



PASRR

Case Management Summit
October 20, 2026



AGENDA

1. PASRR 101
2. Current South Dakota PASRR Process
3. PASRR Screening Form
4. Website
5. Questions



PASRR 101

PRE-ADMISSION SCREENING

Completed *prior* to admission to NF

RESIDENT REVIEW

Completed when significant change occurs with a NF resident

–or–

An expiring PASRR needs renewed

- ☐ A requirement under Medicaid, pursuant to OBRA 1987 and 42 CFR 483.100 through 483.138.
- ☐ To ensure that individuals are evaluated for evidence of possible mental illness and/or intellectual disabilities and related conditions.
- ☐ To see that they are placed appropriately, in the least restrictive setting possible.
- ☐ To recommend that they receive the services they need, wherever they are placed.

Who Does PASRR Apply To?

Anyone Entering A Medicaid-certified NF



**Regardless
of payor
source**

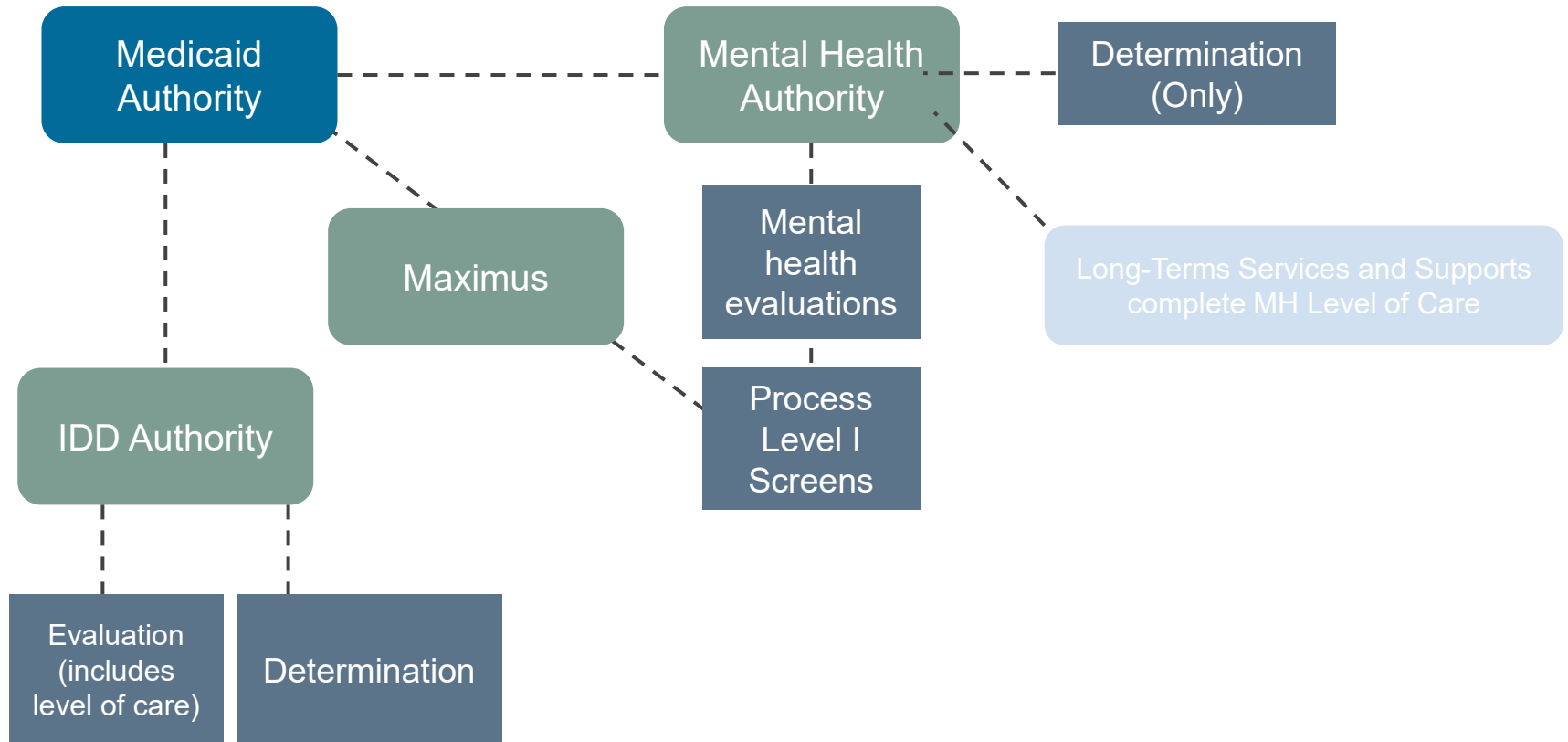


**Regardless
of diagnoses**



**Regardless
of current
location**

Oversight of PASRR



PASRR Levels

PRE-ADMISSION SCREENING & RESIDENT REVIEW

Level I

The process of identifying all individuals with possible MI or ID.

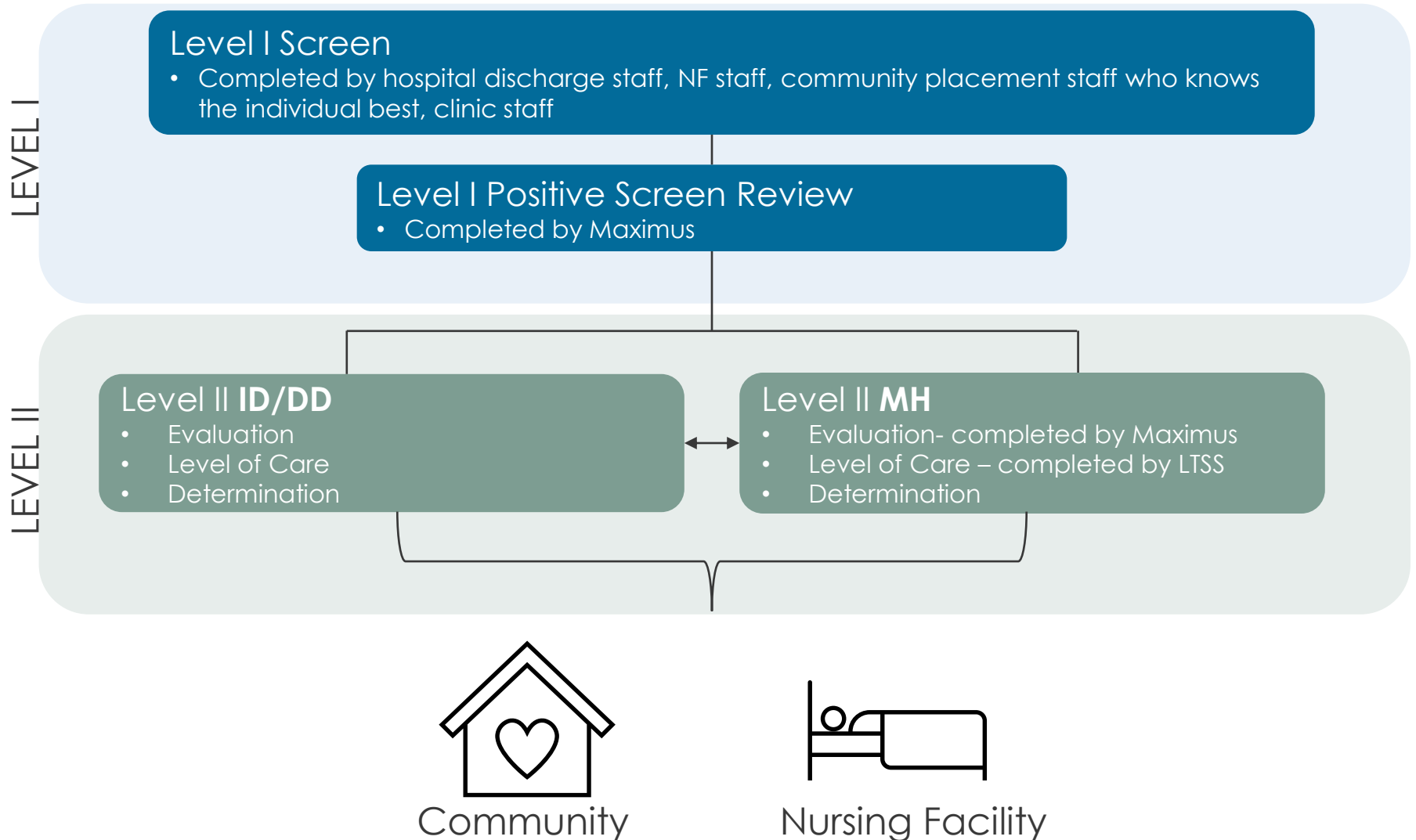
Level II Evaluation

The process of confirming MI or ID as well as evaluating the appropriate level of care and need for specialized services.

Level II Determination

Document that summarizes the Level II evaluation and determines if admittance to a NF is granted

The Process



Exempted Hospital Discharge Form – MS 131

Requirements:

- Must be admitted in the hospital (not ER)
- Discharging directly to a NF for the condition they were admitted to the hospital for
- Medical Provider attests that the NF stay will be for less than 30 days.

REV. 2/23

PRE-ADMISSION HOSPITAL EXEMPTION **TO THE NURSING FACILITY or SWING BED**

1. Send this notification to the nursing facility and Maximus (pasrr@state.sd.us) PRIOR to discharge from the hospital.
2. This form must be completed fully (Sections A-D) for the nursing facility to accept payment for services.
3. Incomplete forms will be returned.

SECTION A: IDENTIFYING INFORMATION FOR APPLICANT			
Last Name		First Name	MI
Living arrangement prior to the hospital admission:			
☐ group home	☐ psychiatric hospital	☐ own home/apt - alone	
☐ own home/apt – with friend or relative	☐ homeless	☐ prison	
☐ nursing facility	☐ other (please specify)		
Street Address		City	State Zip
SD County of Residence		Sex ☐ Male ☐ Female	Date of Birth (mm/dd/yyyy)
Social Security #		Medicaid Recipient	

****NF hold the right to refuse an EHD form**

PASRR Screening Form– MS 130

MS-130

South Dakota PASRR Program
LEVEL I SCREENING FORM

Last Update 10/25

FORM INSTRUCTIONS

DETAILED FORM INSTRUCTIONS CAN BE FOUND ON THE PASRR WEBSITE AT:

https://maximusclinicalservices.com/svcs/south_dakota

*Indicates a required field. The PASRR will not be processed without these fields completed.

REMINDER – The entity completing this PASRR holds the responsibility of notifying the individual that the PASRR screening is being completed and the final outcome of the PASRR.

Must use the most recent version of the form.

All * fields are required to be answered/completed.

The assessor **MUST** notify the individual that this screening is being completed.

PASRR Screening Form– MS 130

SCREENING TYPE	
*WHAT TYPE OF PASRR SCREEN IS THIS?	
☐ Pre-Admission (<u>not currently</u> residing in a NF)	☐ Resident Review (<u>currently</u> residing in a NF)
*If a Categorical is being requested, select appropriate option	
Is the Terminal Illness Categorical outcome being requested? ☐ Yes ☐ No (Applicable for Pre-Admission and Resident Reviews, requires documentation supporting end of life stage from physician)	
Is the Severe Physical Illness Categorical outcome being requested? ☐ Yes ☐ No (Applicable for Pre-Admission and Resident Reviews, requires valid and reliable documentation of severe physical illness)	
Is the Convalescent 100 Day Categorical outcome being requested? ☐ Yes ☐ No (Applicable for Pre-Admission only, must come from a hospital, requires a physician order)	
Is the Respite Categorical outcome being requested? ☐ Yes ☐ No (Applicable for Pre-Admission only, requires a physician order)	
Is the Emergency Placement outcome being requested? ☐ Yes ☐ No (Applicable for Pre-Admission only, requires documented involvement from Adult Protective Services or Law Enforcement and must follow the policy found in the PASRR provider manual https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/PreAdmission_Screening_and_Resident_Review.pdf)	
*RESIDENT REVIEW QUESTIONS (leave blank if Pre-Admission screen)	
Is the review a result of a concluding 30-day Exempted Hospital Discharge? ☐ Yes ☐ No End date: <input type="text"/>	
Is the review a result of a concluding 100-day Convalescent Categorical? ☐ Yes ☐ No End date: <input type="text"/>	
Is the review a result of a concluding 30-day Respite Categorical? ☐ Yes ☐ No End date: <input type="text"/>	
Is the review a result of a concluding 7-day Emergency Placement Categorical? ☐ Yes ☐ No End date: <input type="text"/>	
Is the review a result of a time limited Level II outcome by the State Mental Health Authority and/or State ID/DD Authority? ☐ Yes ☐ No End date: <input type="text"/>	
Is the review a result of a significant change in status? ☐ Yes ☐ No Select change in status: ☐ Medication Change ☐ Symptom Change ☐ Diagnosis Change ☐ Recent Psychiatric Hospitalization ☐ Other <input type="text"/>	

Must select which type of screening.

Know what a Categorical is and if you would like to request one.

Only NFs can complete a Resident Review.

Answer Yes or No to EVERY question in this section.

PASRR Screening Form– MS 130

Address is where the individual receives mail currently.

Need the SSN to officially identify the individual.

Must submit the legal guardian documents with the PASRR.

Required to ask the individual where they would like to live.

DEMOGRAPHICS		
*LAST NAME	*FIRST NAME	MI
*DATE OF BIRTH	*GENDER ☐ Male ☐ Female ☐ Other	
*CURRENT MAILING ADDRESS (street, city, state, zip)		
*SOCIAL SECURITY NUMBER	*MEDICAID ID (if applicable)	
*DOES THE INDIVIDUAL HAVE A LEGAL GUARDIAN? ☐ Yes ☐ No IF YES, ARE LEGAL GUARDIAN DOCUMENTS AVAILABLE FOR REVIEW? ☐ Yes ☐ No		
LEGAL GUARDIAN NAME (first and last)	LEGAL GUARDIAN PHONE NUMBER	
LEGAL GUARDIAN MAILING ADDRESS (street, city, state, zip)		
*WHAT HAS BEEN THE INDIVIDUAL'S TYPICAL LIVING SITUATION OVER THE LAST YEAR? ☐ Homeless ☐ Home Alone ☐ Home w/ family ☐ Home w/ supports ☐ Assisted Living ☐ Nursing Facility ☐ Group Home ☐ Other		
*WHERE DOES THE INDIVIDUAL SAY THEY WOULD LIKE TO LIVE WITHIN THE NEXT YEAR? ☐ Home ☐ Assisted Living ☐ Nursing Facility ☐ Group Home ☐ Other (explain)		

PASRR Screening Form– MS 130

Where is the individual CURRENTLY?

CURRENT LOCATION OF APPLICANT		
*Include best contact for interviews (if needed) in the Primary/Secondary Contact section.		
*WHERE IS THE INDIVIDUAL NOW? ☐ Inpatient Hospital ☐ Psychiatric Facility ☐ Home ☐ Group Home ☐ Assisted Living ☐ Nursing Facility ☐ Other (explain)		
*Current Location Name	*CITY	*STATE
*Current Location ADDRESS (if in home, include home address)	*ZIPCODE	*FAX
* PRIMARY CONTACT	*CONTACT EMAIL	*CONTACT PHONE
*SECONDARY CONTACT	*SECONDARY CONTACT EMAIL	*SECONDARY CONTACT PHONE

Must provide two contacts. One is usually the individual completing the PASRR. Second contact is in case the primary contact is unavailable.

ADMITTING FACILITY		
(Only for Pre-Admission. Leave blank for Resident Review)		
*IS THE ADMITTING FACILITY KNOWN? ☐ Yes ☐ No		
FACILITY NAME (must write full name- no abbreviations)	CITY	STATE
FACILITY ADDRESS	ZIPCODE	FAX
FACILITY PRIMARY CONTACT	CONTACT EMAIL	CONTACT PHONE

You do not need to know the admitting facility to complete the PASRR.

PASRR Screening Form– MS 130

CURRENT LOCATION OF APPLICANT		
*Include best contact for interviews (if needed) in the Primary/Secondary Contact section.		
*WHERE IS THE INDIVIDUAL NOW? ☐ Inpatient Hospital ☐ Psychiatric Facility ☐ Home ☐ Group Home ☐ Assisted Living ☐ Nursing Facility ☐ Other (explain)		
*Current Location Name	*CITY	*STATE
*Current Location ADDRESS (if in home, include home address)	*ZIPCODE	*FAX
*PRIMARY CONTACT	*CONTACT EMAIL	*CONTACT PHONE
*SECONDARY CONTACT	*SECONDARY CONTACT EMAIL	*SECONDARY CONTACT PHONE

Where is the individual CURRENTLY?

Must provide two contacts.

You do not need to know the admitting facility to complete the PASRR.

ADMITTING FACILITY		
(Only for Pre-Admission. Leave blank for Resident Review)		
*IS THE ADMITTING FACILITY KNOWN? ☐ Yes ☐ No		
FACILITY NAME (must write full name- no abbreviations)	CITY	STATE
FACILITY ADDRESS	ZIPCODE	FAX
FACILITY PRIMARY CONTACT	CONTACT EMAIL	CONTACT PHONE

What is the primary diagnoses?

ADMITTING DIAGNOSES
*PRIMARY DIAGNOSES WHICH LED TO THE NEED OF NURSING FACILITY LEVEL OF CARE
*DOES THE INDIVIDUAL HAVE A NEUROCOGNITIVE DISORDER SUCH AS DEMENTIA/ALZHEIMER'S? ☐ No ☐ Yes If Yes, provide diagnosis
(Reminder that Neurocognitive Disorders are not considered PASRR conditions and does not make the PASRR positive)

Dementia is NOT a PASRR condition. Reporting this just helps the evaluation if the PASRR needs sent in.

PASRR Screening Form– MS 130

SERIOUS MENTAL ILLNESS SCREENING	YES	NO	SUSPECTED
<p>*Does this individual have a confirmed or suspected serious mental illness diagnosis limited to the following disorders? (Required to check which disorder):</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> ☐ Schizophrenia ☐ Schizoaffective ☐ Atypical psychosis ☐ Somatoform/Delusion/Paranoid Disorder ☐ Other psychotic disorder (not otherwise specified) </div> <div style="width: 50%;"> ☐ Panic or Severe Anxiety Disorder ☐ Mood- Bipolar or Major Depressive Type ☐ Personality Disorder ☐ Post Traumatic Stress Disorder </div> </div> <p>(If a diagnosis(es) are checked above, then mark Yes for the overall question.)</p>	☐	☐	☐
<p>*Is there evidence, based on available documentation, observations, interviews, and history that the individual has noted difficulty in the following areas <u>related to their serious mental illness</u>?</p> <p>Select all that apply:</p> <div style="margin-left: 20px;"> ☐ Interpersonal Functioning- difficulty interacting with others; altercations; evictions; unstable employment, frequently isolated; avoids others ☐ Completing Tasks- serious difficulty completing tasks; requires assistance with tasks; errors with tasks; difficulty with concentration; persistence and pace ☐ Adaptation to Change- self injurious or self-mutilation; suicidal; physical violence or threats; appetite disturbance; serious loss of interest; tearfulness; irritability; withdrawal </div> <p>(If any of the above are checked, then mark Yes for the overall question.)</p>	☐	☐	☐
<p>*Based on available documentation, observations, interviews, and history, within the last 2 years has the individual received any of the following services:</p> <p>Select all that apply:</p> <div style="margin-left: 20px;"> ☐ Psychiatric treatment episodes such as inpatient psychiatric care ☐ Referred to a mental health crisis center ☐ Has attended partial care/hospitalization for mental health needs ☐ Has received mental health case management services. </div> <p>(If any of the above are checked, then mark Yes for the overall question.)</p>	☐	☐	☐

Review ALL available medical records and answer these questions.

Hospitals must ensure they are looking beyond one provider dictation for diagnoses. Often mental health diagnoses are not pulled into hospitalist notes, specialist notes, etc.

Assessing the functional limitations is related to their mental health, not overall health.

Ex. All individuals admitting to a NF need assistance with tasks.

Regular mental health counseling is not considered a mental health crisis center or case management service.

PASRR Screening Form– MS 130

INTELLECTUAL – DEVELOPMENTAL DISABILITY SCREENING	YES	NO	SUSPECTED
<p>*Does the individual have a confirmed or suspected diagnosis of an <u>intellectual disability</u> that was present <u>prior to the age of 22</u>?</p> <p>(An intellectual disability is a condition characterized by significant limitations in both intellectual functioning and adaptive behavior)</p> <p>If yes, specify diagnosis _____</p>	☐	☐	☐
<p>*Does the individual have a confirmed or suspected diagnosis of a <u>developmental disability</u> that was present <u>prior to the age of 22</u>?</p> <p>(A developmental disability is a chronic disability closely related to an intellectual disability that results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disabilities that require similar supports)</p> <p>If yes, select condition:</p> <p> ☐ Anoxia at birth ☐ Arthrogryposis ☐ Autism Spectrum Disorder ☐ Asperger Syndrome ☐ Cerebral Palsy ☐ Congenital Blindness ☐ Congenital Deafness ☐ Childhood Disintegrative Disorder ☐ Down Syndrome ☐ Encephalitis ☐ Epilepsy ☐ Expressive Language Disorder ☐ Fetal Alcohol Syndrome ☐ Fragile X Syndrome ☐ Friedrich's Ataxia ☐ Hydrocephaly ☐ Isodicentric Chromosome 15 Syndrome ☐ Klippel-Feil Syndrome ☐ Landau-Kleffner Syndrome ☐ Meningitis ☐ Pervasive Developmental Disorder ☐ Phenylketonuria (PKU) ☐ Polio ☐ Prader-Willi Syndrome ☐ Rett Syndrome ☐ Seizure Disorder ☐ Spina Bifida or Neuro Tube Defect ☐ Traumatic Brain Injury (TBI) ☐ Williams Syndrome ☐ XXY Syndrome ☐ Other (specify): _____ </p>	☐	☐	☐
<p>*Is there evidence, based on available documentation, observations, interviews, and history that the individual has received special education services during their youth?</p>	☐	☐	☐
<p>*Is there evidence, based on available documentation, observations, interviews, and history that the individual has received services from an agency that provides supports to individuals with an intellectual or developmental disability?</p>	☐	☐	☐
<p>*Is there evidence, based on available documentation, observations, interviews, and history that the individual has substantial functioning limitation in any of the following areas <u>related to the suspected or confirmed intellectual or developmental disability (ID/DD)</u>?</p> <p>Select all that apply:</p> <p> ☐ Self-care skills are impacted due to the ID/DD ☐ Receptive and expressive language is affected due to the ID/DD ☐ Learning is impacted due to the ID/DD ☐ Mobility is impacted due to the ID/DD ☐ Self-direction is impacted due to the ID/DD ☐ Capacity for independent living is impacted due to the ID/DD ☐ Economic self-sufficiency is impacted due to the ID/DD </p> <p>(If one or more are selected, then mark Yes for the overall question.)</p>	☐	☐	☐

Review ALL available medical records and answer these questions.

Developmental Disability disorders that need reported are listed. The PASRR must be marked Yes or Suspected and sent in for review unless there is solid documentation that the condition has NEVER caused any intellectual deficits. This documentation must be provided to the admitting NF for their records.

Special education and past services must be assessed. You may need to interview the individual or family to determine the best answer.

The listed function limitations must be assessed. Again, you may need to interview the individual or family to determine the best answer.

PASRR Screening Form– MS 130

SUPPORTING DOCUMENTATION CHECKLIST	
*Please note that additional information may be requested at any time throughout the PASRR review	
PRE-ADMISSION ☐ Screening Form ☐ Demographic Face Sheet ☐ Current Medication List ☐ Psychological evaluation, if available ☐ Current History & Physical or Physician Progress Note (must include the diagnosis or assessment of the suspected SMI/DD leading to the 'yes' or 'suspected' answer)	
If requesting a categorical, please submit: ☐ Terminal Illness- medical provider statement ☐ Severe Physical Illness- medical provider statement ☐ 100 Day Convalescent- order by medical provider ☐ 30 Day Respite- order by medical provider ☐ Emergency Placement – APS/LE involvement	
RESIDENT REVIEW ☐ New Screening Form ☐ Copy of Original Screening Form ☐ Demographic Face Sheet ☐ Current Medication List ☐ Copy of order for new diagnosis, medication, status change request reason (if applicable) ☐ Psychological evaluation, if available ☐ Current History & Physical or Physician Progress Note (must include the diagnosis or assessment of the suspected SMI/DD leading to the 'yes' or 'suspected' answer)	

*Are any questions under the Intellectual/Developmental Disability -or- Serious Mental Illness sections marked 'YES' or 'SUSPECTED'?

- ☐ No – This individual may be admitted without further evaluation and this form is to be saved in the individual's file.
- ☐ Yes – This individual needs to be referred to Maximus at PASRR@state.sd.us for further evaluation.

Referred to Maximus on _____ at _____
(date) (time)

*Signature of Designated Facility Representative

*Date Signed

PASRR not valid if no signature or date

For a positive PASRR –

Any 'Yes' or 'Suspected' answers in the MH or IDD sections are considered a positive PASRR.

Must check each listed supporting documentation that is being sent in for review.

The current H&P or Physician Note **MUST** contain information related to the suspected PASRR condition.

Email all required info to the listed website.

For a negative PASRR –

If all MH and IDD sections are all 'No', then it is considered a negative PASRR.

Must be signed and dated or it is not considered valid.

About the Program

Maximus has been contracted to review all Pre-Admission Screening and Resident Review (PASRR) positive Level I screens for all individuals who are applying to or residing in Medicaid-certified nursing homes and complete Level II evaluations for individuals confirmed or suspected to have mental illness. This federally mandated assessment process is used to determine whether the nursing home is the appropriate placement for individuals with mental illness, intellectual disabilities or developmental disabilities. PASRR functions as an essential method to help match individuals with the care and services they need.

- To submit PASRR Referrals and Exempted Hospital Discharge Forms, please send them to the new centralized email address pasrr@state.sd.us.
- For questions on South Dakota PASRR policy or procedures, contact South Dakota Program Manager, Emily Johnson: Emily.Johnson@state.sd.us or 605.773.8434, email is preferred.
- For information on Level I referral submissions or inquiries regarding a specific case, contact the Maximus – South Dakota PASRR Help Desk at: SDPASRR@maximus.com or 1.833.957.2777.
- For information on a Level II final outcome determination please contact the State Mental Health Authority at pasrrbh@state.sd.us or the State IDD Authority at pasrridd@state.sd.us.
- If you or others on your team would like to be added to the South Dakota PASRR email contact list, please send an email to: SDPASRR@maximus.com with the subject line *"I would like to be added to the SD PASRR email list"* and include contact name(s) and email address(es) in the body of the message.

If you are interested in direct hire employment opportunities within the SD PASRR program or other Maximus clinical programs, please visit the [Maximus Clinical site](#).

Contact info

 833.957.2777

 877.431.9568

 SDPASRR@maximus.com

SD PASRR Website

[SD PASRR - About the Program](#)

[Announcements](#)

[FAQs](#)

[Resources](#)

[Training](#)

[Home](#) / [State Programs](#) / [South Dakota](#) / [SD PASRR - About the Program](#) / [Resources](#)

1

Resources

[SD PASRR State Holiday Calendar](#)

[SD PASRR 2023 Announcements Archive](#)

[SD PASRR 2024 Announcements Archive](#)

[SD PASRR Preadmission Workflow for Providers](#)

[SD PASRR Resident Review Workflow for Providers](#)

[SD PASRR - Status Changes \(SC\) Overview](#)

[SD PASRR Medication Status Change Resource Guide](#)

[SD PASRR - PASRR and Major Depressive Disorder](#)

[Guide: Using Secure Email](#)

[Guide: Zoom for Healthcare](#)

[Guide: PASRR Quick Reference](#)

[SD PASRR Glossary of Terms](#)

[The updated PASRR Manual is available under Institutional Provider Manuals here](#)

[The Pre-Screening Form \(MS-130\) and Exempted Hospital Form \(MS-131\) are available here under the](#)

[Medical Services section](#)

[Dakota at Home](#)

[South Dakota Medicaid Site for Providers](#)

[SD PASRR - Frequently Asked Questions \(FAQs\) - Updated 6.17.25](#)

[Handout - What is PASRR?](#)

[PASRR Outcomes Guide](#)

Training

[PASRR Resident Reviews Demystified: Status Changes, Approval Periods, and Regulatory Obligations 5.13.26 | Slides](#)

[PASRR Resident Reviews Demystified: Status Changes, Approval Periods, and Regulatory Obligations 5.13.26 | Recording \(1:23:13 mins\)](#)

[September 2025 Provider Training | Slides](#)

[September 2025 Provider Training | Recording \(55:29 mins\)](#)

[PASRR Foundation in South Dakota | Slides](#)

[PASRR Foundation in South Dakota | Recording \(1:05:01 mins\)](#)

[PASRR 101 | Recording - 40:57 mins](#)

[PASRR 101 | Presentation Slides](#)

[PASRR Training for Providers – October 2023 | Recording - 1:27:43 mins](#)

[PASRR Training for Providers – October 2023 | Presentation Slides](#)



Emily Johnson 

605.773.8434 

Emily.Johnson@state.sd.us 



Care Connect



What is Care Connect?



A partnership with Medicaid Providers to help manage the high risk, high-cost recipients.



Team Based approach that supports the whole person.



Designed to affect change in the Care Connect recipient's health status and reduce utilization of high-cost services.



Based on the provision of the six Core Services outlined by CMS and defined by the Care Connect Implementation Workgroup.

Provider Infrastructure

Two Types of Care Connect Programs

Primary Care Provider

- Primary Care Physician
- PA/Advance Practice Nurse

Working in a

- Federally Qualified Health Center
- Rural Health Clinic
- Clinic Group Practice
- IHS/Tribal 638

Behavioral Health

- Mental Health Provider working in a Community Mental Health Center (CMHC)

Team

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• Care Coordinator• Primary Care Provider | <ul style="list-style-type: none">• Pharmacist• Support Staff• Other services as needed | <ul style="list-style-type: none">• Behavioral Health Specialist |
|--|---|--|

Who Do Care Connect Programs Serve?

4

- **Any** Medicaid Recipient who has.....
 - Two or more chronic conditions or one chronic and one at risk condition (Defined separately below)
 - ❑ **Chronic Conditions include:** Mental Illness, Substance Abuse, Asthma, COPD, Diabetes, Hypertension, Obesity Musculoskeletal and neck and back disorders
 - ❑ **At Risk Conditions include:** Pre-diabetes, tobacco use, cancer, hypercholesterolemia, depression and use of multiple medications (6 or more classes of drugs)
 - One Severe Mental Illness or Emotional Disturbance.
- Eligibility based on 15 months of claims data based on diagnosis.
- Recipients who meet the eligibility criteria are stratified into four tiers based on the recipient illness severity using the Chronic Illness and Disability Payment System (CDPS).

Provision of Core Services

- CMS requires the six Core Services be provided to all recipients attributed to a provider.
- The minimum requirement is to provide **one** of the Core Services to each Care Connect recipient every quarter.
- Care Connect clinics are paid on a quarterly basis. This is a retrospective monthly per member per month (PMPM) payment for the delivery of the Core Services.
 - All medical services continue to be reimbursed according to the current reimbursement structure.

Core Services

1. Comprehensive care management
2. Care coordination
3. Health promotion
4. Comprehensive transitional care/follow-up
5. Patient and family support
6. Referral to community and social support services

In-depth definitions available at
https://dss.sd.gov/docs/medicaid/PCP_Core_Services_Specific.pdf

Core Services Criteria

- Provided directly to the recipient or to the recipient's guardian for the direct benefit of the recipient;
- Provided either in person, via telemedicine, or via telephone.
- Related to individualized goals in the care plan.
- Documented in the EHR including a description of the Core Service and the applicable category of Core Service;
- Not reimbursed by South Dakota Medicaid as part of another service;
- Meets the description of one of the six Core Service categories;
- Provided by the Care Connect Care Coordinator or another member of the Care Connect Care Team.
 - It is anticipated that Core Services would be provided by clinic staff that cannot directly enroll and bill Medicaid.

1. Comprehensive Care Management

The initial and ongoing assessment and care management services aimed at the integration of primary, behavioral, specialty health care, and community support services. Comprehensive care management requires **developing a comprehensive person-centered care plan** which addresses all clinical and non-clinical needs. Examples:

- a. Conducting outreach activities to gather information from the recipient, the recipient's caregiver, and other primary and specialty care providers;
- b. Completing a comprehensive needs assessment which includes, behavioral health screenings such as depression and substance use, social determinants of health screening, and other screenings as determined necessary by the team.
- c. Developing a comprehensive person-centered care plan including individualized goals and action steps to achieve the goals.



Key Elements of a Care Plan

- A customized Care Plan must be completed for every recipient in Care Connect.
 - If behavioral health needs are identified during the assessment, the Care Plan should include the plan to address them.
 - Care Plans should be developed with active participation from the recipient and their supports if applicable.
- 

Care Plans Should Include:

Patient & Medical Basics: Recipient information (Name, DOB), diagnosed medical conditions, and documented medication reviews or updates.

Social & Physical Supports: Summaries of health-related social needs (housing, transportation, employment) and durable medical equipment (DME) requirements.

Actionable Goals & Tracking: Clear health goals, progress notes, and an indication of the recipient's ability to self-manage their condition.

Care Coordination Details: Family/friends involved, specialist referrals (with electronic summaries of care), and scheduled future appointments.

Behavioral Health Tracking (if applicable): Documented dates/results for depression and substance use screenings, alongside active treatment and appointment status.

System Tracking: Community resources referred to, original creation date, and the most recent review or update date.

2. Care Coordination

The **implementation of the person-centered care plan**. The plan must be implemented through appropriate linkages, referrals, coordination, and follow-up to needed services and supports. Examples:

- a. Monitoring progress towards goals in the person-centered care plan;
- b. Coordinating with other healthcare providers;
- c. Assisting and supporting the recipient with scheduling health appointments with other healthcare providers;
- d. Supporting the recipient's compliance with treatment recommendations; and
- e. Communicating and consulting with other providers and recipient/caregiver as appropriate.

3. Health Promotion

Encourage and support healthy ideas and concepts. The intent of the service is to motivate recipients to adopt healthy behaviors and enable recipients to self-manage their health. The Care Coordinator will provide health promotion activities. Examples:

- Providing health education to recipients and their caregivers specific to the recipient's chronic conditions;
- Conducting medication reviews and regimen compliance;
- Teaching self-management skills; and
- Promoting healthy lifestyle interventions for substance use and prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and prevention, and increasing physical activity.

4. Comprehensive Transitional Care

Comprehensive transitional care services are **for individuals transitioning between levels of care** and ensures the recipient/caregiver is supported during those transitions. This includes post-discharge education, follow-up appointments, and access to community resources. Examples:

- a. Contacting the recipient/caregiver within five business days discharge from the hospital or emergency department;
- b. Providing post-discharge contact with recipient/caregiver to ensure discharge orders are understood and action taken;
- c. Coordinating with the recipient/caregivers and providers to ensure smooth transitions to new settings; and
- d. Ensuring a follow-up visit with the primary care provider.

5. Individual and Family Support

Recipient/caregiver or family support services **reduce barriers to recipient's care coordination, increase skills and engagement** and improve health outcomes using methods that are educationally and culturally appropriate. This includes assessing the barriers to care and working with the recipient/caregiver/family to overcome barriers such as medication adherence, transportation, and keeping appointments. Examples:

- a. Providing education and guidance in support of self-advocacy;
- b. Identifying resources for recipient/caregiver/family to support the recipient in attaining their highest level of health and functionality in their families and in the community;
- c. Coordinating transportation for the recipient/caregiver/family to medically necessary services; and
- d. Helping recipient/caregiver to access long-term care and other support services.

6. Referrals to Community & Social Support Services

Provide information and assistance to **refer the recipient/caregiver to community-based resources** that support the needs identified on the recipient's person-centered care plan. Examples:

- a. Providing referral and information assistance to obtain community-based supports or social service supports (may include housing, personal need, and legal services);
- b. Assisting recipient/caregiver to obtain and maintain eligibility for health care, disability benefits, etc.
- c. Supporting effective collaboration with community-based resources; and
- d. Identifying resources to reduce barriers to help recipient in achieving their highest level of function and independence

Quarterly Core Service Reporting

Scope: Completed for every recipient on the clinic's caseload during the reporting quarter.

Process: Clinics report whether each recipient received at least one core service during the quarter.

- **Core Service provided** = Triggers the PMPM payment for that recipient for each month the recipient was on the caseload that quarter.
- **No Core Service provided** = Forfeits the PMPM payment for that recipient for all months in that quarter.

Purpose: Ensures Care Management payments are only distributed when a core service is successfully delivered.

Biannual Health Outcome Measure Reporting

Scope: Completed for each recipient who received a core service per the quarterly report.

Process: Clinics submit outcome data at the individual recipient level; the State aggregates it to return clinic level data.

Purpose: Enables both clinics and the State to evaluate the overall effectiveness of the Care Connect program.

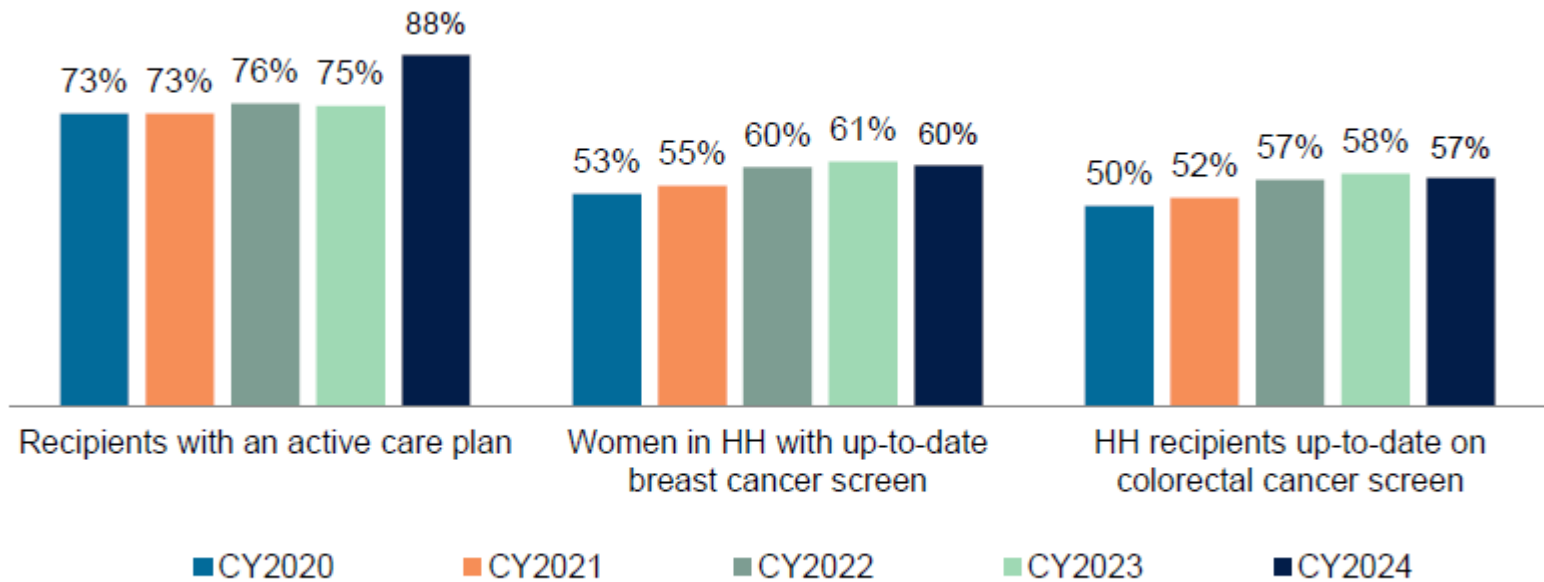
Care Connect Results

Full report available at:
https://dss.sd.gov/medicaid/care_management/provider/careconnect.aspx

Increasing Preventive and Primary Care

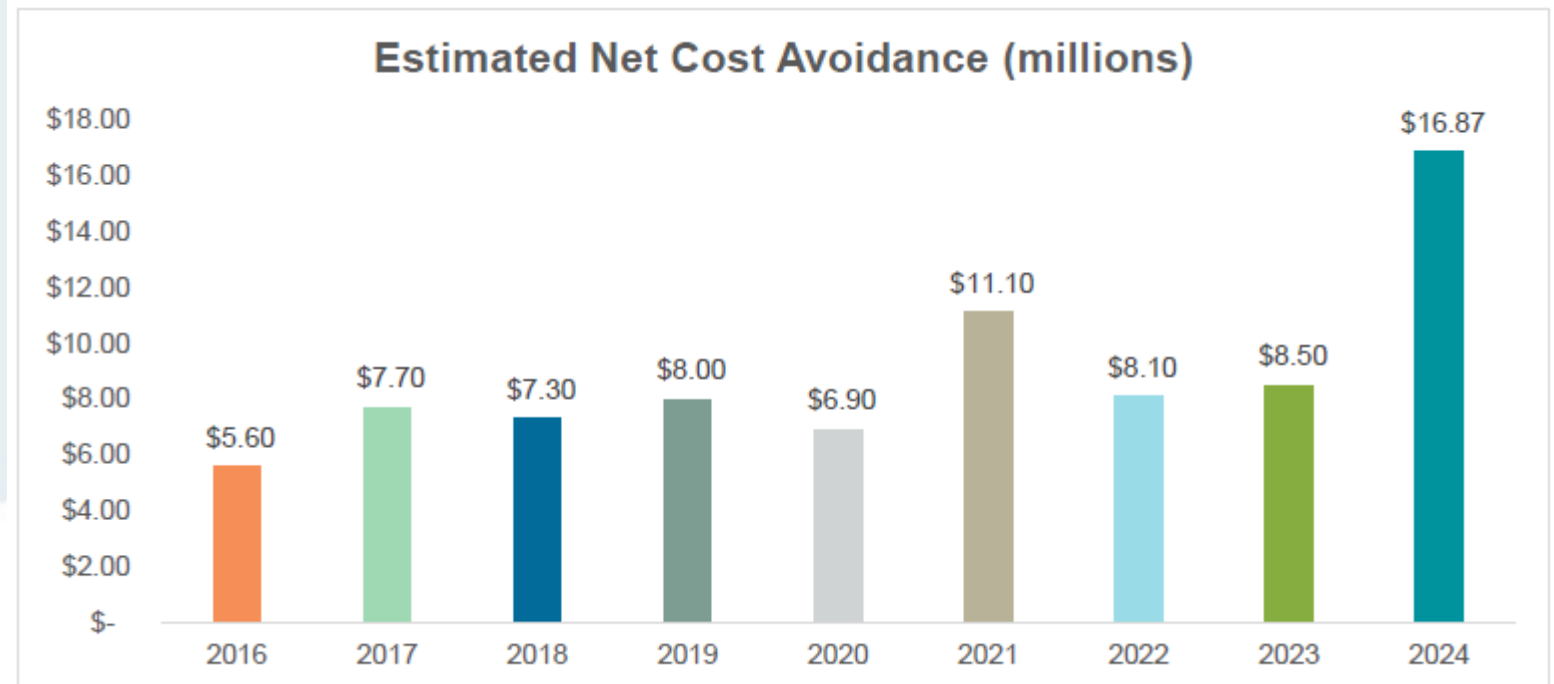
Preventive Care is an important component to managing recipients with multiple chronic conditions. Under the Care Connect Program, Preventative Care continues to improve.

Success Story: A patient receiving care at the clinic expressed gratitude stating, "You can make my mountains seem so small just by explaining them better. My anxiety is reduced, and I feel life is more manageable."



Creating Efficiency

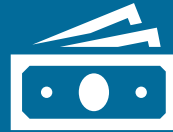
- In CY 2024, CC recipients cost \$206.82 less per month than recipients with similar claims and medical conditions.
- DSS estimates \$16.87 million was cost avoided in CY 2024 after payment of the PMPM (\$4.48 million) and Quality Incentive Payments (\$0.58 million).



Rewarding Performance



Care Connect clinics that meet specific performance and reporting metrics are eligible for the annual Quality Incentive Payment.



To qualify for the payment, clinics must have provided a core service to at least 50% of their caseload and reported outcome measures for each recipient that was provided a core service.



More information can be found at:
https://dss.sd.gov/medicaid/care_management/provider/careconnect.aspx



Questions?



Thank You

Chris Soukup & Sarah Houska

605.773.3495

Chris.Soukup@state.sd.us

Sarah.Houska@state.sd.us

dss.sd.gov





BabyReady Overview for Social Workers & Case Managers

October 20, 2026



Overview

BabyReady Program

- The BabyReady program is one of the Three Care Management programs
- BabyReady recipients, like PCP recipients, must acquire referrals to see other providers outside of their clinic
- BabyReady recipients, unlike the PCP program, are outreached by their assigned provider
- BabyReady program participation is not optional
 - The only way a recipient is not eligible for the program is if they select a non-participating BabyReady provider
- BabyReady recipients have access to a mom-centered personalized care team to help connect them with local resources, care plan development, education, and healthcare system navigation.

Provider Enrollment & Enhanced Payments

Provider Enrollment

To enroll as a BabyReady clinic, the clinic must complete an application and Barriers to Care Initiative form.

- An addendum must be completed and signed by each individual provider listed on the application.

Enhanced Payment Services

Code	Description	Fee
NA	Care Coordination PMPM	\$ 43.04
NA	Barriers to Care PMPM	\$ 10.00
S0280	Person-centered Care Plan	\$ 102.67
S0281	Transitional Care Plan	\$ 51.34
G9151	Prenatal Care Enhanced Payment	\$ 333.30
G9152	Postpartum Visit Enhanced Payment	\$ 102.67

Upcoming CPT Changes

Effective January 1, 2027, the American Medical Association will discontinue the current global obstetrical codes.

Providers may continue to use global obstetric package codes through December 31, 2026, when all components of care are within 2026.

Providers may not use any global maternity package code for 2026/2027 mixed-year episodes. Global and individual billing may not be combined for the same pregnancy episode.

If any pregnancy-related care that would be included in a global procedure code crosses into 2027:

- Do NOT use global obstetric codes for pregnancy services rendered in 2026 or 2027;
- Use individual E/M codes + TH modifier and pregnancy-related ICD-10 codes for prenatal care; and
- Use individual E/M codes + TH modifier + Z39.2 diagnosis code for post-partum care.

For more information, refer to the [Obstetrical Manual](#).

Recipient Eligibility

Pregnant Medicaid-eligible recipients less than 32 weeks gestation are eligible for the BabyReady Program.

Providers may submit a BabyReady Opt-In and Selection form for those 32 weeks or more and have not yet delivered.

Recipients will be transitioned from the program to the PCP program 2 months after the end of their pregnancy.

- Miscarriages are included

Care Coordination Services

Care Coordination

The provider must have sufficient staffing to provide the required care coordination services for recipients on the providers' caseload. Care coordination staffing may be at the health system or clinic level but must be available to assist women served by individual participating providers. All care coordination services must be documented.

- Care coordination staff may include RNs, LPNs, CHWs, SW's or other staff qualified and trained to deliver a specific care coordination service.
- Care coordination services may include:
 - Person-Centered Care Plan
 - Health Education and Promotion
 - Health System and Resource Navigation
 - Transitional Care Coordination
 - Transitional Care Plan

Care Plans

The Person-Centered and Transitional Care plan can be developed by a member of the Care Management team and signed off on by the provider

Person-Centered Care Plan

Person-Centered Care Plan Elements:

- Measurable goals related to treatment, wellness and recovery including intended outcomes;
- Preferences and Strengths related to treatment, wellness, and recovery goals;
- An emergency/natural disaster/crisis plan;
- Key community and/or social services that address identified needs;
- Planned care coordination interventions; and
- Documentation of key providers included in care plan development and/or key care team members.

Transitional Care Plan

The Transitional Care Plan should contain the following information:

- Identification of the recipients PCP provider and their scheduled appointment to establish care;
- Identification of the newborns PCP and their scheduled well child visit(s);
- Any necessary specialty appointments that need to be made;
- Documentation that the PCP has recipient's medical records or access to their records; and
- Identification any known follow up needed with regards to labs, imaging, etc.

DOH Collaboration

DOH:

Assigns a nurse(s) to each enrolled clinic
Provides participating providers with promotional materials regarding these programs and training upon request to facilitate this requirement.
Follows-up on recipients receiving in-home services as needed

Provider:

Share relevant health and social determinants of health information with the DOH nurse
Promotes and refers recipients to the DOH programs which support pregnant women.

- Bright Start,
- Pregnancy Care, and
- Women, Infants & Children (WIC) Program.

Barriers to Care Initiatives

Barriers to Care Initiatives

Providers (clinic level or system level) would select and implement one of the following initiatives:

- Initiatives to improve initiation and attendance at prenatal and postpartum visits
- Initiatives to reduce transportation barriers that prevent women from receiving prenatal and postpartum care.
- Initiatives to address social determinants of health that impact the woman's and unborn child's health or
- Initiatives to facilitate childcare during appointments and deliveries or to facilitate the provision of services with children present at the clinic or facility.
- Other initiatives to address barriers of care as determined by the provider



Thank you

Valerie Kelly

605-773-3495

Valerie.Kelly@state.sd.us

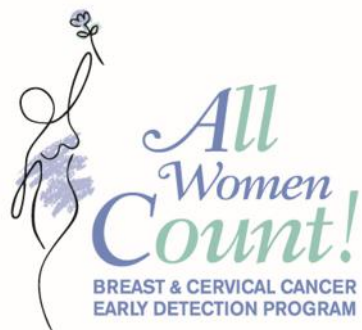


South Dakota Department of Health

All Women Count! (AWC!) Program

Sarah Quail, Cancer Programs Director

www.getscreenedsd.org/awc



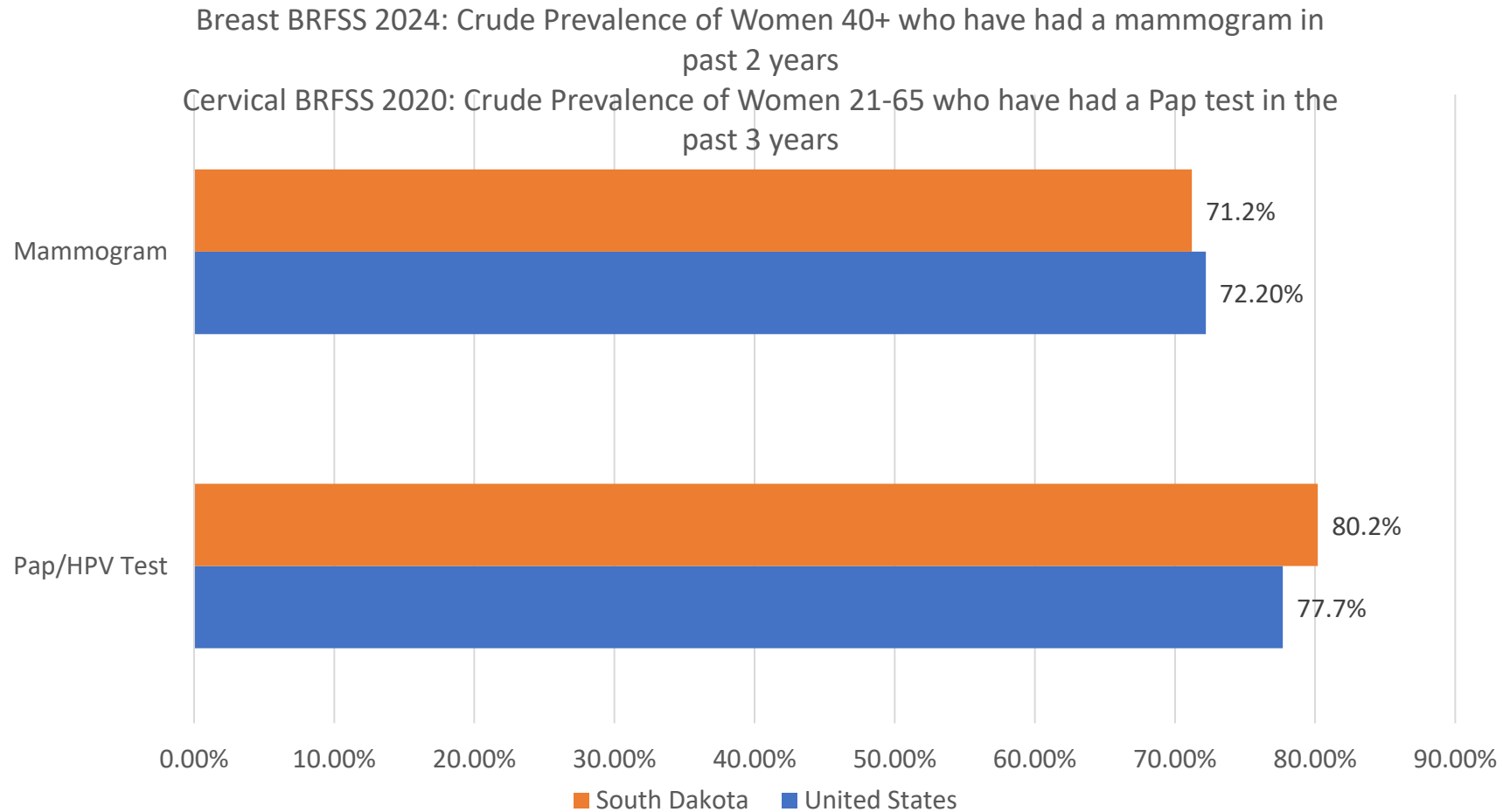
Objectives



1. *Describe current breast and cervical cancer trends in South Dakota*
2. *Explain the purpose and impact of the All Women Count! (AWC!) program*
3. *Identify women who are eligible for the AWC! services*
4. *Understand the role in connecting eligible women to screening and follow-up care through AWC!*



Screening rates

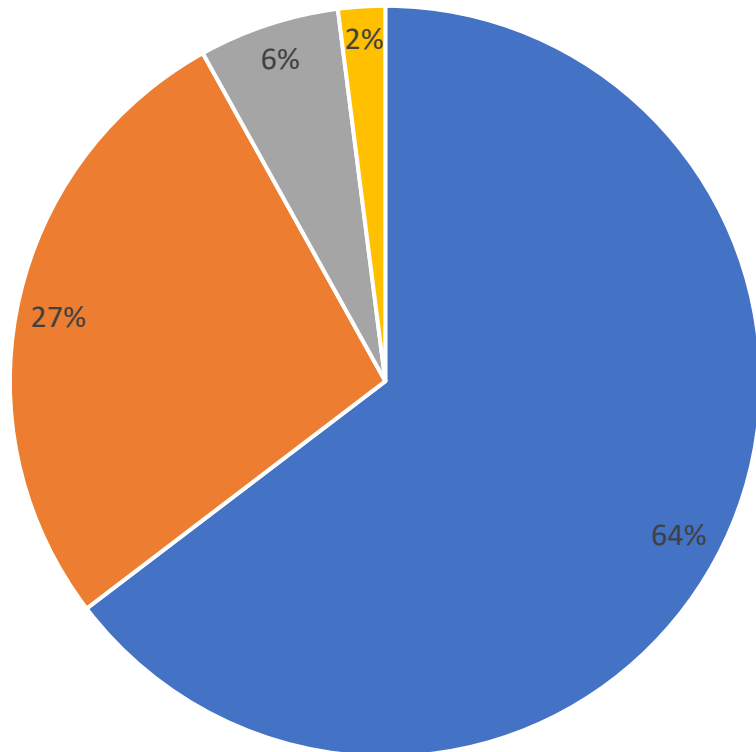


(CDC, n.d.)

Percent of Cases by Stage

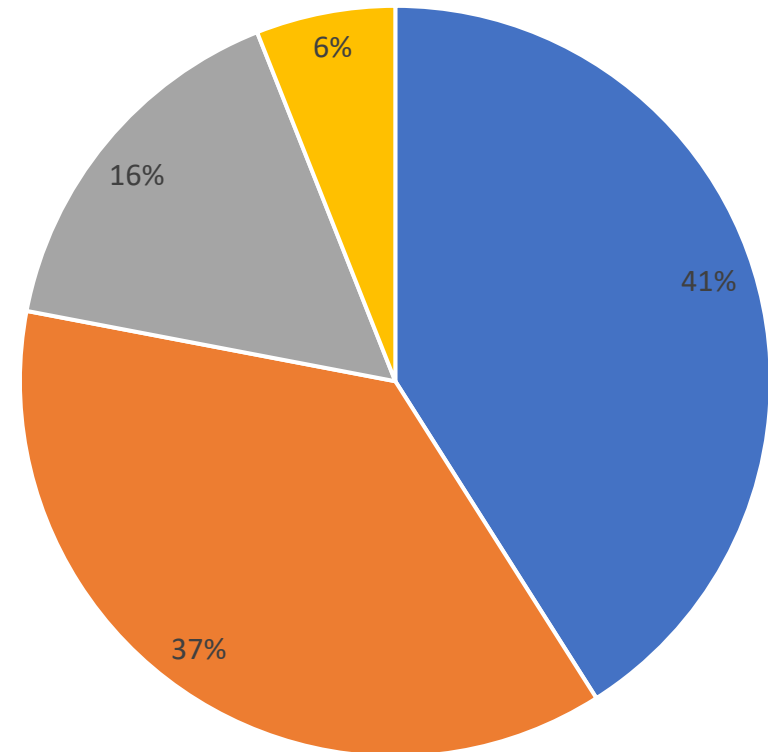


Breast



■ Localized ■ Regional ■ Distant ■ Unknown

Cervical

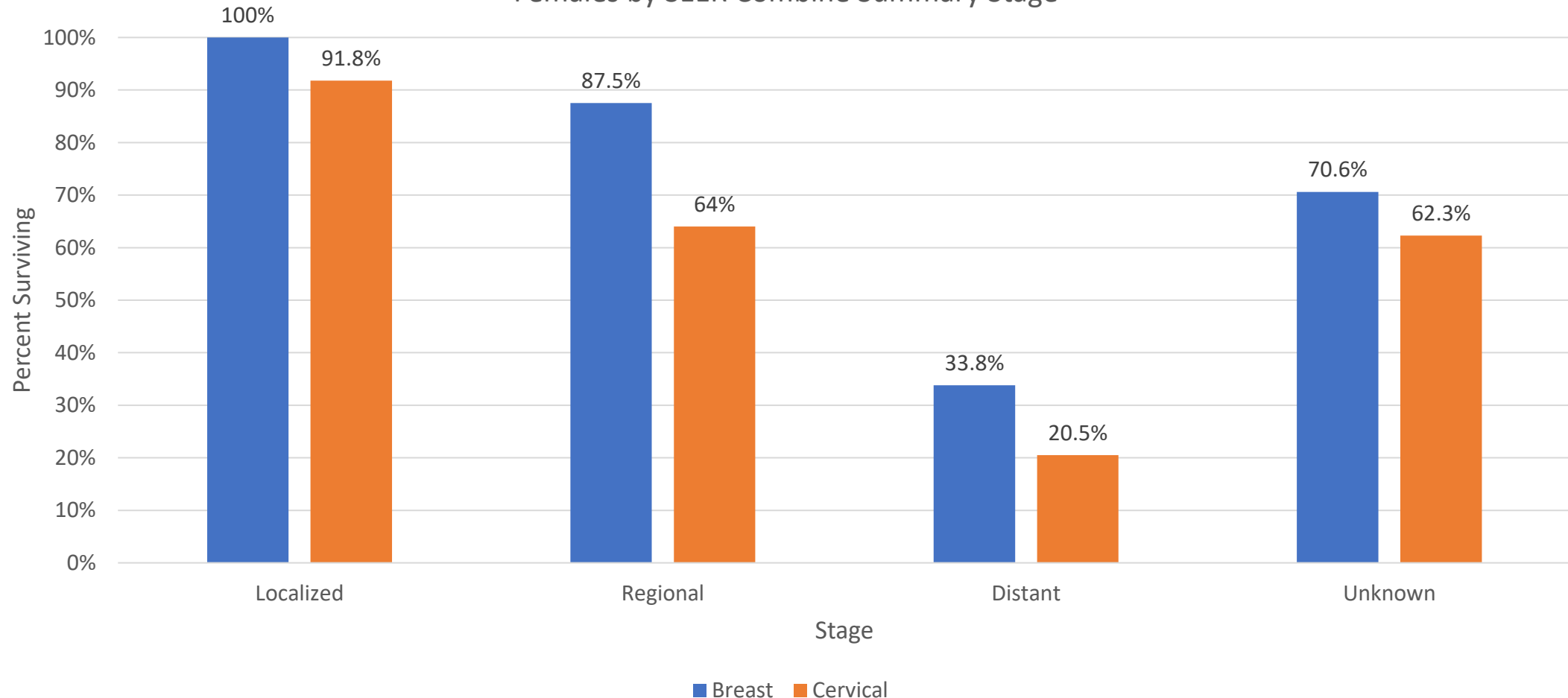


■ Localized ■ Regional ■ Distant ■ Unknown

5-year survival



5-Year Relative Survival by Stage at Diagnosis, Breast and Cervical 2016-2022, All Races, Females by SEER Combine Summary Stage



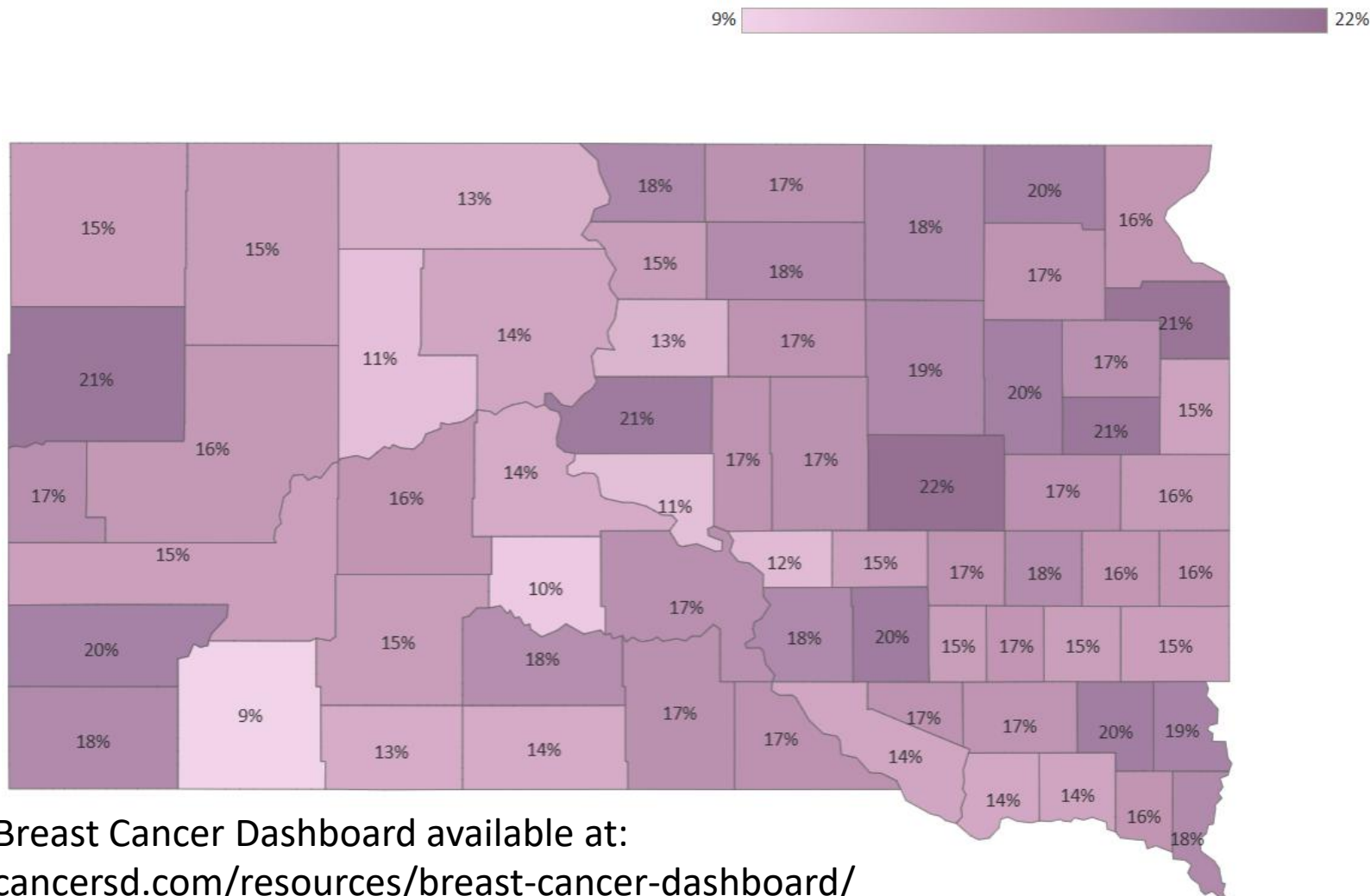
Barriers to Care



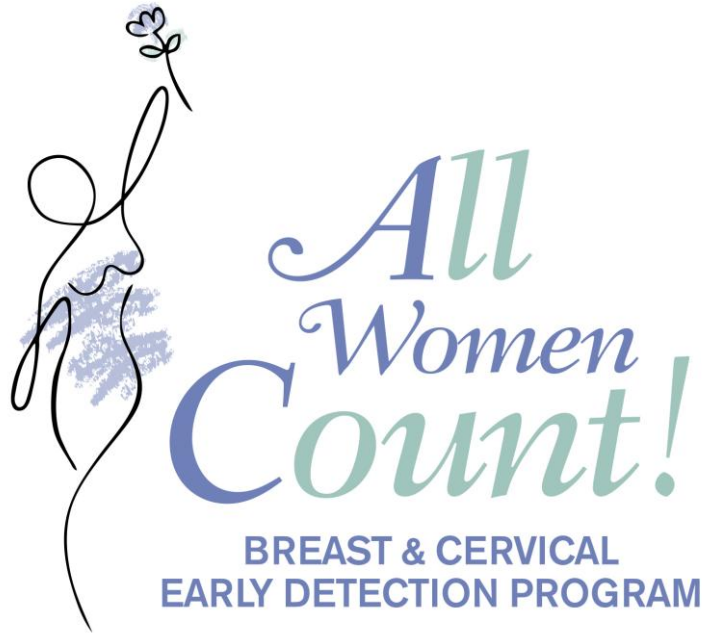
- Cost
- Transportation
- Lack of access
- Fear or discomfort
- Cultural beliefs
- Medical conditions
- Physical disabilities



Uninsured Percentage: Women age 40-64



All Women Count! Program



AWC! partners with over 250 clinics, hospitals, laboratories, radiology departments to provide breast and cervical cancer screening and diagnostic services **at no cost** to eligible women.

Eligibility



- **South Dakota Women:** Age 21-64
- **Uninsured/Underinsured:**
 - A women **CAN** enroll with most health insurances
 - Only not eligible if enrolled in Medicaid or Medicare B
- **Income:** $\leq 250\%$ Federal Poverty Level



Income Guidelines



Income Guidelines for Screening Eligibility

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$39,900	\$3,325	\$767
2	\$54,100	\$4,508	\$1,040
3	\$68,300	\$5,692	\$1,313
4	\$82,500	\$6,875	\$1,587
5	\$96,700	\$8,058	\$1,860
6	\$110,900	\$9,242	\$2,133
7	\$125,100	\$10,425	\$2,406
8	\$139,300	\$11,608	\$2,679
9	\$153,500	\$12,792	\$2,952
10	\$167,700	\$13,975	\$3,225

Covered Breast Services



Clinical Breast Exams

Annual Screening Mammograms

- Women ages 40-64
- Younger high-risk women can be preauthorized

Diagnostic Breast Imaging and Biopsy

- Preauthorization required if under 40

High-Risk Screening MRIs

- Preauthorization needed for all MRIs



Covered Cervical Services



Screenings:

- Pap Smear Cytology
- HPV Testing

Diagnostic Services

- Cervical biopsies
- Colposcopy
- LEEP
- Cone biopsy



Medicaid



- Breast and Cervical Cancer Medicaid Program
- To qualify:
 - Be enrolled in All Women Count! prior to diagnosis
 - Diagnosed with *breast* or *cervical* cancer
 - No other credible health insurance coverage
 - Provide proof of income, identification, and U.S. citizenship.



<https://drive.google.com/file/d/1xnoGPegZv6anrqJS7kQQQsVt43AiyOmU/view>



AWC! Program Resources



FOR WOMEN 30-64

All Women Count! Covers the Cost of Breast and Cervical Cancer Screenings

Ask your clinic about the All Women Count! Program today.

GETSCREENEDSD.ORG



Breast Cancer and Cervical Cancer Screening and Diagnostic Services:

- Office Visit
- Clinical Breast Exam (CBE)
- Screening Mammograms (ages 40-64)
- Breast Screening MRI for High Risk Women
- Diagnostic Breast Ultrasounds
- Primary HPV Testing
- Pap Test with HPV Co-Testing
- Cervical Biopsies
- Breast Biopsies
- Diagnostic Mammograms
- Pap Test

Age Guidelines For Participation:

- 30-64 for Cervical Cancer Screening
- 40-64 for Breast Cancer Screening

Scan to View Income Eligibility

Find a Local Provider and Schedule Your Screening Today!



5,000 of this brochure have been printed on Recycled Paper by the South Dakota Dept. of Health at a cost of \$0.25 each, supported by Cooperative Agreement Number SP007120, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. January, 2020.



Your Health Matters. Cost Shouldn't Be A Barrier.

YOU MAY QUALIFY FOR FREE CANCER SCREENINGS.

If cost has been a reason you've delayed breast or cervical cancer screenings, the **All Women Count!** program may be able to help.

WHAT'S COVERED

Eligible women may receive no-cost screenings, including:

- Mammogram
- Pap/HPV tests
- Related diagnostic exams



Ask your clinic about the All Women Count! Program today.

GETSCREENEDSD.ORG
1-800-738-2301



1,000 of this poster have been printed on Recycled Paper by the South Dakota Dept. of Health at a cost of \$0.20 each, supported by Cooperative Agreement Number SP007120, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. January, 2020.

SD Cancer Coalition



SOUTH DAKOTA
**CANCER
COALITION**

**FALL MEETING
2026**

INSPIRED BY PLACE,
UNITED IN PURPOSE

October 29
Highland Conference Center
Mitchell



www.GetScreenedSD.org/AWC



SDAllWomenCount@state.sd.us

References



CancerSD. (n.d.). <https://www.cancersd.com/>

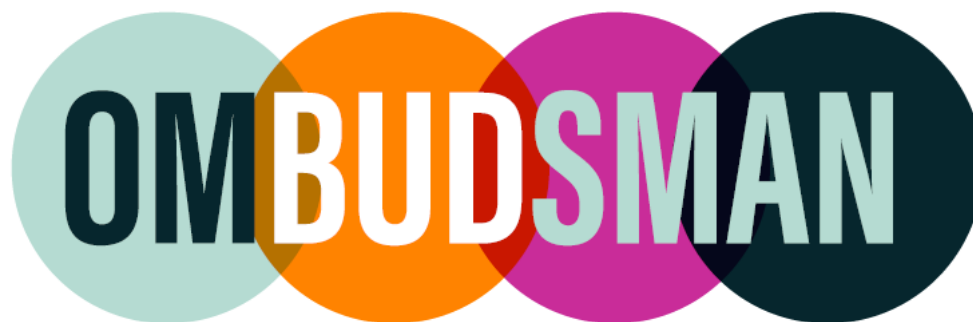
Centers for Disease Control and Prevention. (n.d.). BRFSS Prevalence & Trends data. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

National Cancer Institute. (n.d.). SEER Cancer Stat Facts: Breast Cancer. <https://seer.cancer.gov/statfacts/html/breast.html>

National Cancer Institute. (n.d.). SEER Cancer Stat Facts: Cervical Cancer. <https://seer.cancer.gov/statfacts/html/cervix.html>

South Dakota Department of Health (n.d.). All Women Count Program. <https://getscreenedsd.org/awc>

U.S. Census Bureau. (n.d.). Small Area Health Insurance Estimates (SAHIE) Interactive Tool. <https://www.census.gov/data-tools/demo/sahie/#/>



South Dakota's Long Term Care Ombudsman Program

A program of the South Dakota Department of Human Services



[Ombudsman Video](#)



History



The Ombudsman Program is a nation-wide program funded under Titles III and VII of the Older Americans Act.

- Started in 1972 as a 7-state demonstration program
- Now established in all 50 states, DC, Puerto Rico, Guam



Program Goals and Objectives

Goals:

1. Advocate for residents' rights and quality of care
2. Educate consumers and providers
3. Resolve residents' complaints
4. Provide information to the public

Objectives:

1. Advocate: work on behalf of residents, investigate complaints, work with facility to resolve concerns
2. Educate: inform residents of their rights and provide information
3. Mediate: serve as a spokesperson for resident in mediating disputes
4. Investigate: ensure complaints are handled fairly and timely



Ombudsman Duties



- Helping residents and their families become familiar with their rights
- Working to resolve issues and concerns of individual residents
- Support Self-Advocacy
- Promoting changes which improve the quality of long-term care
- Promoting a safe, clean, comfortable and home-like environment
- Encouraging residents to maintain independence and individuality
- Advocating for freedom from physical and/or chemical restraints
- Advocating for residents to be free from theft of personal property
- Advocating for retention and use of personal possessions including furnishings and clothing as space permits



Who is this program for?

- Residents in nursing homes, assisted living facilities, community living homes, registered residential adult care homes
- Friends and relatives of residents of nursing home, assisted living and residential living
- Staff and administrators of care facilities with resident-related concerns
- Community members and representatives

Ombudsman services are:

- Provided to persons without regard for income or resources
- Provided to individuals requesting on either their own or another individual's behalf
- Available to a person who is already a resident
- Available to a person planning to make a covered facility their home



When should I contact the Ombudsman?

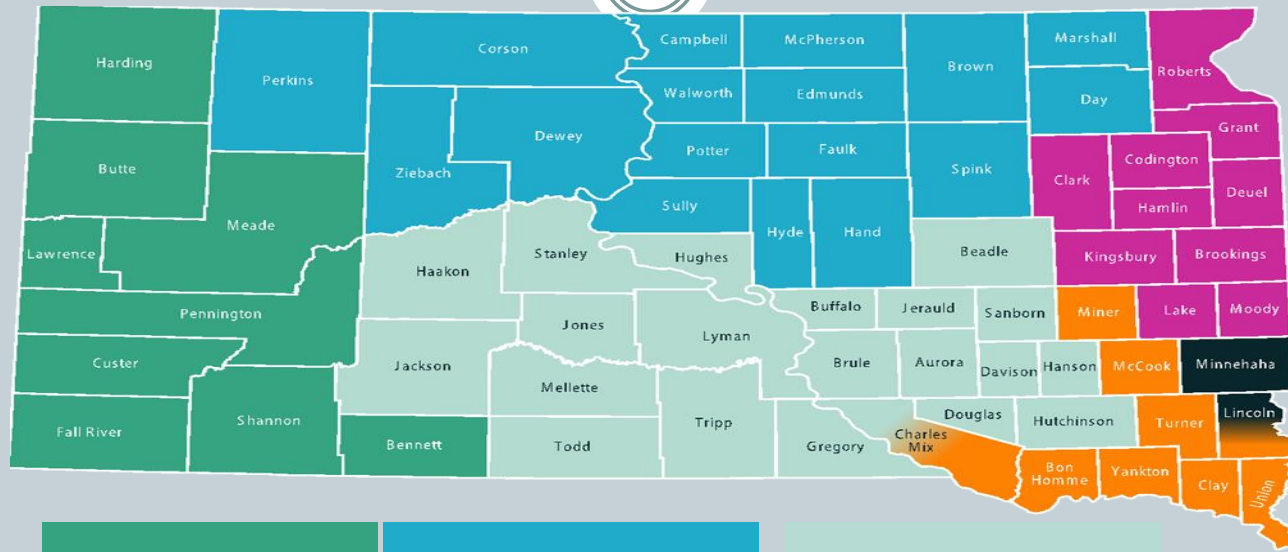


A resident or family member may contact the ombudsman program:

- To report a problem or concern
- To seek information about long-term care facilities
- To discuss facility services or standards
- For education about Resident Rights



Contact information



REGION 1

Lee Alter

605-591-1649

Office: Hot Springs

REGION 2

Mattie Muller

605-591-1634

Office: Aberdeen

REGION 3

Amber Longe

605-995-8022

Office: Mitchell

REGION 4

Mandy Marone

605-773-5113

Office: Brookings

REGION 5

Brad Mathison

605-362-3571

Office: Sioux Falls

REGION 6

Maria Poppe

605-591-1627

Office: Yankton



Contact information



South Dakota State Long Term Care
Ombudsman:

Christina Ruml 605-910-7450

Christina.Ruml@state.sd.us

Your Local Ombudsman:
1-833-663-9673



Department of Human Services

Guardianship Program



Guardianship and Conservatorship Statutes

○SDCL Chapter 29A-5

DHS-Specific Guardianship Statute

○ SDCL 29A-5-110

- The Department of Human Services may be appointed as a guardian, a conservator, or both, for individuals under its care or to whom it is providing services or financial assistance, but such appointment may only be made if there is no individual, nonprofit corporation, bank or trust company, or other public agency that is qualified and willing to serve.

DHS Guardianship Program

- The Department has guardianship or guardianship and conservatorship for about 130 individuals who receive services from the Division of Developmental Disabilities or the Division of Long Term Services and Supports.
- DHS does not take guardianship of minors-that is within the Department of Social Services

DHS Guardianship Program Process

- An Application is required.
- Applications for both the Divisions of Development Disabilities and Long Term Services and Supports can be found on the DHS website:
- <https://dhs.sd.gov/guardianship/guardianshipandconservatorshipservices.aspx>
- Applications should be thorough and include:
- Detailed efforts to locate family or other individuals to take guardianship
- Complete information as to why the individual cannot make their own decisions, is not safe in their current environment, and why the Department should pursue or accept guardianship.

DHS Guardianship Program Process

- Each Application is carefully reviewed-this takes time.
- A good application can be 100 pages or more in length
- They are each reviewed for legal sufficiency and appropriateness
- If it is not a successor guardianship, DHS needs sufficient information to make a case for guardianship to the court.

DHS Guardianship Program Process

- Additional items for review
 - If an application for an individual with a developmental or intellectual disability, they must meet the Division's criteria for services (SDCL 29A-5-110)
 - If an application for an individual receiving services from LTSS, they must meet their program's criteria
 - As a general rule, DHS does not accept guardianship of individuals who are in safe situations receiving necessary care.

DHS Guardianship FAQs

- Will you accept/seek guardianship of an individual who has been diagnosed with dementia or Alzheimer's?
- Will you accept/seek guardianship of an individual who needs to be transferred to a different facility?
- Will you accept/seek guardianship of an individual who is likely to make poor decisions?

Guardianship Alternatives

- Power of Attorney (Attorney-in-fact)
- POAs make guardianship unnecessary for the areas covered by the POA.
- In some situations, an individual can nominate their own potential guardian/conservator (SDCL 29A-5-304).

Guardianship Alternatives

- SDCL 59-7-2.1:
- A principal may designate any other person as the principal's attorney-in-fact or agent for health care decisions, and the attorney-in-fact shall have the authority to make any health care decision at any time during which the principal lacks capacity. Any durable power of attorney for health care shall be signed by the principal or in the principal's conscious presence by another individual directed by the principal to sign the principal's name on the power of attorney. The signature shall be witnessed by two other adult individuals or by a notary public. A power of attorney granted pursuant to this section may authorize the attorney-in-fact to consent to, to reject, or to withdraw consent for health care, including any care, service, or procedure to maintain, diagnose, or treat a person's physical or mental condition.

Guardianship Alternatives

- SDCL 59-7-2.5
- The attorney-in-fact or agent may make any health care decisions for the principal which the principal could make individually if the principal had decisional capacity. However, all such decisions shall be made in accordance with accepted medical standards. Whenever making any health care decision for the principal, the attorney-in-fact or agent shall consider the recommendation of the attending physician, the decision that the principal would have made if the principal then had decisional capacity, if known, and the decision that would be in the best interest of the principal.

Guardianship Alternatives

- SDCL 34-12C: Health Care Consent Procedures
- SDCL 34-12C-1:
- (3) "Health care," any care, treatment, service, or procedure to maintain, diagnose, or treat a person's physical or mental condition. The term also includes admission to, and personal and custodial care provided by, a licensed health care facility as defined in § 34-12-1.1;
- (4) "Health care decision," the determination of the health care to be provided to a person;

Guardianship Alternatives

- SDCL 34-12C-5:
- A petition pursuant to § 34-12C-4 may be filed by the incapacitated or alleged incapacitated person, by any person who is, or who might be, authorized to make a health care decision for him pursuant to § 34-12C-3, by a health care provider or by any other interested person. Any petition shall be filed in the circuit court where the incapacitated or alleged incapacitated person either resides or is present for purposes of receiving health care....

Guardianship Alternatives

○ SDCL 34-12C-4:

○ If the circuit court finds that a health care decision is required for a person and that the person is incapable of giving informed consent to health care, the circuit court may order health care, direct a health care decision, determine who is authorized to make the decision, appoint its own representative to make the decision, or order any other appropriate relief....

DHS Establishment Fund

- Funding available to assist individuals with the costs of establishing guardianship
- Having family or close friends is preferable
- Coming changes and options

More Information

- DHS Guardianship Website:

- <https://dhs.sd.gov/guardianship/default.aspx>

Questions?

- Contact Information:
- Jenna.Howell@state.sd.us
- 605-773-5990