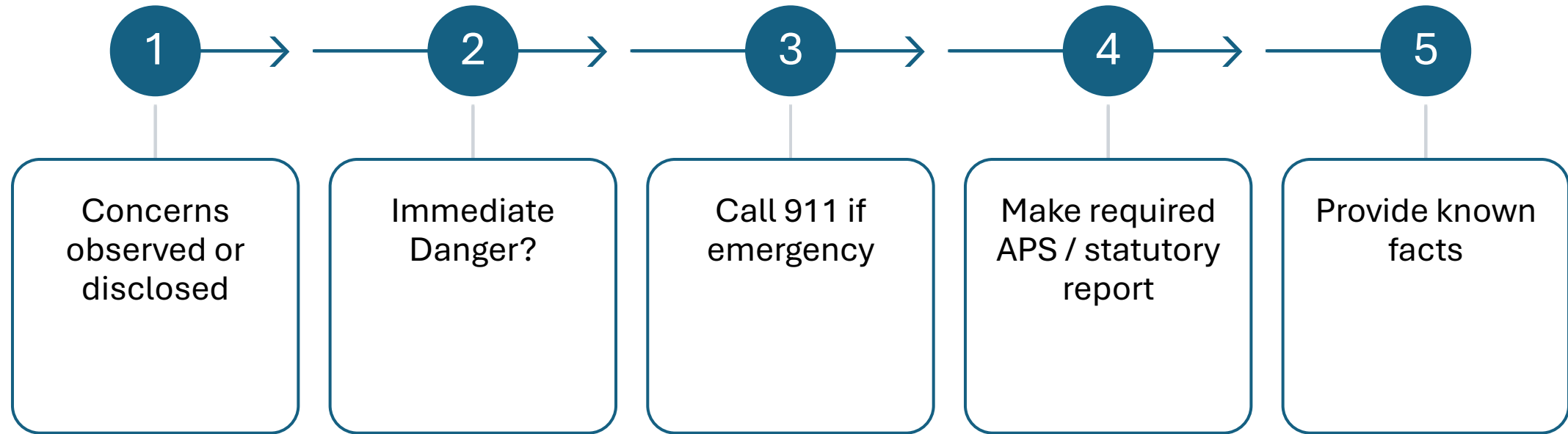
Report the facts and circumstances that create knowledge or reasonable cause to suspect abuse, neglect, or exploitation. You are not expected to complete an APS or Criminal Investigation before reporting.

Helpful practice

Record objective observations.
Use the adult's own words when possible.
Identify who was present.
Describe immediate safety concerns.
Avoid confronting a suspected perpetrator if doing so could increase risk.



Reporting Decision: A Simple Flow



Mandatory reporters must report knowledge or suspicion of abuse, neglect, or exploitation within 24 hours, orally or in writing, to DHS, local law enforcement, or the state's attorney for the county where the adult resides or is present.

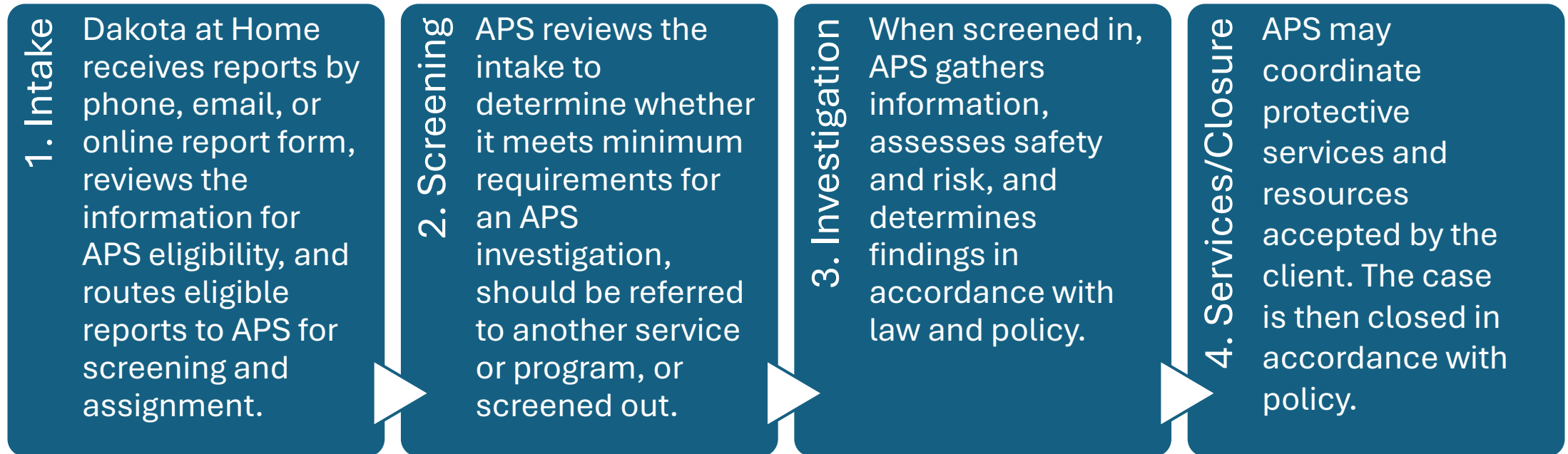


What Information Should I Provide?

- Name, age, location/address, and contact information for the elder or adult with a disability.
- Reporter information, to the extent required/available.
- Caretaker information and the alleged perpetrator's name, if known.
- Nature and extent of physical or financial injury, if any.
- What happened, when it happened, and the condition or circumstances requiring the report.
- Immediate safety concerns, access information, and any other pertinent information.



What Happens After a Referral?



When APS May Refer to Another Entity

Licensed Health Care

Hospital or other licensed health care concerns involving facility staff/residents may be referred to the South Dakota Department of Health.

Long-Term Care

Nursing facility or assisted living concerns involving facility staff/residents may be referred to the Department of Health and Long-Term Care Ombudsman.

Other Programs / Settings

Community Support Program concerns involving staff may be referred to the Division of Developmental Disabilities. Jail/prison concerns involving staff are referred to the appropriate oversight entity.

Deceased / Other

APS does not investigate allegations when the individual is deceased; those reports are referred to law enforcement. Other non-APS concerns may be referred to the appropriate agency or resource.



Confidentiality & Follow-Up

You may be contacted for additional information after making a report.

APS records and information are subject to South Dakota confidentiality requirements.

SDCL 1-36A-29 and 1-36A-29.1 govern confidentiality and specified disclosures related to DHS records.

A reporter may not receive detailed information about the investigation or outcome simply because a report was made.



Make an Adult Protective Services Referral

Immediate danger or medical emergency: CALL 911

Call Dakota at Home

1-833-663-9673

APS reports may be made by phone. Due to call volume, a caller may need to leave a message for an Intake Specialist.

Online Referral

Use the South Dakota Adult Protective Services referral option. The SD APS online referral form is found at caresd.sd.gov

APS responds to reports Monday-Friday, 8:00 a.m. to 5:00 p.m.



dhs.sd.gov/ltss



dakotaathome@state.sd.us



1 (833) 663-9673

Resources

South Dakota

SD Department of Human Services

Long Term Services & Supports/Adult
Protective Services

Dakota at Home: 1-833-663-9673

South Dakota Codified Law: Chapter 22-
46

Emergency: Call 911

For Training & Prevention

SD Adult Protective Services

Medicaid Fraud Control Unit

Law enforcement/state's attorney, as
applicable

Consumer Protection

Long-Term Care Ombudsman for eligible
long-term care residents

SD Older Americans Act Legal Services



SD APS Quiz

1. What is the primary role of South Dakota Adult Protective Services (APS)?
 - a. Require every adult reported to APS to accept recommended services
 - b. Provide direct financial and legal representation to eligible adults
 - c. Investigate eligible reports of abuse, neglect, and exploitation and connect eligible adults to protective services and supports
 - d. Make arrests and file criminal charges against alleged perpetrators

2. A mandatory reporter who has knowledge or suspicion of abuse, neglect, or exploitation of an elder or adult with a disability must make the required report within 24 hours.
 - a. True
 - b. False

3. What does APS NOT do?
 - a. Investigate eligible allegations of abuse, neglect, or exploitation
 - b. Arrest an alleged perpetrator when APS determines abuse occurred
 - c. Refer concerns to another appropriate entity or resource when needed
 - d. Connect eligible adults with services and supports

SD APS Quiz continued

4. If an adult with decision-making capacity chooses to refuse APS services, APS can force the adult to accept services whenever APS believes another choice would be safer.
 - a. True
 - b. False

5. A report does not meet the requirements to be opened for an APS investigation, but the adult may benefit from another service or program. What action is consistent with APS policy?
 - a. Open an investigation even though the report does not meet the requirements
 - b. Require the reporter to locate services for the adult before APS can close the intake
 - c. Make an APS finding based only on the information in the initial report
 - d. Refer the concern to an appropriate service, program, or entity when applicable

Medicaid Fraud Control Unit



Presented by the Office of the South Dakota Attorney General



MEDICAID F.A.N.S

(Fraud, Abuse, & Neglect Services)



HHS-OIG

DEA

SD DCI

Local Law
Enforcement

US Attorney's
Office

Local
Prosecutors

SD Department
of Social
Services

SD Department
of Health

SD Department
of Human
Services

Consumer
Protection

UPIC (Qlarant)

NAMFCU

Everyone in this
room!

Partners



Fraud
Abuse
Neglect
Exploitation

What
we do



Handle violations of criminal statutes and civil false claims pertaining to...

- 1) Fraud in the administration of the Medicaid program, the provision of medical assistance, or the activities of providers
- 2) Fraud in any aspect of the provision of health care services and activities of providers of such services under any Federal health care program

42 C.F.R. & 1007.11 (a)

Fraud



SDCL 22-45-2

A person commits an offense if he:

- (1) Makes or causes to be made a claim, knowing the claim to be false, in whole or in part, by commission or omission; or
- (2) Makes or causes to be made a statement or representation for use in obtaining or seeking to obtain authorization to provide a good or a service, knowing the statement or representation to be false, in whole or in part, by commission or omission; or
- (3) Makes or causes to be made a statement or representation for use by another in obtaining a good or a service under the program, knowing the statement or representation to be false, in whole or in part, by commission or omission; or
- (4) Makes or causes to be made a statement or representation for use in qualifying as a provider of a good or a service under the program, knowing the statement or representation to be false, in whole or in part, by commission or omission.

A violation of this section is a Class 5 felony (Five years in prison, \$10K Fine).

False Claims



SDCL 22-45-3

Each application to participate as a provider in the program, each report stating income or expense upon which rates of payment are or may be based, and each invoice for payment for a good or a service provided to the recipient shall contain a statement that all matters stated therein are true and accurate, signed by the individual responsible for the provider, under the penalty of perjury. A person commits perjury if he signs or submits, or causes to be signed or submitted, such a statement, and he knows, or should have known, that the application, report, or invoice containing information is false, in whole or in part, by commission or omission.

A violation of this section is a Class 5 felony (Five years in prison, \$10K Fine).

Perjury



Kickbacks

SDCL 22-45-5

A person commits an offense if he, acting on behalf of a provider providing a good or a service to a recipient under the program, charges, solicits, accepts, or receives anything of additional value in addition to the amount legally payable under the program in connection with a provision of such a good or a service.



A violation of this section is a Class 5 felony (Five years in prison, \$10K Fine).



Failure to Document



SDCL 22-45-6

A person commits an offense if he:

- (1) Having submitted a claim for or received payment for a good or a service under the program, intentionally fails to maintain such records as are necessary to disclose fully the nature of all a good or a service for which a claim was submitted or payment was received, or such records as are necessary to disclose fully all income and expenditures upon which rates of payment were based, for a period of at least six years following the date on which payment was received; or
- (2) Knowingly destroys such records within six years from the date payment was received.

A violation of this section is a Class 1 misdemeanor.



Examples



Adult Day Center bills for services on days that the beneficiary did not attend.

Home Health provider bills Medicaid for services on days where the patient was verified not to be home.

Therapist misuses information of former clients and bills for services not provided.

Physician Assistant falsifies documentation for beneficiary to receive an unneeded medical device in order to receive a personal benefit from the device manufacturer (kickback).

CRNA accesses facility while closed and steals controlled medications.



Collateral Consequences



■ SDCL 22-45-7

- Any person who receives payment for furnishing a good or a service under the program, which the person is not entitled to receive by reason of offenses under §§ 22-45-2 to 22-45-6, inclusive, may in addition to any other penalties provided by law, be liable for civil penalties of:
 - (1) Payment of interest on the amount of the excess payment at the rate provided for pursuant to the official state interest rates under § 54-3-16, category B, from the date upon which payment was made to the date upon which repayment is made to the program; and
 - (2) Payment of up to three times the amount of damages sustained, including the cost of investigation and litigation; and
 - (3) Payment in the sum of two thousand dollars for each false or fraudulent claim, statement, or representation submitted for providing a good or a service.
- A criminal action need not be brought against the person for liability to attach under this section.

Collateral Consequences



- SDCL 22-45-8
 - Any person providing a good or a service under the program who has been determined to have committed an offense under §§ 22-45-2 to 22-45-7, inclusive, may be suspended or excluded from participation as a provider or an employee of a provider for a period to be determined by the single-state agency. A criminal action need not be brought against the person before suspension or exclusion under this section.

- 42 U.S.C. § 1320a-7
 - Conviction of program-related crimes
 - Conviction relating to patient abuse
 - Felony conviction relating to health care fraud
 - Felony conviction relating to controlled substance



Abuse

42 C.F.R. § 1007.11 Duties and responsibilities of Unit.

(b)

(1) The Unit will also review complaints alleging abuse or neglect of patients or residents in health care facilities receiving payments under Medicaid and may review complaints of the misappropriation of funds or property of patients or residents of such facilities.

(2) At the option of the Unit, it may review complaints of abuse or neglect, including misappropriation of funds or property, of patients or residents of board and care facilities, regardless of whether payment to such facilities is made under Medicaid.



Physical Abuse

Physical harm, bodily injury, attempt to cause physical harm or injury, or fear of imminent physical harm or bodily injury.

SDCL 22-46-1



Class 6 Felony



Emotional/ Psychological

1. Sexual Act Or Simulation Of Sexual Act
2. Unreasonable Confinement
3. Harm, Damage Or Destruction Of Property Or Pets
4. Ridiculing Or Demeaning Conduct, Derogatory Remarks, Verbal Harassment, Threats To Inflict Harm



Class 1 Misd

SDCL 22-46-2



Examples

A staff member strikes a nursing home resident.

Family member obtains guardianship of victim under questionable pretense and places father in care center against his will even though father is determined to have capacity.

Resident dies after choking on food that was improperly prepared and provided against dietary restrictions



- Harm to the health or welfare;
- without reasonable medical justification;
- caused by a caretaker;
- within the means available;
- including failure to provide
 - adequate food
 - clothing
 - shelter or
 - medical care

SDCL 22-46-1(6)

Neglect



Class 6 Felony



Examples

Resident of LTC elopes and is found by local LE at 4:00am in wheelchair stuck on railroad tracks.

Resident of LTC dies of exposure after going outside to smoke.

Staff member does not complete room checks as per care plan. Resident falls out of bed resulting in injury. Not discovered until shift change.



Exploitation

- Any person who assumed the duty to provide support for an Elder or Adult with Disability
 - Voluntarily
 - By written contract
 - Receipt for payment of care
 - Order of the court
- and is entrusted with property
- Uses the property in an unlawful way
- With intent to defraud (to cause injury or loss to a person by deceit)



Duty

- to act in the best interest or for the benefit of

Guardianship: Appointed by court, responsible for personal affairs

Conservatorship: Appointed by court, responsible for estates and financial affairs

Power of Attorney: You appoint to handle your medical, financial or legal matters

Voluntary: Through agreement or action

APPOINTED

Family, Friend, Bank, Organization

Exploitation



Entrusted with Property

Guardianship

Conservatorship

Power of Attorney

Trust

Contract for care

Intent to Defraud

Bank Records

Medical Records

Victim Testimony

Exploitation



Examples

Daughter-in-law becomes POA for in-laws who are in LTC. Misuses her access to accounts to fund gambling and shopping habit.

Nephew became Guardian/Conservator for Aunt who is in LTC. Nephew sells Aunt's property and misappropriates funds.

Son-in-law becomes POA for in-laws in LTC. Uses in-law's accounts to fund personal businesses.



Any health care professional

Counselor engaged in professional counseling

Criminal Justice Employee

Law Enforcement officer

Staff employee

- nursing facility
- Assisted living facility
- Adult day care center
- Community Support Provider
- Residential care giver
- Individual providing Homemaker services, victim advocate
- Hospital personnel

Mandatory Reporters



22-46-10

22-46-7

22-46-5





THANK YOU



**Medicaid FANS
(Fraud, Abuse, & Neglect Services)**

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