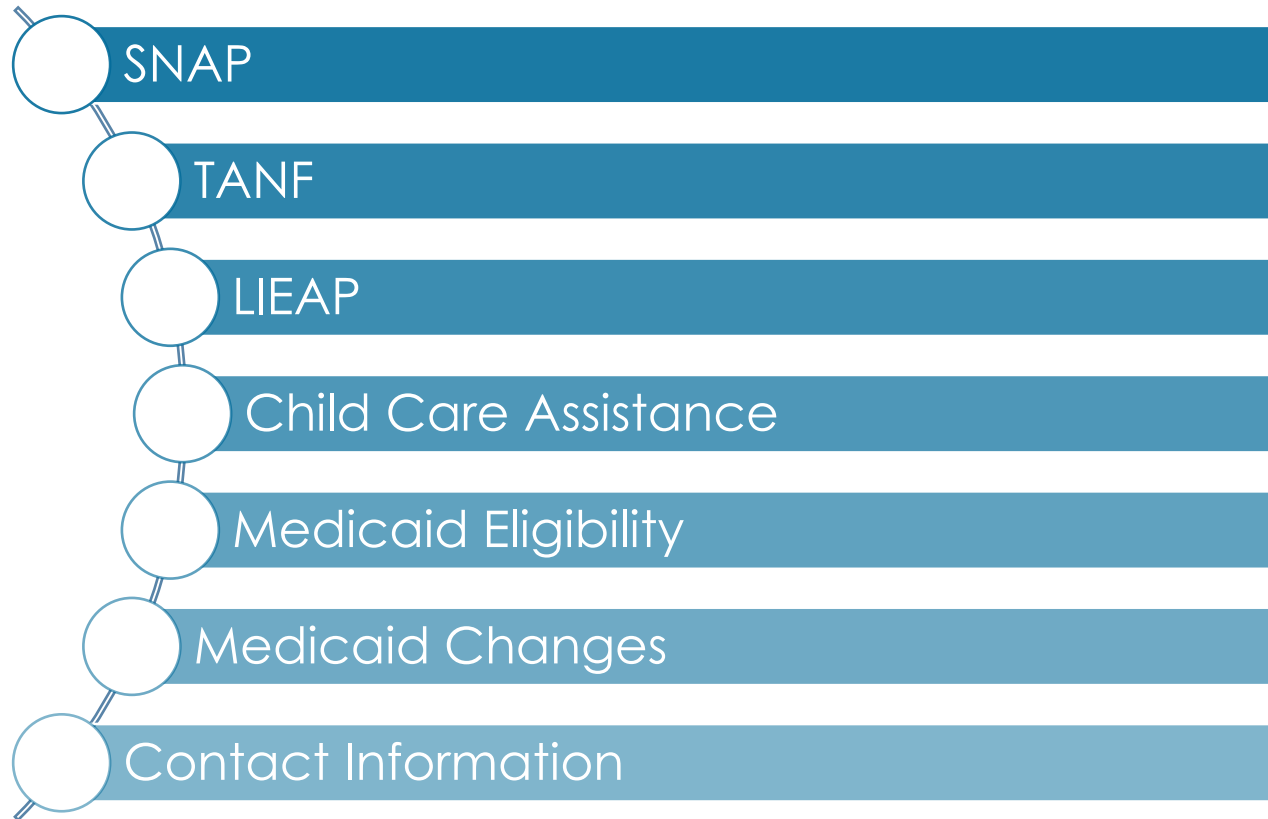




Economic Assistance



Agenda

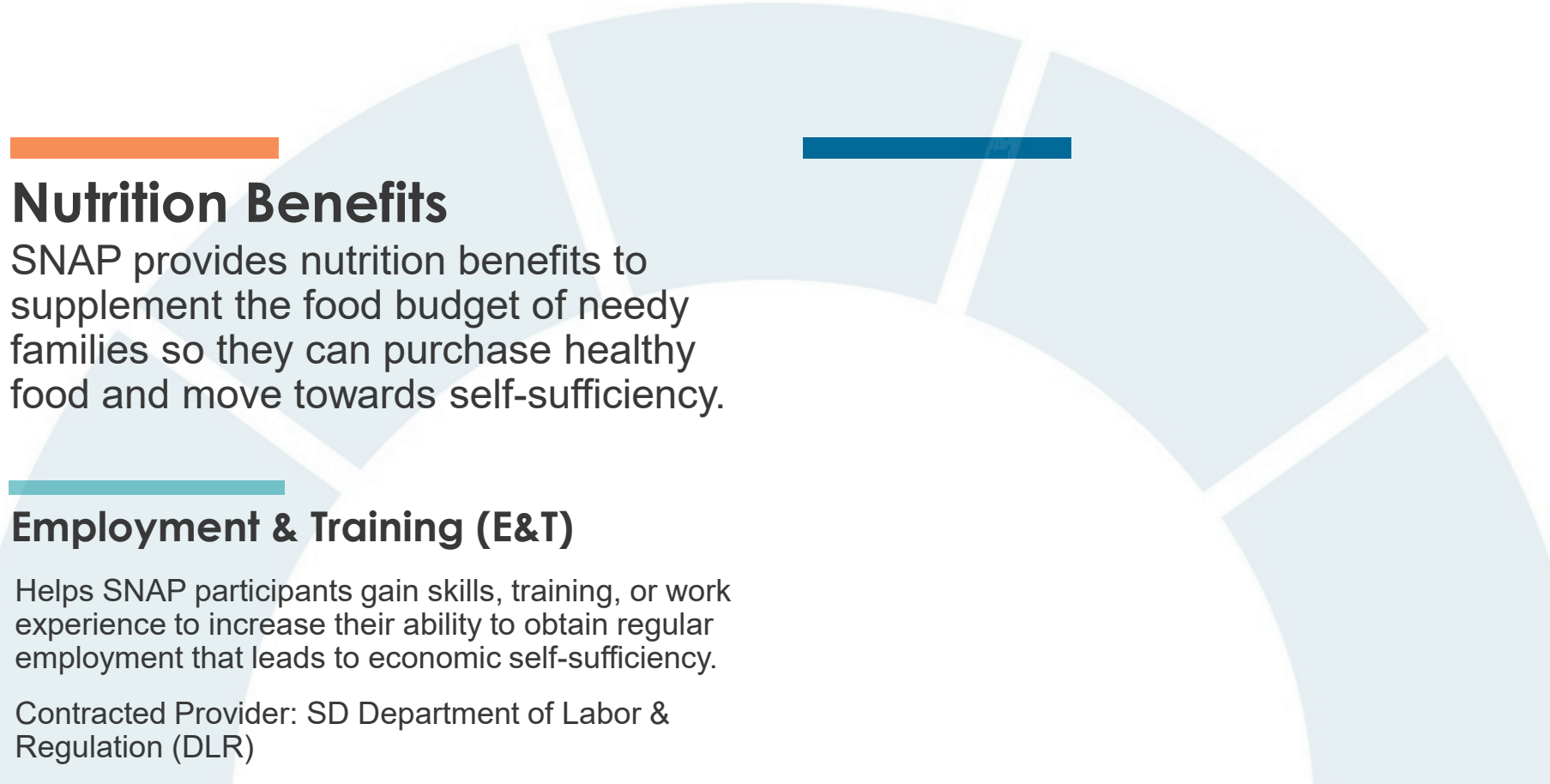


Economic Assistance Programs

- 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.

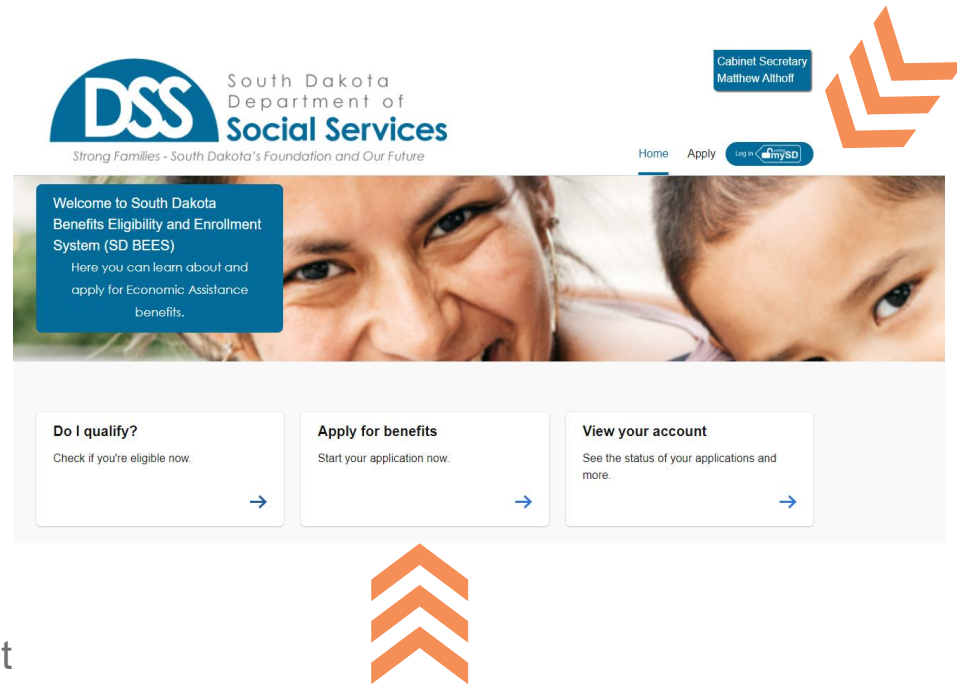
Benefits Eligibility & Enrollment System (BEES)

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

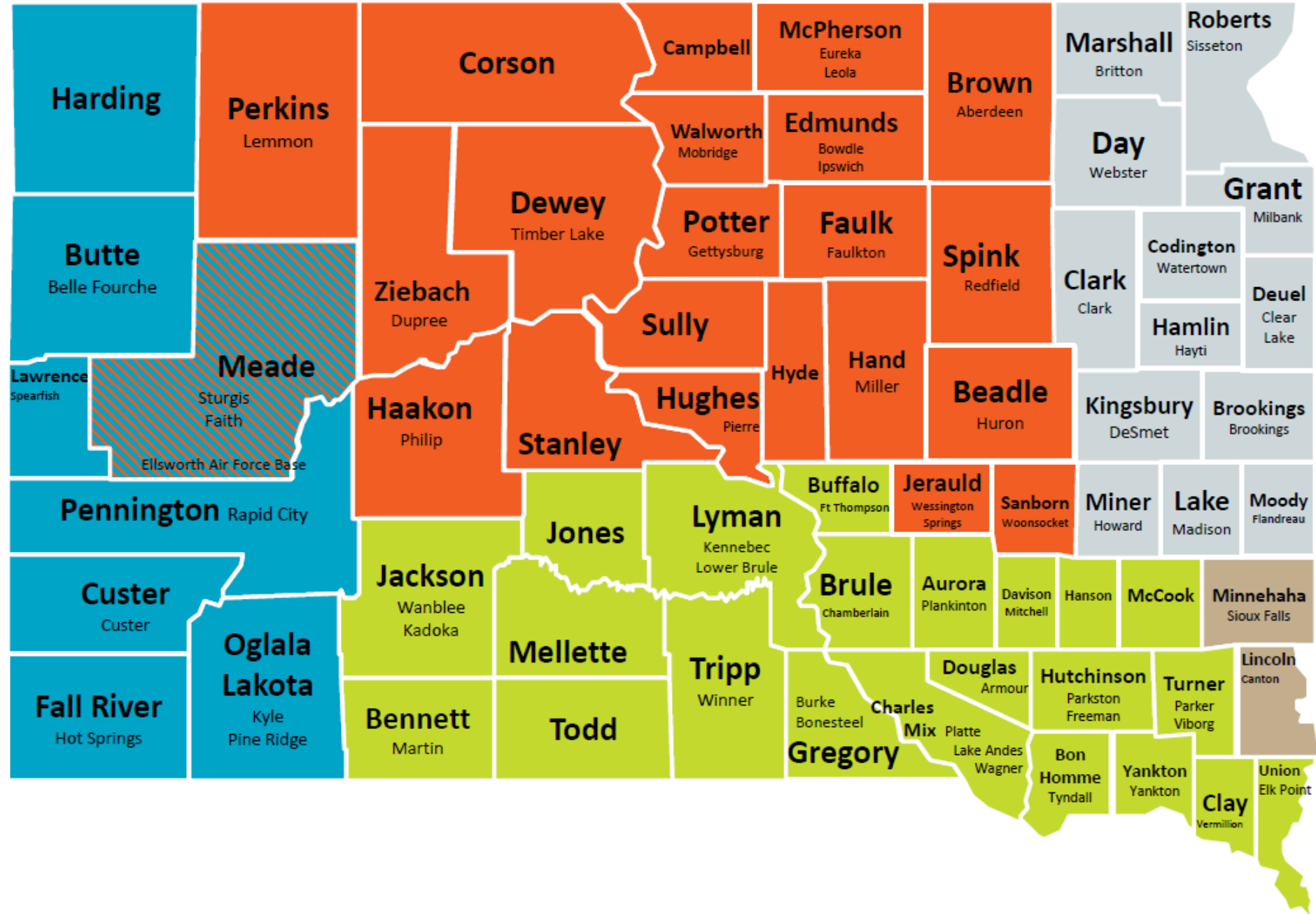
- Rosebud
- Sisseton-Wahpeton

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

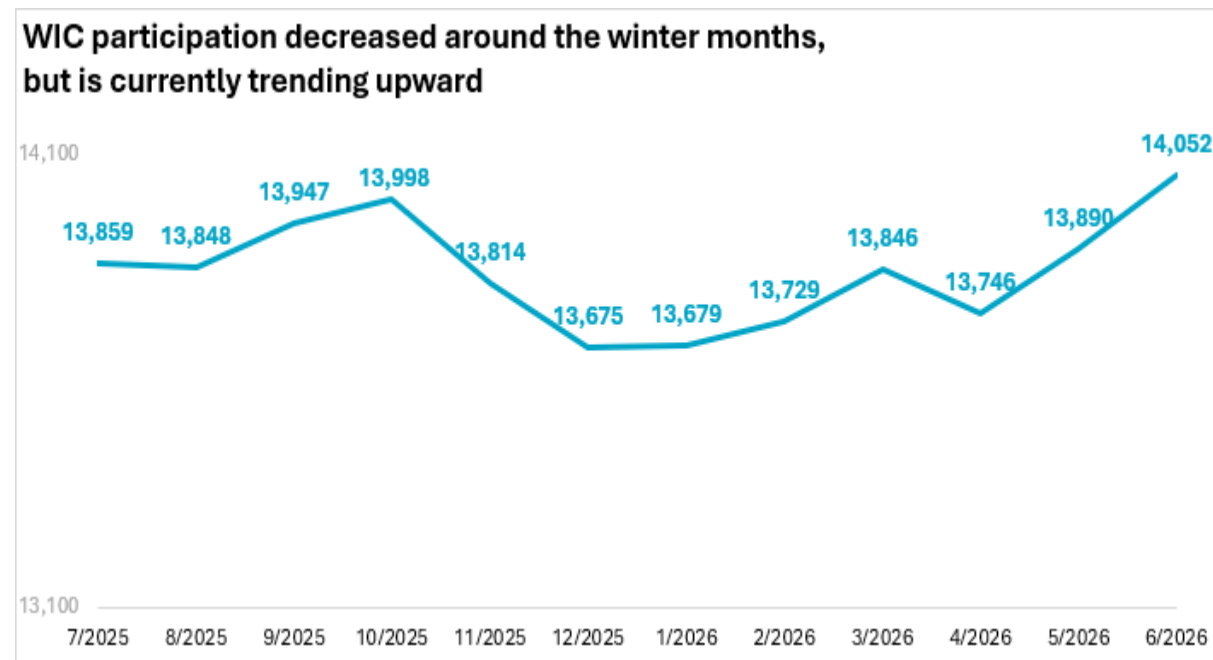


~13,000-14,000 participants each month



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 > 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

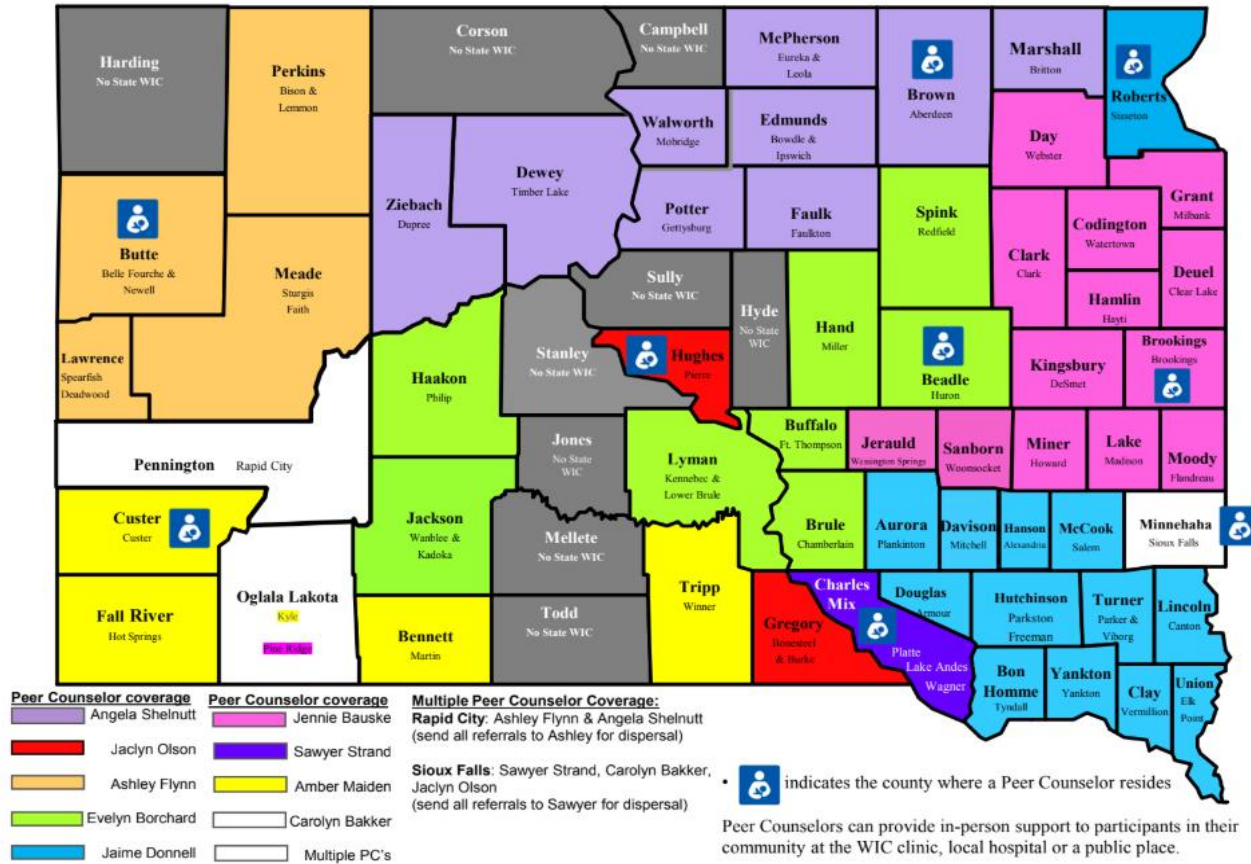
- Each household's food benefits are loaded onto a WIC EBT card.
- New benefits are loaded each month.
- Participants can swipe their WIC card at WIC authorized grocery stores to redeem their food benefits.



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



Sawyer



Amber



Jaime



Jennie



Carolyn



Jaclyn



Ashley



Evelyn

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			

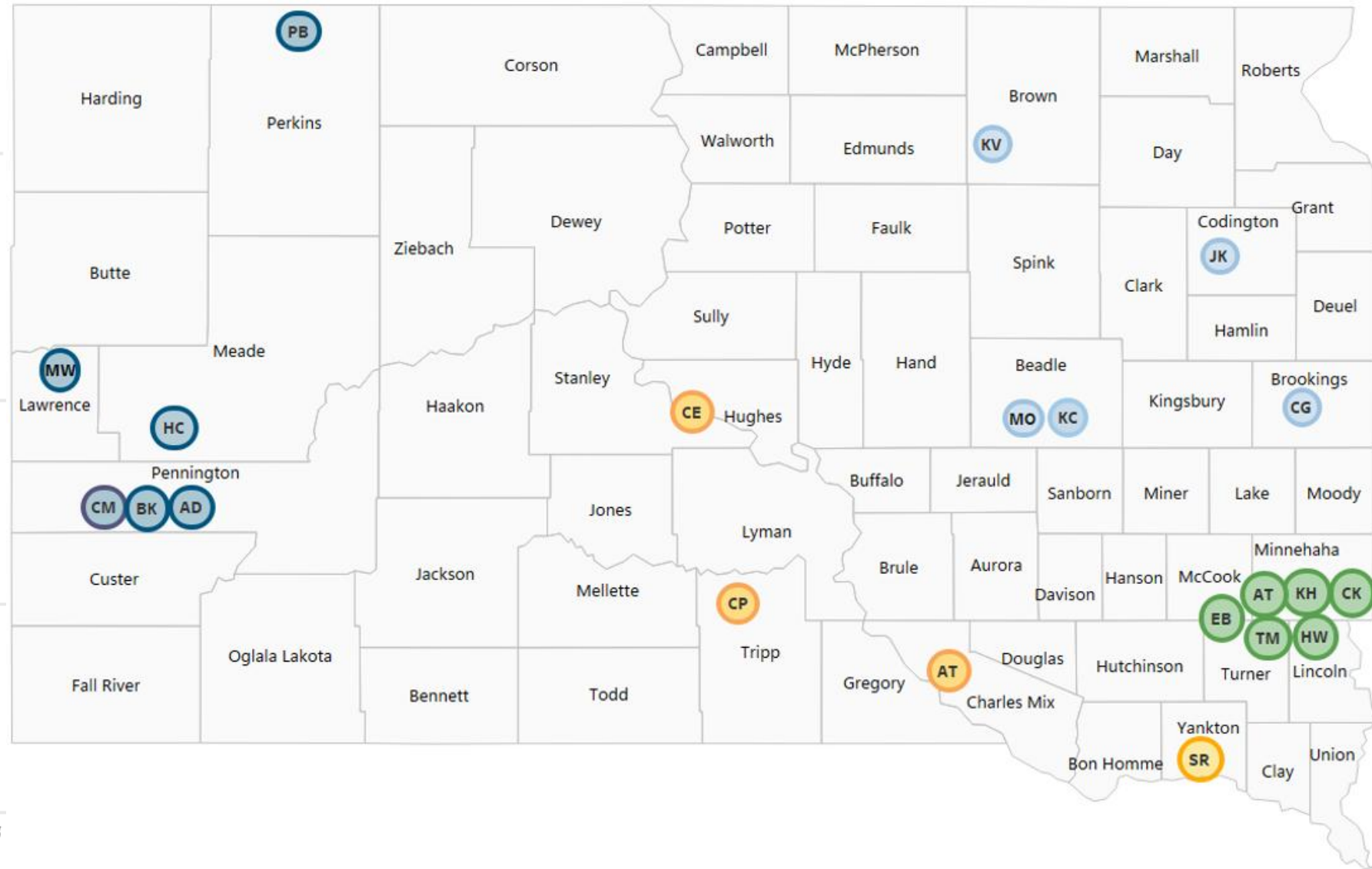
East

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

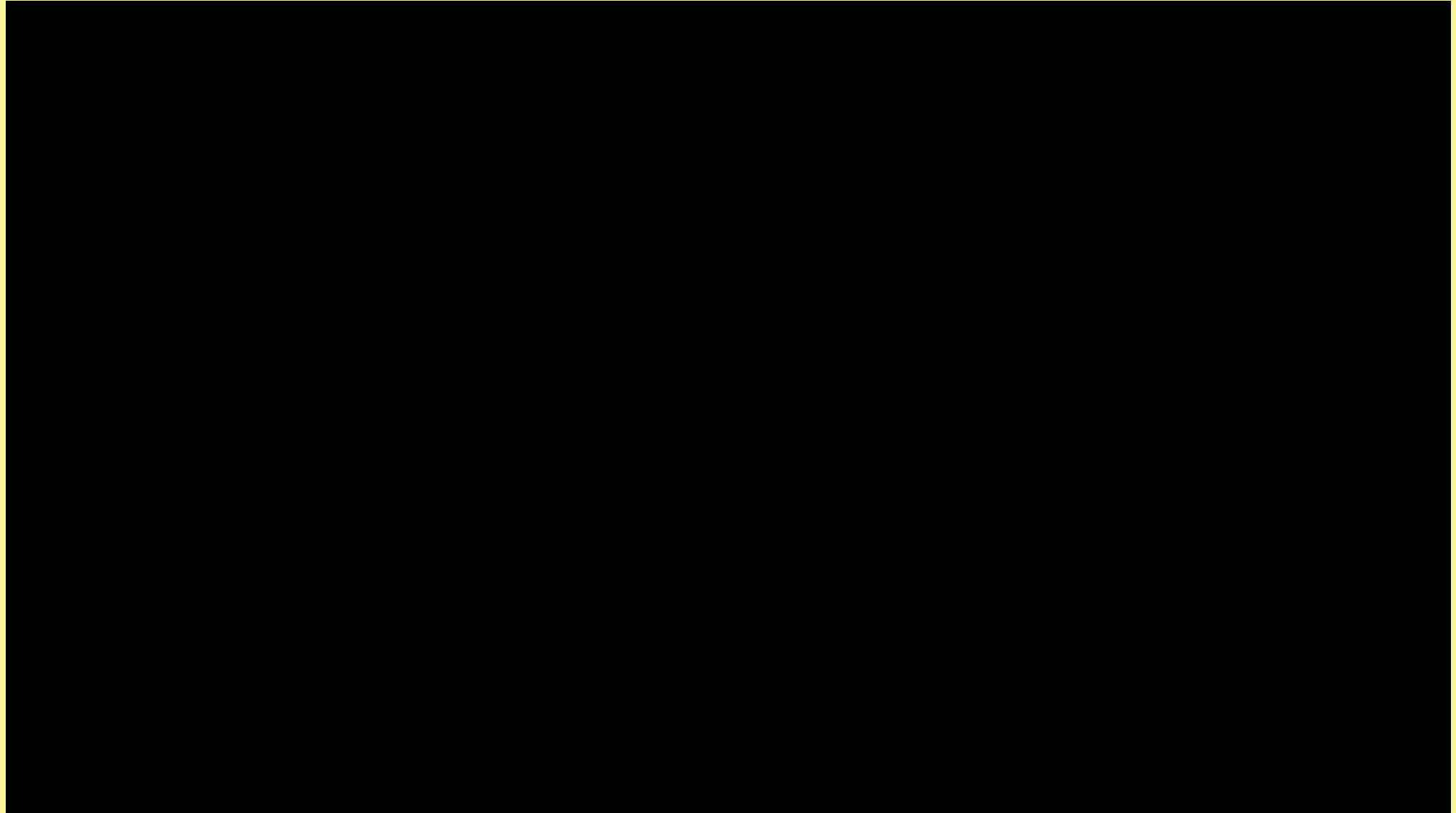
Environmental Health

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

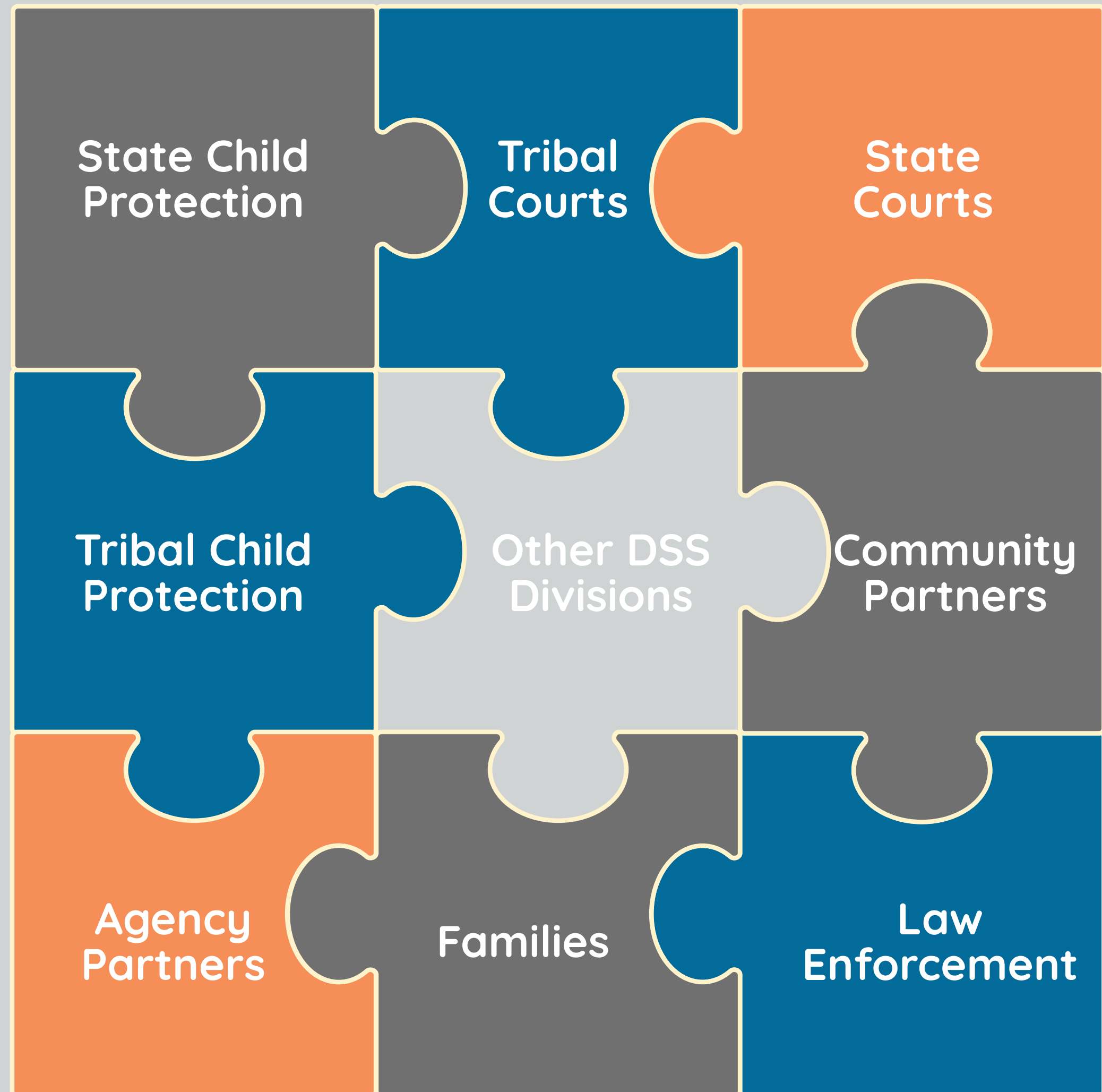
Vision

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.

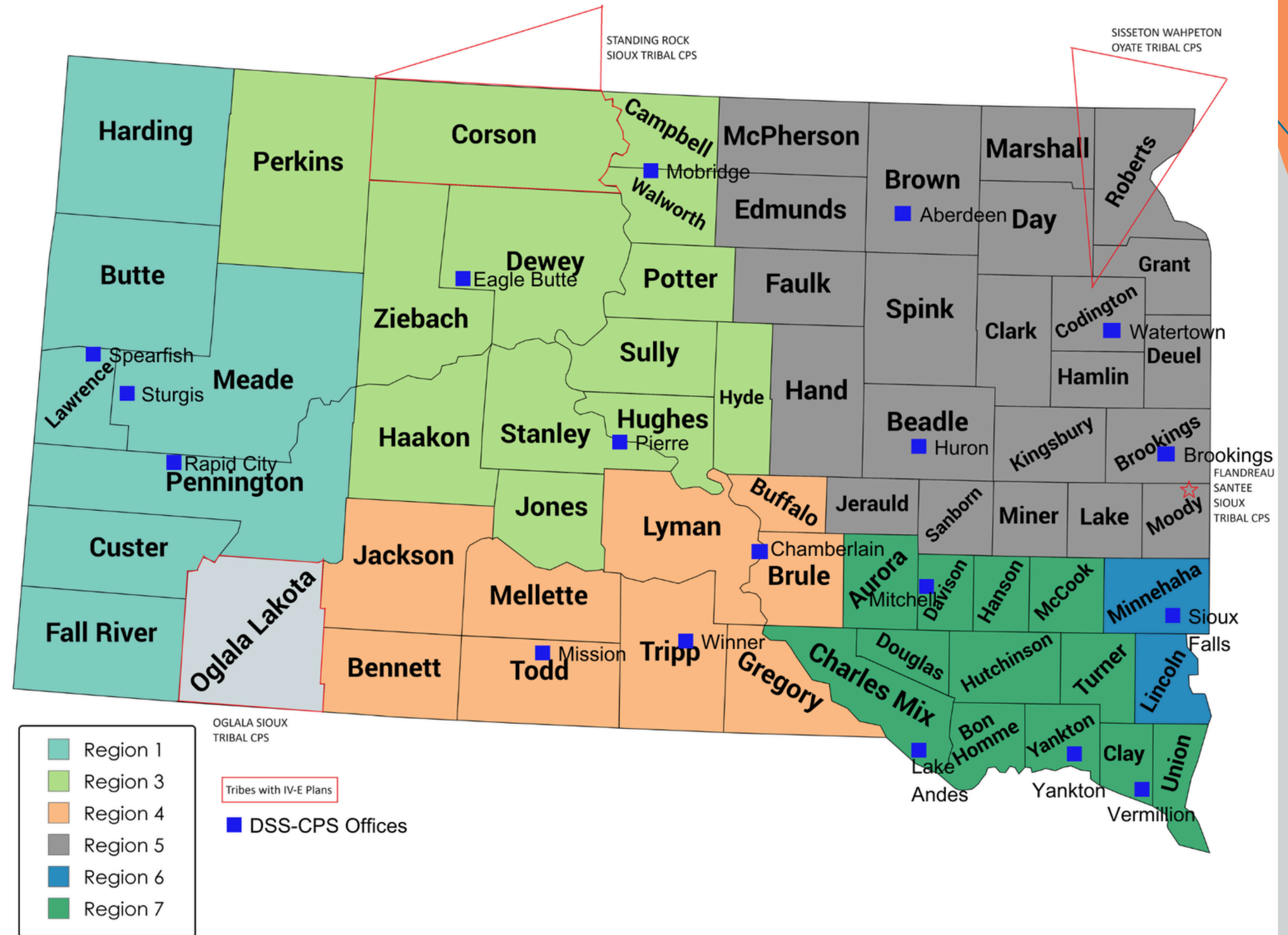
CPS

- 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”

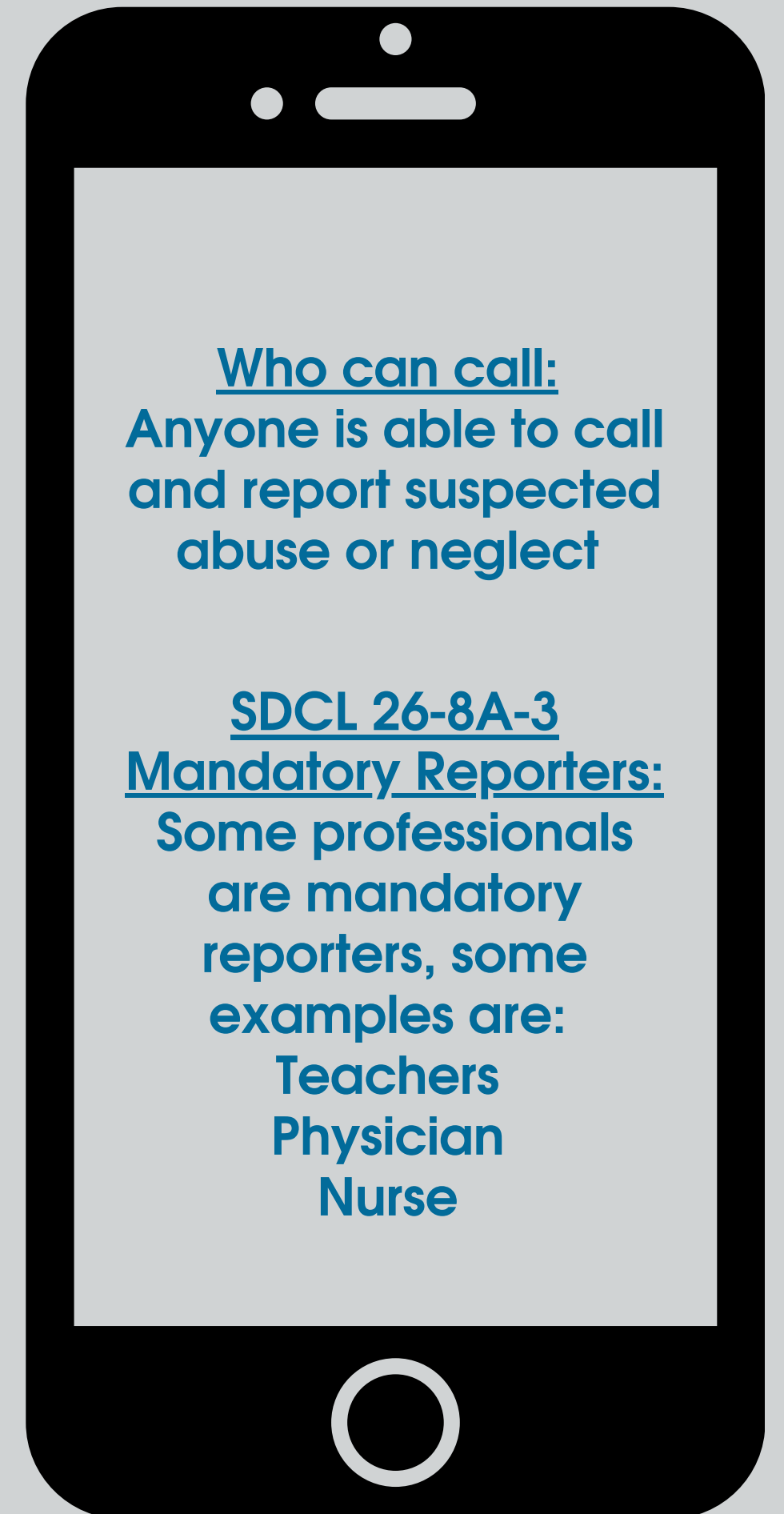
Intake workers gather information including tribal
affiliation and extended family members

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

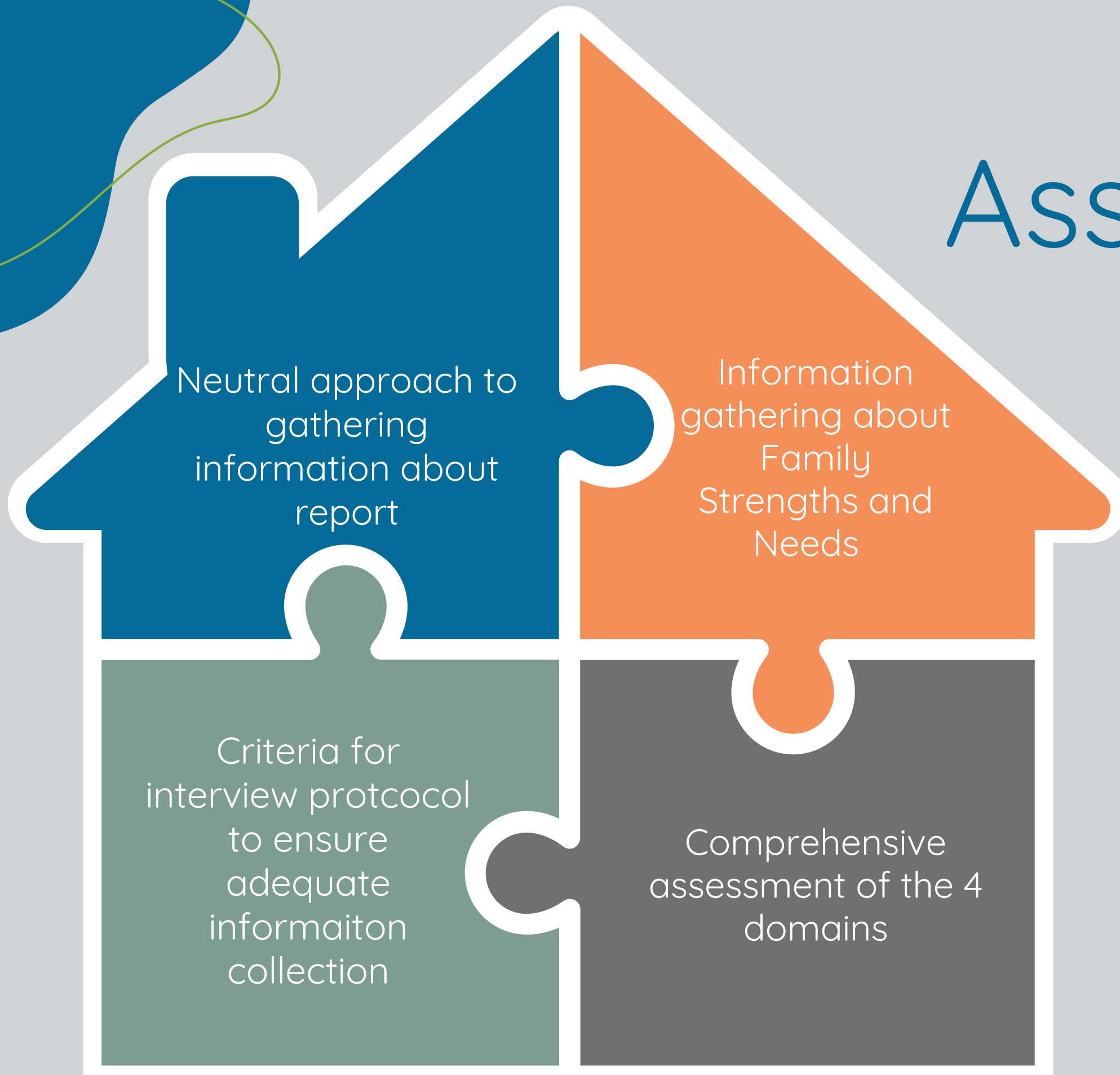
- Parents are notified of their rights at the start of the IFA and provided an Initial Contact Letter.
- Parents have a right to know what the content of the CPS report entails, but not the identity of the reporter.
- Prior to the commencement of any legal proceedings, the parents' interaction is voluntary.
- 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.

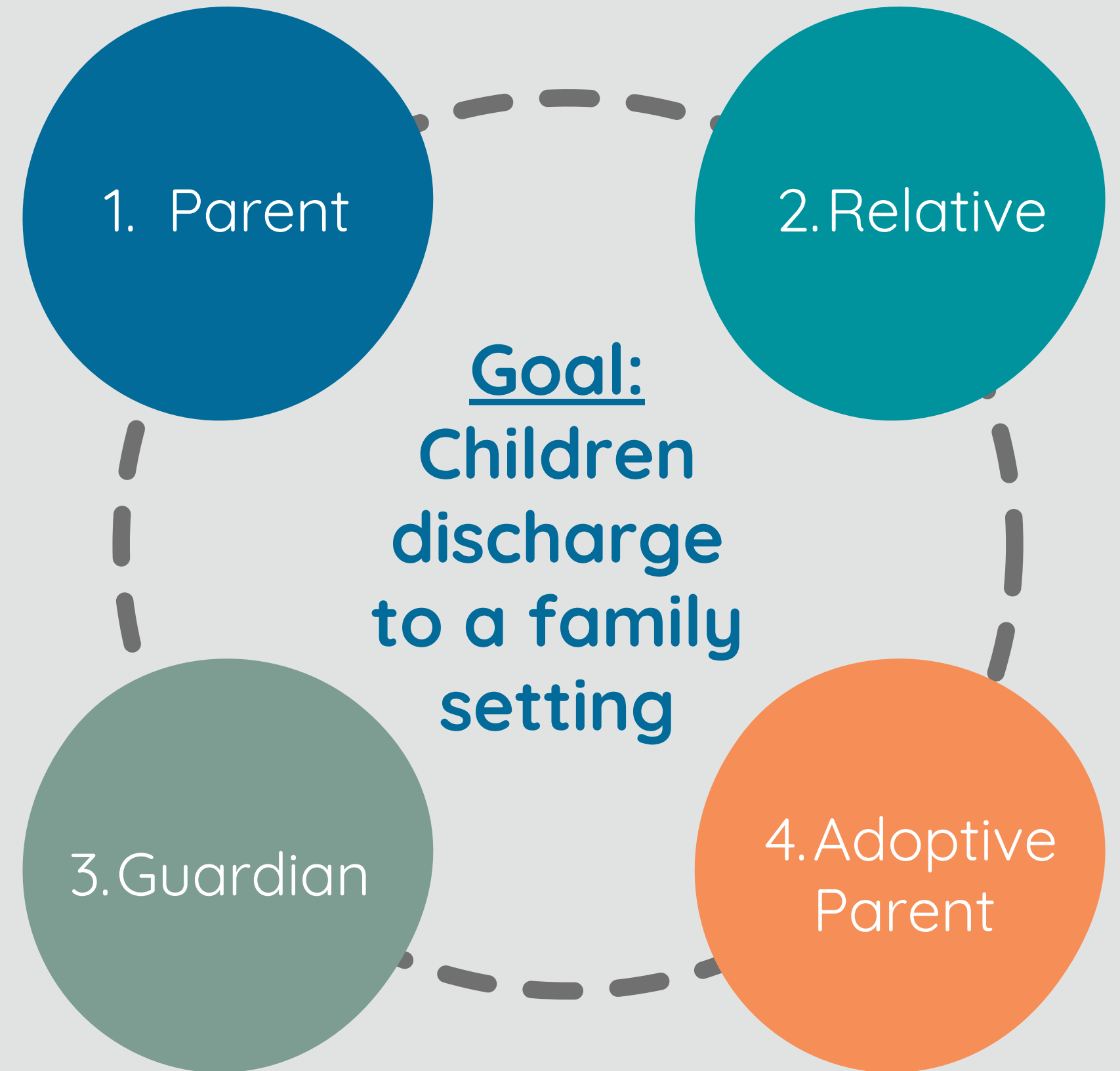
The job of the Ongoing caseworker is to support self-determination and assist the caregiver to make productive, constructive choices.

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

The background is a light gray color. There are three large, abstract, organic shapes in a medium blue color. One shape is in the top right corner, another is in the bottom left corner, and a third is on the left side, partially overlapping the bottom-left shape. These shapes have soft, wavy edges. Centered in the middle of the slide is the text "Thank you!" on the top line and "Questions?" on the line below it, both in a blue, sans-serif font.

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

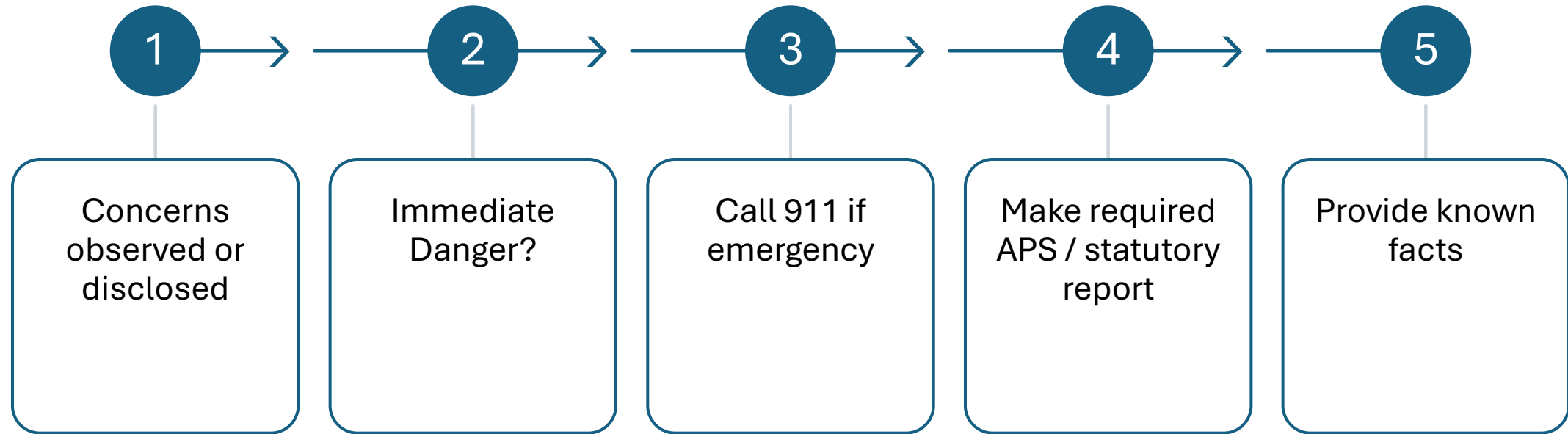
Report the facts and circumstances that create knowledge or reasonable cause to suspect abuse, neglect, or exploitation. You are not expected to complete an APS or Criminal Investigation before reporting.

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.

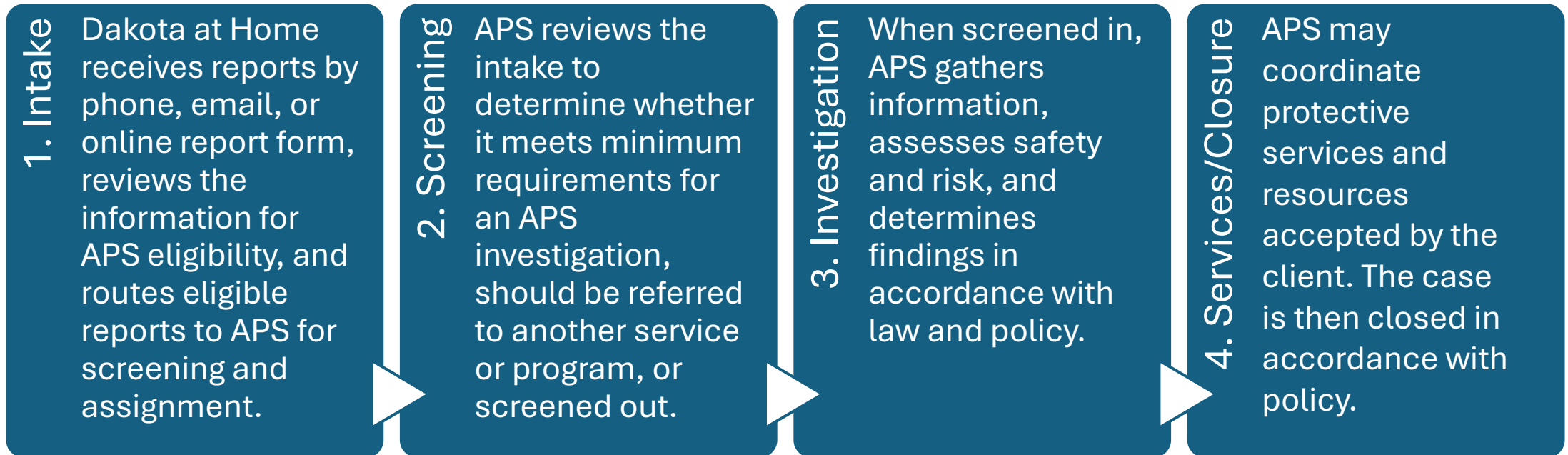


What Information Should I Provide?

- 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.



dhs.sd.gov/ltss



dakotaathome@state.sd.us



1 (833) 663-9673

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)**

**Scott Wilson
Chief Investigator
Office of Attorney General
Sioux Falls Office
605-367-5511
Scott.Wilson@state.sd.us
ATGMedicaidFraudHelp@state.sd.us**

Provided in compliance with the federal Stevens Amendment: The South Dakota MFCU receives 75% of its funding from the U.S. Department of Health and Human Services under a grant award totaling approximately \$1,033,971.15 for Federal fiscal year (FY) 2026. The remaining 25%, totaling approximately \$344,657.05 for FY 2026, was funded by the State of South Dakota.

Promoting Youth Well-Being

Behavioral Health Resources in South Dakota



Who We Are

The Division of Behavioral Health provides oversight of the publicly-funded behavioral health system and supports individuals of all ages with behavioral health needs.

- Mental health treatment
- Substance use disorder treatment
- Recovery support
- Crisis and prevention services



Mental Health & Youth

- Mental Health problems are **common, recurrent** and **can be serious**.
- Mental health problems often develop during adolescence.
- The sooner an individual gets help, the more likely they are to have a positive outcome.
- Youth and young adults may experience mental health problems differently than adults.
- Youth may not be well informed.
- Stigma can be associated with mental health problems.



Mental Health is seen as a continuum ranging from positive mental health to having diagnosed mental health disorders.

A **mental illness** is diagnosable and:

- Affects a person's thinking, emotional state, and behavior
- Disrupts the person's ability to
 - ✓ Work
 - ✓ Carry out daily activities
 - ✓ Engage in satisfying relationships

Common disorders include:

- Anxiety
- Depressive
- Eating
- Substance Use

MENTAL HEALTH

VS

MENTAL ILLNESS

What is Mental Health?

Mental health is a state of well being in which the person realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

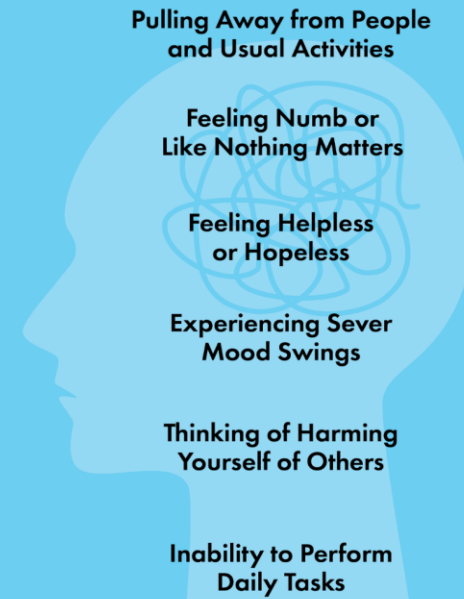
Indicators of Good Mental Health



What is Mental Illness?

Mental Illness is defined as a health condition that affects a person's thinking, feeling, behavior or mood. Such conditions may affect someone's ability to relate to others and function each day.

Indicators of Mental Illness?



Risk Factors

- Distressing and uncontrollable event
- Stressful or traumatic events
- Difficult childhood; history of childhood anxiety
- Ongoing stress and anxiety
- Another mental illness
- Previous episode of depression and anxiety
- Family history
- More sensitive emotional nature
- Illness that is life threatening, chronic or associated with pain
- Medical conditions
- Side effects of medication
- Recent childbirth
- Premenstrual changes in hormone levels
- Lack of exposure to bright light in winter
- Chemical (neurotransmitter) imbalance
- Substance misuse, intoxication, withdrawal



Substance Use Disorders- Signs & Symptoms

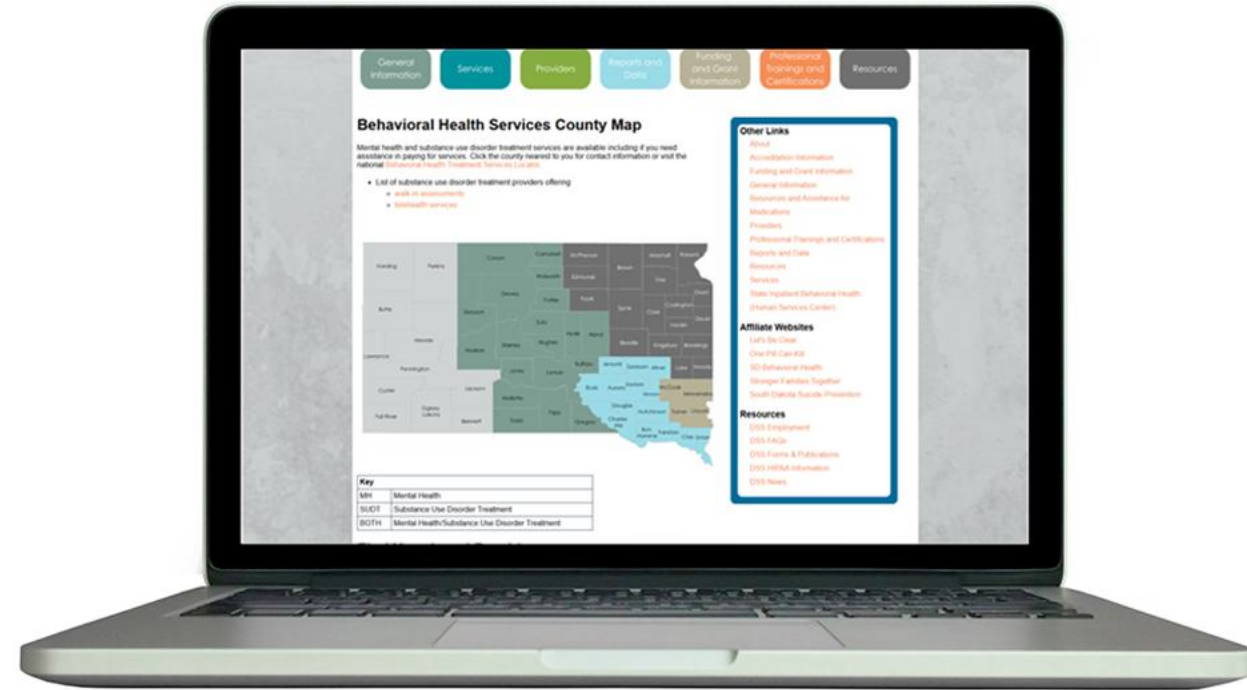
- Increased substance use over time
- Increased tolerance for the substance
- Difficulty reducing or stopping use
- Cravings and urges to use
- Development of withdrawal symptoms
- Preoccupation with substances
- Giving up important activities
- Continued use even when it puts someone in danger
- Bloodshot or glazed eyes
- Dilated or constricted pupils
- Abrupt weight changes
- Problems sleeping or sleeping too much
- Increased agitation or irritability
- Changes in attitude/personality
- Lethargy
- Depression
- Sudden changes in social network
- Dramatic changes in habits or priorities

Find a Service Provider

Visit: DSS.sd.gov/BehavioralHealth/AgencyCounty.aspx



Click on your county to find a provider near you!



See also on this page:

- List of SUD Providers Accepting Walk-ins for Assessments
- List of SUD Providers for Telehealth Services

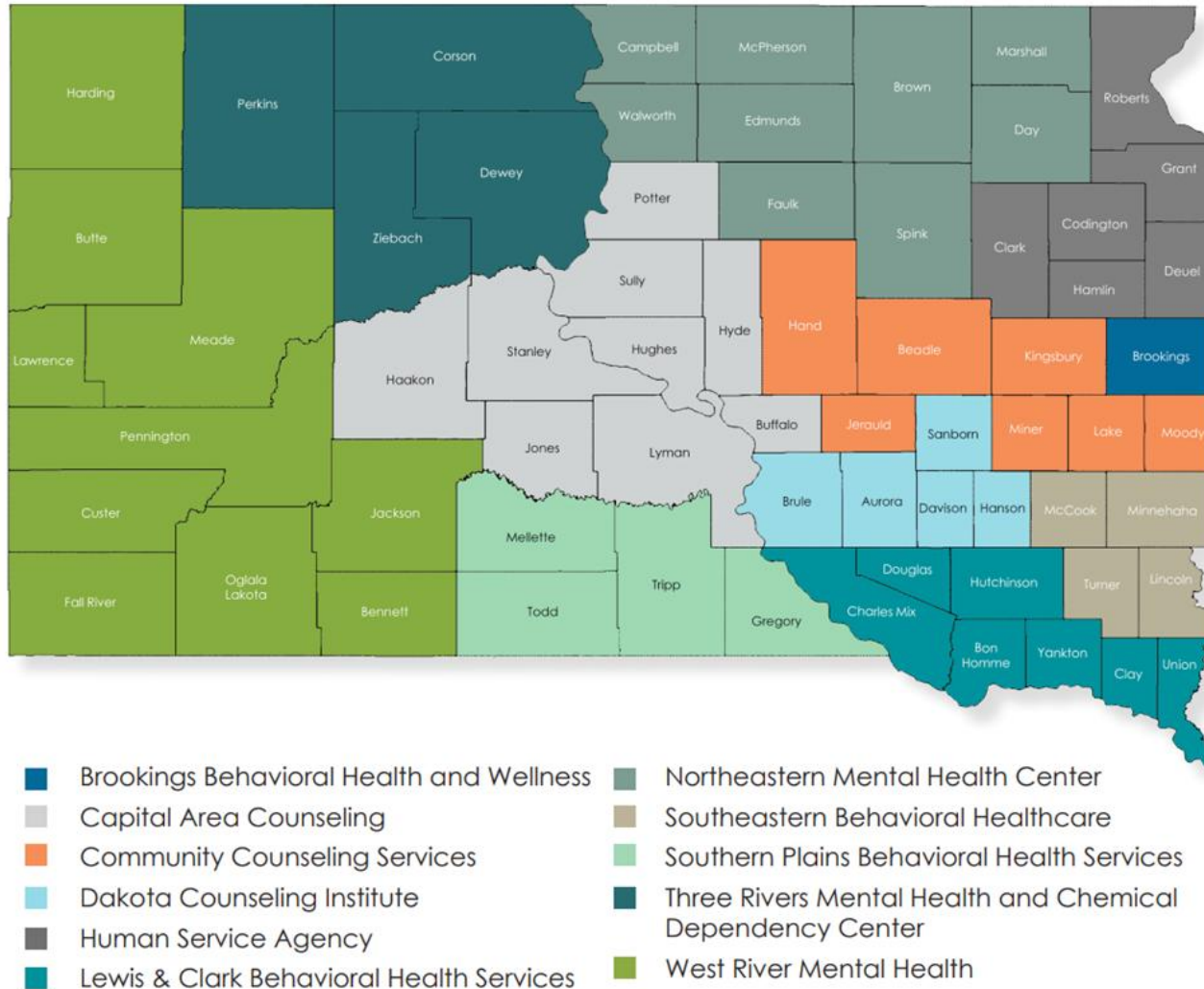
Steps to Access Treatment Services

1 Contact a local treatment provider

2 A professional completes an assessment

3 The individual is referred to recommended services

Community Mental Health Centers (CMHCs)



Contracted to provide:

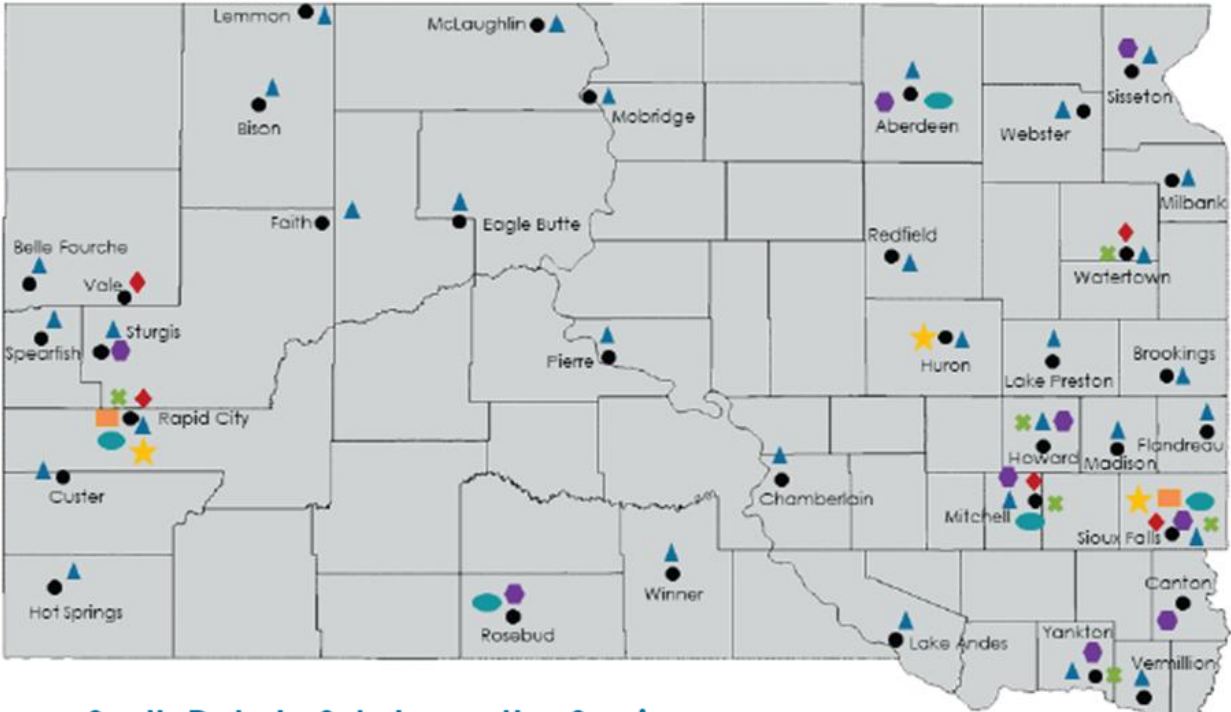
- Specialized Treatment Services for:
 - Adults with Serious Mental Illness
 - Youth with Serious Emotional Disturbance
 - Justice-Involved Youth
- Outpatient Treatment Services
- Emergency Services

Substance Use Disorder Treatment Services

DBH contracts with treatment agencies to provide SUD services across a continuum for all ages who are diagnosed with a SUD

What is your role?

If you identify someone who may be in need, refer them to a local treatment agency who can schedule an assessment



South Dakota Substance Use Services

- Pregnant Women and Women with Dependent Children Treatment Services
 - Outpatient Treatment Services
 - Low Intensity Residential Treatment Services
 - Adult Inpatient Treatment Services
 - Youth Inpatient Treatment Services
 - Detoxification Treatment Services
 - Intensive Methamphetamine Treatment Services
- Note: Communities are represented by black dots*

Systems of Care (SOC)

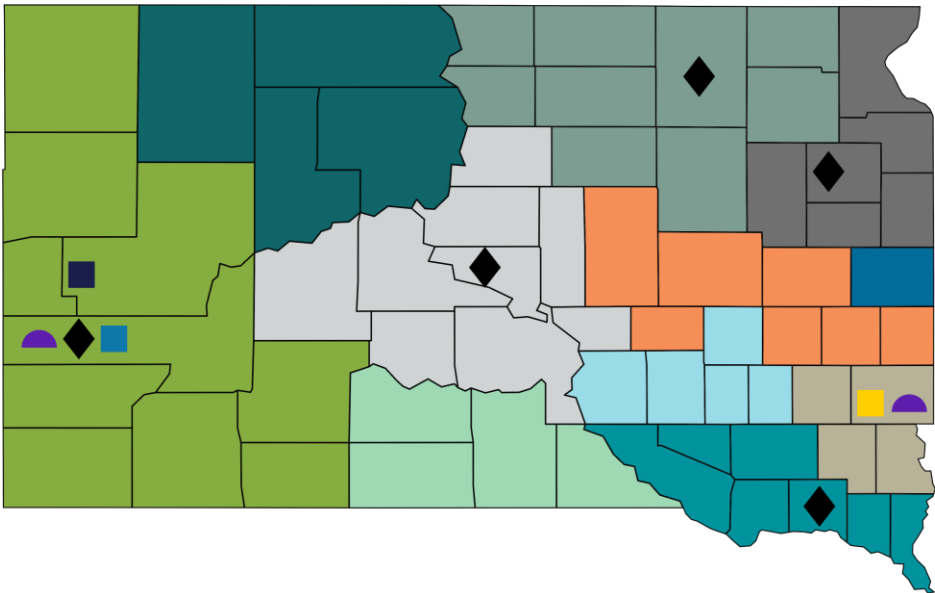
A wraparound approach to care coordination and service delivery for youth and families with complex needs.

- Family driven
- Team-based
- Collaborative
- Individualized
- Outcomes-based
- Helps families to navigate and access services, while also giving them skills they need to become self-reliant.



Juvenile Justice Reinvestment Initiative (JJRI) Services

- Community-based treatment services for justice-involved and at-risk youth
- Supervising officers of justice-involved youth or parents, guardians, and/or schools can refer at-risk youth to a local contracted provider
- Provider will conduct an assessment to determine appropriate services



◆ Mental Health & Substance Use

- Capital Area Counseling Service
- Lewis & Clark Behavioral Health Services
- West River Mental Health
- Human Service Agency
- Northeastern Mental Health Center

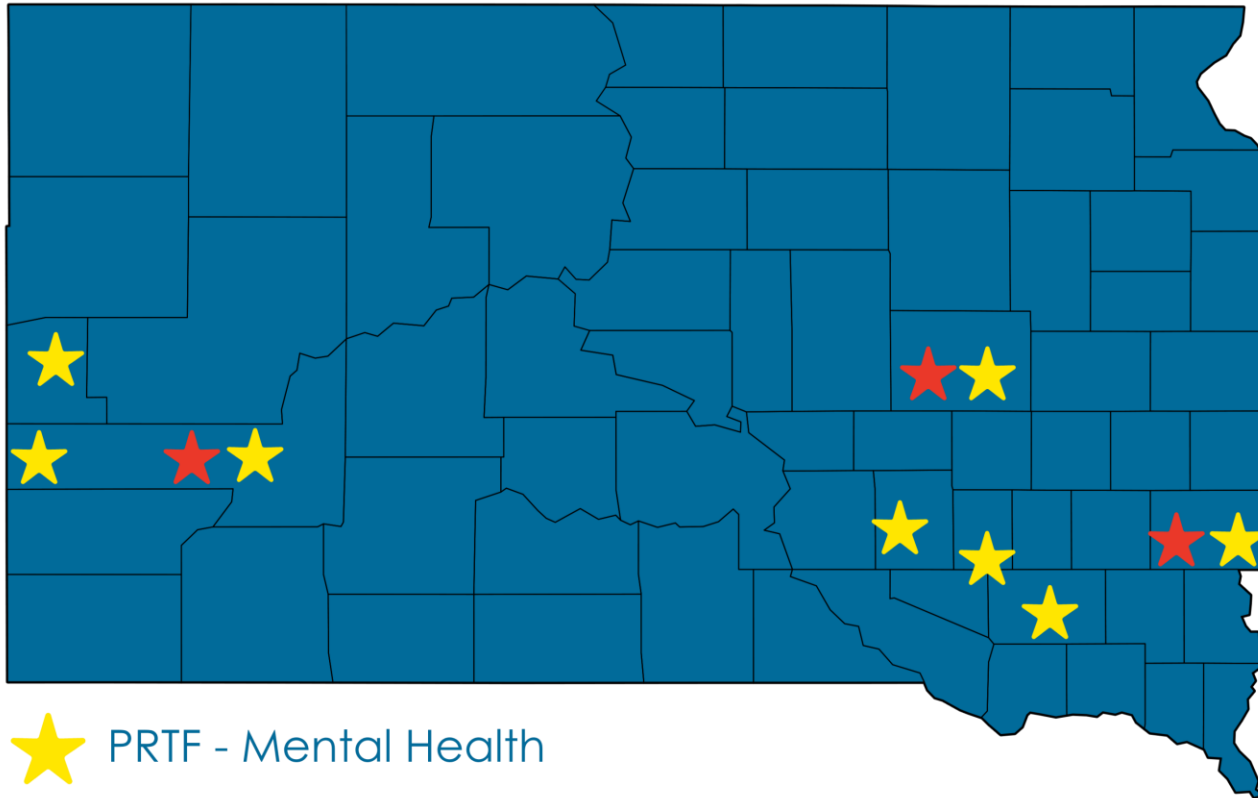
Substance Use

- Action for the Betterment of Our Community
- Carroll Institute
- Lifeways

Mental Health

- Brookings Behavioral Health & Wellness
- Community Counseling Services
- Dakota Counseling Institute
- Lutheran Social Services - **Available to serve youth statewide via telehealth*
- Southern Plains Behavioral Health Services
- Southeastern Behavioral HealthCare
- Three Rivers Mental Health Center

Psychiatric Residential Treatment

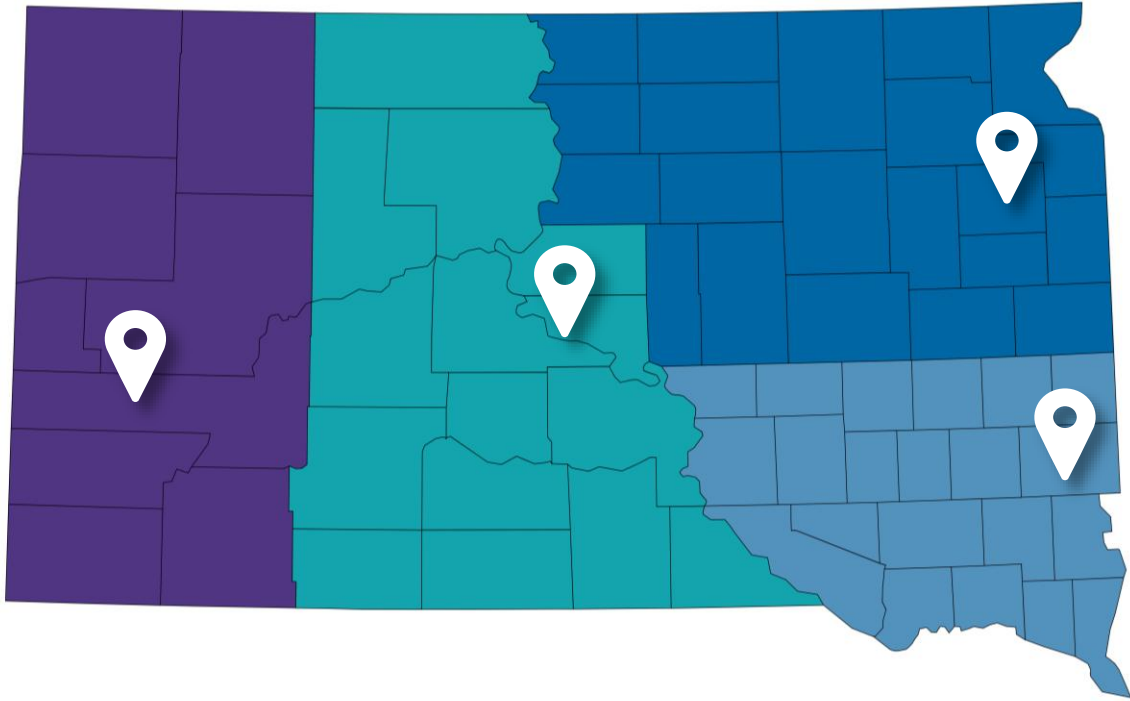


★ PRTF - Mental Health

★ PRTF - Substance Use Disorder

- Psychiatric Residential Treatment is funded primarily through Medicaid and require a prior authorization.
- For additional information on funding for PRTF for mental health, contact the Division of Behavioral Health directly.

Prevention Resource Centers (PRCs)



- Regional support and technical assistance
- Resource library available to the public for use
- Training and education in the areas of substance use prevention and mental health promotion

Western PRC
Youth & Family Services
Rapid City, SD

Central PRC
Capital Area
Counseling Service
Pierre, SD

Northeastern PRC
Human Service
Agency
Watertown, SD

Southeastern PRC
Volunteers of America,
Dakotas
Sioux Falls, SD

Safe Medication Storage and Disposal



Medication Lock Boxes

Free medication lock boxes can be requested & shipped directly to your home



DisposeRx Packets

Request a free DisposeRx packet to safely dispose of medication at home



Medication Take-Back Locations

List of secure onsite disposal containers that provide a safe and convenient way to properly dispose of prescription or over-the-counter medications year-round

[LetsBeClearSD.com](https://letsbeclearsd.com)



Overdose Education & Naloxone Distribution (ONED)



- Equipping first responders for opioid overdoses
- Online training available on-demand
- Statewide standing order allowing participating pharmacies to dispense naloxone to anyone at risk or an overdose or those in a position to assist someone at risk (family members, friends, or close 3rd party)
 - Funding assistance is available.

Anonymous Naloxone Distribution Sites



Large Distribution Box

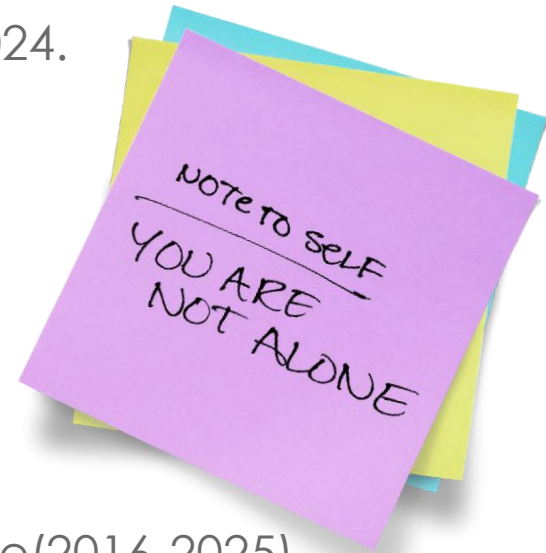
Find a site near you!



Small Distribution Box

Suicide in South Dakota

- Suicide was the 8th leading cause of death for all South Dakotans (2025).
- Suicide was the leading cause of death among individuals aged 10-29 years (2025).
- South Dakota had the 5th highest age-adjusted suicide rate in the nations in 2024.
- In 2025, there were 214 suicide deaths.
- From 2016-2025, 78% of suicide deaths were males and 22% were female.
- Suicide Methods:
 - 52% firearms
 - 34% hanging/suffocation
 - 10% poisoning
- SD American Indian suicide death rate is 2.8 times higher than White suicide rate(2016-2025).
- In 2023, 17.1% of SD high school students considered suicide (YRBS)
 - 8.4% attempted suicide



Source: SD Department of Health

Language Matters

Instead of this...	...try this
Commit/committed/ Completed suicide	<ul style="list-style-type: none">• Died by suicide• Death by suicide• Lost their life to suicide
Successful suicide Unsuccessful suicide	<ul style="list-style-type: none">• Died by suicide• Fatal suicidal behavior• Fatal suicide attempt• Survived a suicide attempt
<Name> is suicidal	<Name> is facing suicide/is thinking of suicide/has suffered through suicidal thoughts/has experienced suicidal thoughts
<ul style="list-style-type: none">• They're a schizophrenic• She's bipolar• The mentally ill• <Substance> addicts	<ul style="list-style-type: none">• They have schizophrenia/are living with schizophrenia• People with mental illness• People living with a substance use disorder• People misusing substances
<ul style="list-style-type: none">• Completed suicide• Failed suicide	<ul style="list-style-type: none">• Lived through a suicide attempt• Lived experience• Non-fatal suicidal behavior

How to Help Someone Who Is Suicidal

Step One:

Just Ask

- ✓ Let the person know you are concerned and willing to help
- ✓ Discuss your observations with the person
- ✓ Ask the question without dread

Step Two:

Listen.

- ✓ Do not express judgement, use guilt or threats
- ✓ Appear confident

Step Three:

**Keep them Safe.
&
Connect with Help.**

- ✓ Do not leave them alone
- ✓ Help the person identify supports
- ✓ Involve them in decision making
- ✓ Provide a safety contact number
- ✓ Do not agree to keep their plan a secret

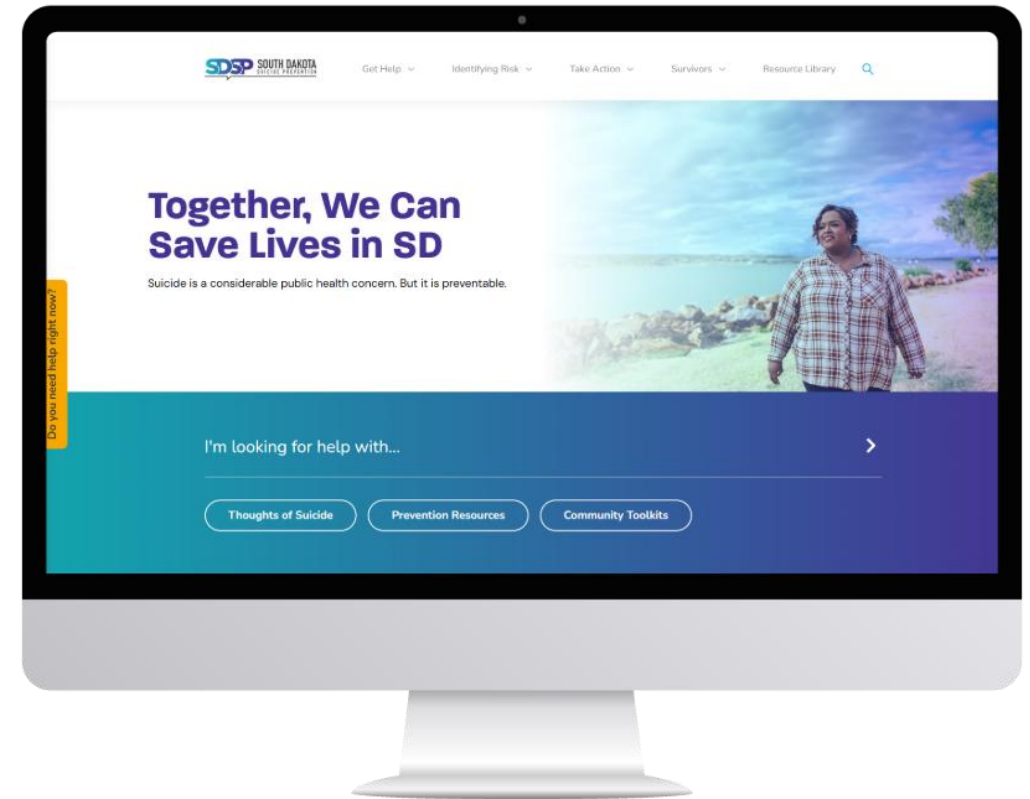
Step Four:

Follow Up

Suicide Prevention

SDSuicidePrevention.org

- Order Free Gun Locks
- Suicide Prevention Trainings
 - Survivor Resources
 - Toolkits



Help is 3 Numbers Away

211 maintains a comprehensive database of community resources and provides information and referrals for essential needs like:

211

- Food
- Housing and Shelter
- Utility Assistance
- Healthcare Services
- Government Services

Call for
Information and
Community Resources
211

211 also can connect people with information and referrals for:

- Transportation
- Legal Services
- Support Groups
- Disaster Aftercare

988 provides crisis support for:

988
SUICIDE & CRISIS
LIFELINE

- Thoughts of Suicide
- Mental Health Concerns
- Substance Use Issues
- Emotional Distress

Call for Crisis
Support and
Emotional
Distress
988

Warm
Handoff

Whole
Person
Care

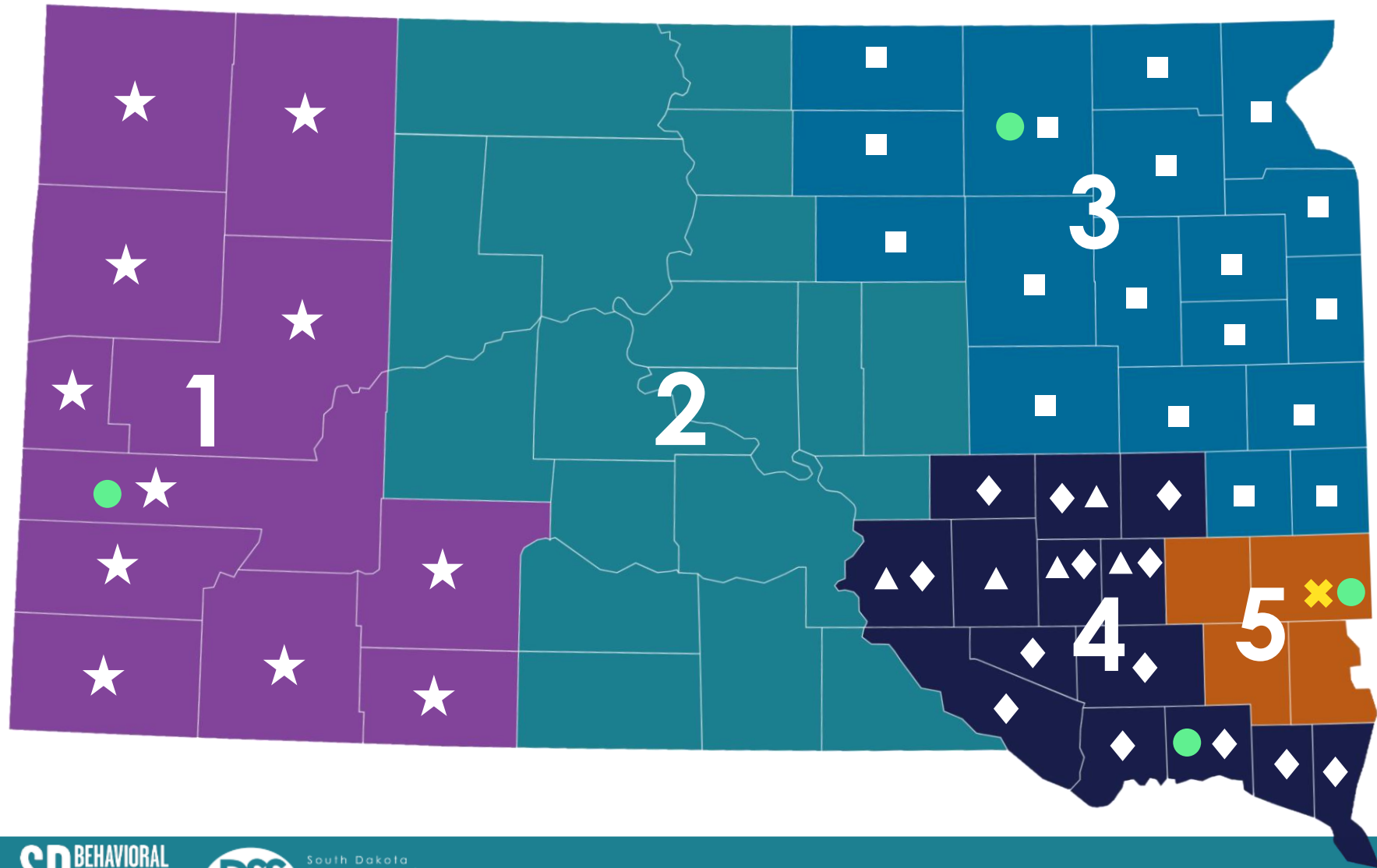
Warm
Handoff

Call for
Emergencies
911

911 provides first responder dispatch for:

- Medical Emergency
- Fire
- Reporting a Crime
- Disaster Response
- Life Threatening Situation

Behavioral Health Short-Term Crisis Services



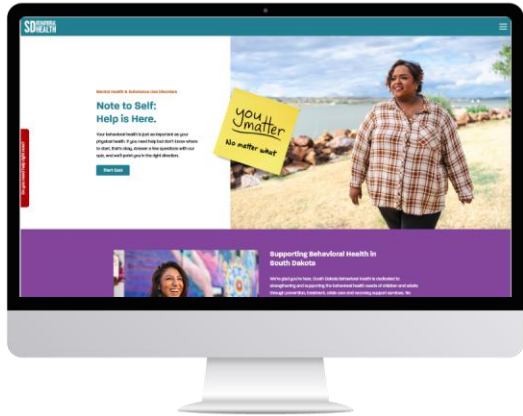
✕ 24-hour or less Crisis Stabilization Center
The Link, Sioux Falls

● Behavioral Health Inpatient Units
Avera Behavioral Health, Sioux Falls
Monument Health, Rapid City
Human Services Center, Yankton
Avera St. Luke's, Aberdeen

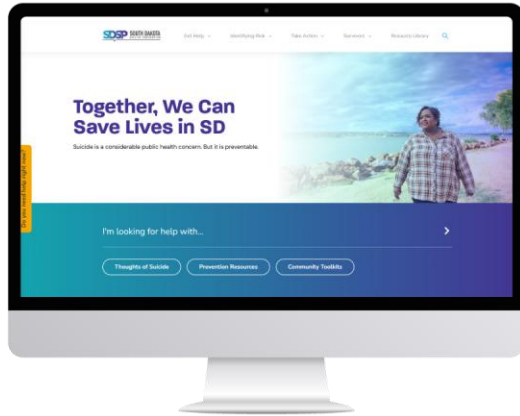
Appropriate Regional Facilities

- ★ Pivot Point, Rapid City, 16 beds
- ▲ Dakota Counseling Institute, Mitchell, 4 beds
- Human Service Agency, Watertown, 4 beds
- ◆ C.O.R.E. Center, Yankton, 14 beds

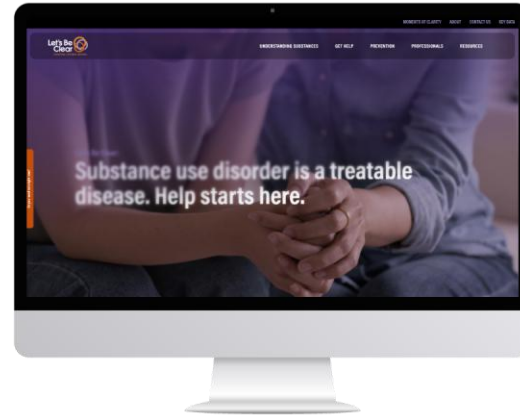
Campaign Websites



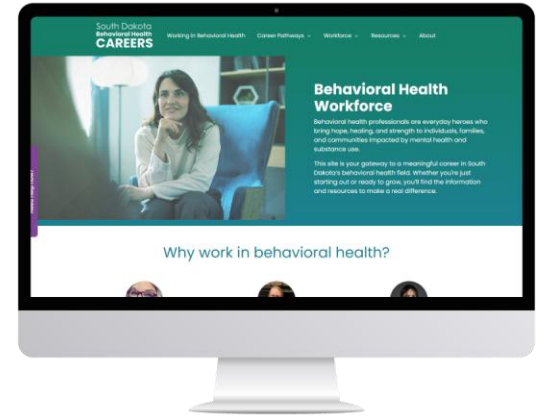
SDBehavioralHealth.gov



SDSuicidePrevention.org



LetsBeClearSD.com



[SDBehavioralHealth
Careers.sd.gov](https://SDBehavioralHealthCareers.sd.gov)





Thank
You

Division of Behavioral Health
605.367.5236
DSSBH@state.sd.us
DSS.sd.gov





Medicaid Transportation Services



2026



Medicaid Transportation Requirements

Under Federal law, State Medicaid agencies must:

- Ensure necessary transportation to and from providers.
- Use the most appropriate form of transportation.
- Include coverage for transportation and related travel expenses necessary to attend medical appointments.

Unmet Transportation Need

Unmet transportation needs can include:

- Not having a valid driver's license.
- Not having a working vehicle available in the household.
- Not being able to drive because of a medical condition.
- Other situations, such as no money for gas

Different Types of Covered Transportation:

- Community Transportation
- Secure Transportation
- Non-Emergency Ambulance Transportation
- Non-Emergency Medical Travel Reimbursement Program

Community Transportation

A governmental entity, a secure medical transportation provider, or a nonprofit organization providing nonemergency transportation of a recipient to and from medical services.

Community Transportation - Provider Requirements

- Must be enrolled as a community transportation provider with South Dakota Medicaid;
- Drivers must meet requirements set forth by CMS; and
- Vehicles must meet requirements set forth by CMS.

Community Transportation Covered Services

- Transportation must be to or from medically necessary services.
- Transportation must be:
 - **From** an eligible recipient's residence, bus stop nearest to the recipient's residence, place of work, or school.
 - A recipient's residence does not include a hospital, penal institution, detention center, medical facility campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities or an institute for the treatment of an individual with a mental disease.
 - **To** the closest facility or medical provider capable of providing the necessary services, unless the recipient has written authorization from their local medical provider, primary care provider, or Health Home provider to seek treatment at a different facility or provider.

Community Transportation Covered Services Continued...

Transportation to pick-up prescription drugs, durable medical equipment (DME), and optical supplies may be covered if delivery or mailing is not an option for obtaining the prescriptions, DME, or optical supplies.

Coverage also includes transportation for an accompanying adult for recipients age 20 or younger or when medically necessary for recipients with physical, cognitive, behavioral, sensory, or post-procedural limitations that prevent them from safely traveling or receiving the medical service alone.

Community Transportation - Non-Covered Services

- Transportation beyond the closest facility or medical provider capable of providing the necessary services unless the recipient has written authorization from their local medical provider, primary care provider, or Health Home provider to seek treatment at a different facility or provider;
- Cancelled transportation, including no-shows;
- Transportation from or to a place of residence that is a hospital, penal institution, detention center, medical facility campus setting, nursing facility, an intermediate care facility for individuals with intellectual disabilities or an institute for the treatment of an individual with a mental disease;
- More than two round trips (4 one-way trips) a day.

Community Transportation - Documentation

- The department requires community transportation providers keep documentation on file that supports that the recipient was transported to a medical appointment.
- South Dakota Medicaid recommends providers use the department's [Transportation Documentation Form](#) to satisfy this requirement.

SOUTH DAKOTA MEDICAID TRANSPORTATION DOCUMENTATION FORM

Community transportation and secure medical transportation providers may keep this form on file to support that the recipient was transported to a medical appointment. Secure medical transportation providers may also use the form to support that the recipient was confined to a wheelchair or required transportation on a stretcher. Documentation may be requested as part of post payment claim review.

SECTION 1: MEDICAID RECIPIENT INFORMATION

Recipient Name: _____

Medicaid ID Number: _____

SECTION 2: TRIP INFORMATION

Type of Transportation: ☐ Community Transportation ☐ Secure Medical Transportation

Driver's Name: _____

Date of Trip: _____

Medical Facility: _____

Medical Practitioner's Name: _____

SECTION 3: SECURE MEDICAL TRANSPORTATION ONLY

Secure Medical Transportation may only be provided to a recipient confined to a wheelchair or a recipient who requires transportation on a stretcher. Confined to a wheelchair means unable to walk without the continuous aid of another person or unable to walk in any circumstances. Being discharged from a hospital in a wheelchair does not necessarily mean the recipient is confined to a wheelchair.

The recipient is confined to a wheelchair or requires transportation on a stretcher: ☐ Yes ☐ No

SECTION 4: SIGNATURES

I understand that South Dakota Medicaid only pays for community transportation/secure medical transportation from a recipient's home to a medical provider for diagnosis or treatment, between medical providers when necessary, or from a medical provider to the recipient's home. I attest that the information on this form is true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____
(Recipient, Parent, or Guardian)

SIGNATURE: _____ DATE: _____
(Driver)

SIGNATURE: _____ DATE: _____
(Receptionist, Nurse, or Doctor)

Secure Transportation

A company, firm, or individual that uses specifically designed and equipped vehicles to provide nonemergency transportation to and from medical care for recipients confined to wheelchairs or requiring transportation on a stretcher.

Secure Transportation - Provider Requirements

- Must be enrolled as a community transportation provider with South Dakota Medicaid;
- Drivers must meet requirements set forth by CMS; and
- Vehicles must meet requirements set forth by CMS (securement devices, first aid, etc.).

Secure Transportation Covered Services

- Transportation must be to or from medically necessary examinations or treatment.
- Non-emergency transportation must be:
 - **From** the recipient's home, place of work, or school.
 - **To** a medical medically necessary service, between medical providers when necessary, or from a medical provider to the recipient's home, place of work, or school.

Secure Transportation Covered Services Continued...

Transportation to pick-up prescription drugs, durable medical equipment (DME), and optical supplies may be covered if delivery or mailing is not an option for obtaining the prescriptions, DME, or optical supplies.

Coverage also includes transportation for an accompanying adult for recipients age 20 or younger or when medically necessary for recipients with physical, cognitive, behavioral, sensory, or post-procedural limitations that prevent them from safely traveling or receiving the medical service alone.

Secure Medical Transportation - Non-Covered Services

- Transportation to non-allowable locations;
- Cancelled transportation, including no-shows; and
- More than two round trips (4 one-way trips) a day.

Transportation - Documentation

- The department requires transportation providers to keep documentation on file that supports that the recipient was transported to a medical appointment.
- South Dakota Medicaid recommends providers use the department's Transportation Documentation Form to satisfy this requirement.

SOUTH DAKOTA MEDICAID TRANSPORTATION DOCUMENTATION FORM

Community transportation and secure medical transportation providers may keep this form on file to support that the recipient was transported to a medical appointment. Secure medical transportation providers may also use the form to support that the recipient was confined to a wheelchair or required transportation on a stretcher. Documentation may be requested as part of post payment claim review.

SECTION 1: MEDICAID RECIPIENT INFORMATION

Recipient Name: _____

Medicaid ID Number: _____

SECTION 2: TRIP INFORMATION

Type of Transportation: ☐ Community Transportation ☐ Secure Medical Transportation

Driver's Name: _____

Date of Trip: _____

Medical Facility: _____

Medical Practitioner's Name: _____

SECTION 3: SECURE MEDICAL TRANSPORTATION ONLY

Secure Medical Transportation may only be provided to a recipient confined to a wheelchair or a recipient who requires transportation on a stretcher. Confined to a wheelchair means unable to walk without the continuous aid of another person or unable to walk in any circumstances. Being discharged from a hospital in a wheelchair does not necessarily mean the recipient is confined to a wheelchair.

The recipient is confined to a wheelchair or requires transportation on a stretcher: ☐ Yes ☐ No

SECTION 4: SIGNATURES

I understand that South Dakota Medicaid only pays for community transportation/secure medical transportation from a recipient's home to a medical provider for diagnosis or treatment, between medical providers when necessary, or from a medical provider to the recipient's home. I attest that the information on this form is true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____
(Recipient, Parent, or Guardian)

SIGNATURE: _____ DATE: _____
(Driver)

SIGNATURE: _____ DATE: _____
(Receptionist, Nurse, or Doctor)

Non-Emergency Ambulance Transportation

Non-emergent ambulance transportation is covered in certain situations when community and secure transportation is contraindicated.

Non-Emergency Ambulance Provider Requirements

- Ground ambulances must be licensed by the Department of Health under ARSD Ch. 44:05:04.
- Ground ambulance vehicles must meet Department of Health requirements.
- Out of state providers must be licensed and enrolled with their home state's Medicaid agency.

Non-Emergency Ambulance Allowable Situations

Non-emergent ambulance services are reimbursable in the following situations:

- A physician or other licensed practitioner have documentation that other means of transportation including secure medical transportation are contraindicated as follows;
 - The recipient is unable to get up from bed without assistance;
 - The recipient is unable to ambulate; and
 - The recipient is unable to sit in a chair or wheelchair
- The recipient's medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required.

A recipient is limited to 12 one-way trips (6-round trips) in a state fiscal year.

Non-Emergency Ambulance Allowable Destinations

An ambulance transport is covered to the nearest appropriate facility to obtain medically necessary services as well as the return transport if medically necessary. Medicaid covers ambulance transports (that meet all other program requirements for coverage) only to the following destinations:

- Airport
- Hospital including Critical Access Hospital;
- Nursing facility;
- Recipient's home; and
- Dialysis facility

Non-Emergency Medical Travel (NEMT) Reimbursement Program

A program that provides assistance for non-emergency medical travel needs for eligible recipients.

NEMT Coverage

Travel Requirements:

Travel must be to the closest medical facility or provider capable of offering the necessary services, unless the recipient has a written referral or authorization from their medical provider.

Service Requirements:

The service must be covered by Medicaid and provided by a medical provider enrolled in the medical assistance program.

NEMT- Non-Covered Services

Eligibility Date:

Trips made prior to the recipient's eligibility date are not eligible for reimbursement.

Submission Deadline:

Claim submitted to the NEMT program after six months from the date the service was provided are not eligible for reimbursement.

NEMT Reimbursement

Reimbursement:

Travel is reimbursable when it's from an eligible recipient's city of residence to a medical provider in another city, between medical providers in different cities, or from a medical provider back to the recipient's city of residence.

Lodging and meals are reimbursable when:

- The provider is at least 150 miles from the recipient's city of residence.
- The trip is for specialty care or treatment that results in an overnight stay.

Prior authorization must be approved before out-of-state travel expenses can be approved or paid by the NEMT Program.

NEMT Reimbursement Forms

NEMT Appointment Verification Form

Before the appointment, a recipient should print an NEMT Appointment Verification Form from the NEMT website.

The medical facility must FULLY complete and sign the form.

Out of State Travel Requirements

A [NEMT Out-of-State Travel Approval Request form](#) must be completed and returned to the NEMT Program to obtain prior authorization. Medical records and any pertinent information must be included with the NEMT Out-of-State Travel Approval Request form.

DSS NEMT-973 (08/2025)

(For NEMT Staff use only)
Claim #:

**SOUTH DAKOTA MEDICAID
NON-EMERGENCY MEDICAL TRAVEL (NEMT) APPOINTMENT VERIFICATION FORM**

If the recipient has multiple appointments, please print a SD Medicaid Non-Emergency Medical Travel Appointment Verification Form online at <https://dss.sd.gov/medicaid/recipients/title19transportation.aspx> or make copies of this form and take it with you to the medical appointments.
MEDICAL PROVIDER INFORMATION All fields must be completed. Complete each section per appointment.

*****TO BE FILLED OUT BY MEDICAL PROVIDER*****

Recipient Name:		Date of Birth:		Medicaid ID #:	
Appointment		Please complete Admission/Discharge Date/Time for Hospital Stay only.			
Date:	Time:	Date:	Time:	Date:	Time:
Is this appointment at an outreach clinic? ☐ Yes ☐ No		Billing NPI:		Servicing NPI:	
Medical Facility Name:		Phone Number:		Ext:	
Address:		For Pharmacy, Durable Medical Equipment, or Optical Supply:			
Doctor's Name:		☐ No delivery available ☐ First fill of a new prescription ☐ Equipment fitting/adjustment			
Purpose of Visit (must be specific):					
Is this a Medicaid covered service? ☐ Yes ☐ No					
Is there a referral on file from the recipient's Care Management Provider? ☐ Yes ☐ No (Care Management Provider: This can be the recipient's Primary Care, Health Home, or BabyReady Provider.)					
If travel was out of state, is there an Out of State Prior Authorization in place for this date of service? ☐ Yes ☐ No					
Signature:		Date:			
(Medical Provider: Doctor, Nurse, Receptionist or Pharmacist)					

*****TO BE FILLED OUT BY MEDICAL PROVIDER*****

Recipient Name:		Date of Birth:		Medicaid ID #:	
Appointment		Please complete Admission/Discharge Date/Time for Hospital Stay only.			
Date:	Time:	Date:	Time:	Date:	Time:
Is this appointment at an outreach clinic? ☐ Yes ☐ No		Billing NPI:		Servicing NPI:	
Medical Facility Name:		Phone Number:		Ext:	
Address:		For Pharmacy, Durable Medical Equipment, or Optical Supply:			
Doctor's Name:		☐ No delivery available ☐ First fill of a new prescription ☐ Equipment fitting/adjustment			
Purpose of Visit (must be specific):					
Is this a Medicaid covered service? ☐ Yes ☐ No					
Is there a referral on file from the recipient's Care Management Provider? ☐ Yes ☐ No (Care Management Provider: This can be the recipient's Primary Care, Health Home, or BabyReady Provider.)					
If travel was out of state, is there an Out of State Prior Authorization in place for this date of service? ☐ Yes ☐ No					
Signature:		Date:			
(Medical Provider: Doctor, Nurse, Receptionist or Pharmacist)					

*****TO BE FILLED OUT BY MEDICAL PROVIDER*****

Recipient Name:		Date of Birth:		Medicaid ID #:	
Appointment		Please complete Admission/Discharge Date/Time for Hospital Stay only.			
Date:	Time:	Date:	Time:	Date:	Time:
Is this appointment at an outreach clinic? ☐ Yes ☐ No		Billing NPI:		Servicing NPI:	
Medical Facility Name:		Phone Number:		Ext:	
Address:		For Pharmacy, Durable Medical Equipment, or Optical Supply:			
Doctor's Name:		☐ No delivery available ☐ First fill of a new prescription ☐ Equipment fitting/adjustment			
Purpose of Visit (must be specific):					
Is this a Medicaid covered service? ☐ Yes ☐ No					
Is there a referral on file from the recipient's Care Management Provider? ☐ Yes ☐ No (Care Management Provider: This can be the recipient's Primary Care, Health Home, or BabyReady Provider.)					
If travel was out of state, is there an Out of State Prior Authorization in place for this date of service? ☐ Yes ☐ No					
Signature:		Date:			
(Medical Provider: Doctor, Nurse, Receptionist or Pharmacist)					

Submitting an NEMT Claim

Online Claims

Using the [NEMT Portal](#) allows recipients to:

- Update and maintain personal and banking information.
- Submit claims online.
- Track the status of a claim.
- Receive and review correspondence and Paid Claims Statements.

Paper Claims

Paper claims may be turned in at a local DSS office, faxed, emailed, or mailed directly to the address listed on the NEMT form.



Transportation Resources and Statistics

Provider Resources

- Community Transportation Services Provider Manual:
https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Transportation.pdf
- Secure Medical Transportation Provider Manual:
https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Secure_Medical_Transporation.pdf
- Ground Ambulance Services Provider Manual:
https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Ground_Ambulance.pdf

Recipient Resources

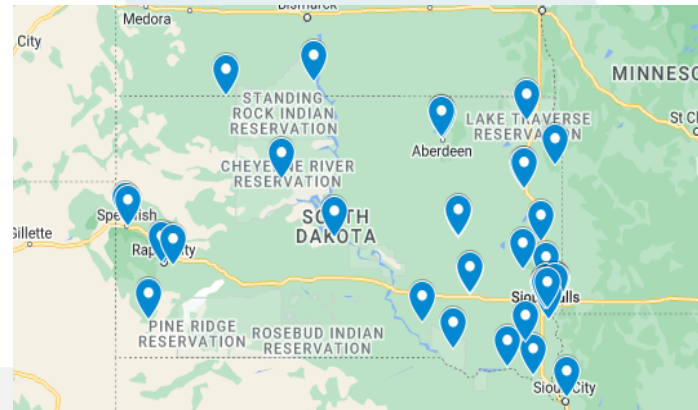
- Medicaid Recipient Transportation website:
<https://dss.sd.gov/medicaid/recipients/transportation.aspx>
- Non-Emergent Medical Travel (NEMT) Reimbursement Program website:
<https://dss.sd.gov/medicaid/recipients/title19transportation.aspx>

Recipient Resources Continued...

- Map of enrolled **community** transportation providers:
<https://dss.sd.gov/medicaid/recipients/communitytransportation.aspx>.



- Map of enrolled **secure** transportation providers:
<https://dss.sd.gov/medicaid/recipients/securemedtransportation.aspx>.



Transportation Utilization Statistics – SFY25

Number of Enrolled Providers

- Community: 54
- Secure: 44

Number of Paid Rides

- Community: 76,648 One-way Community Transportation Rides
- Secure: 45,479 One-way Secure Transportation Rides

Total Expenditures

- Total: \$5,098,869.80
 - Community: \$1,783,584.32
 - Secure: \$3,315,285.48

Transportation Utilization Statistics – SFY25 Continued...

Number of Miles Paid

- Community: 1,602,490
- Secure: 715,651

Number of Recipients Served

- 15,527 Unique Recipients
- 10% of the SD Medicaid Recipients



Thank You

Renae Hericks



605.773.4087



Renae.Hericks@state.sd.us



dss.sd.gov/medicaid





Supporting South Dakota Primary Care through Medicaid PACT (Primary Accountable Care Transformation)

Clarissa Barnes, MD, MBA, FACP, Chief Medical Officer South Dakota Medicaid





Overview

Supporting Team-Based Care in South Dakota
Primary Care

- Current South Dakota Medicaid Primary Care Programs
 - Primary Care Provider (PCP) Program
 - Care Connect
- Impetus and Timing for Change
- South Dakota Primary Accountable Care Transformation (PACT) Overview
- PACT Goals and Objectives
- Long-Term Vision for Primary Care

South Dakota Medicaid Primary Care Landscape

Primary Care Provider (PCP) Program

- 1932(a) PCCM
- Majority of Recipients
- FFS billing plus monthly "case management fee"
- PCPs must provide:
- 24/7 access by telephone for information, referrals, and treatment
- Coordinate specialty care and manage referrals for recipients

Care Connect (formally Health Home)

- 1945 Health Home
- Minority of Recipients
- Enhanced care coordination for recipients with chronic conditions
- FFS billing for services plus monthly payment is based on complexity/tiers
- Quality bonuses based on quality/process metrics with manual entry

A note about BabyReady: Pregnancy program that pays PMPM and enhanced rates with expectations related to outcomes and care coordination

Why Make A Change?



Rising health care costs without comparable increase in quality of care



Despite increasing costs, growing financial instability in healthcare providers (especially rural and independent)



Primary care has significant uncompensated tasks including portal messages



Expanding expectations that cannot be addressed through visits alone



Primary care investments are unique in their ability to lead to decreased costs in other spaces, especially medically unnecessary care



Why Now?

- South Dakota Medicaid has established a foundation for supporting primary care through the PCP Program and Care Connect.
- However, there still exists a fundamental mismatch between financial incentives and the true goals of primary care.
- The timing of Rural Health Transformation (RHT) grant funding allows for support to a bigger change.
- The Primary Accountable Care Transformation (PACT) Initiative builds on prior foundation aligning payment, care management, technology, quality, and patient engagement around a more sustainable, team-based model of care.

Medicaid Primary Accountable Care Transformation (PACT)

Moving primary care services away from fee-for-service and towards value

The New Model

- Replaces primary care E&M billing with a *Prospective Primary Care Payment*, a predictable monthly investment in each patient that allows physicians to focus on high-value care rather than visit volume
- Uses year-end primary care Quality/HEDIS measures to calculate quality payments that reward outcomes instead of processes
- Creates internal case management infrastructure for unattributed recipients that can be leveraged in the future to support rural clinics who cannot support this resource alone
- Creates structure for patient-directed quality goals to encourage engagement and wellness
- Builds on inaugural case management/social worker workshop Fall 2025
- Leverages new tools to support population health, case management, and reporting

PACT Components

PAYMENT AND QUALITY

Prospective payment/model development
Provider/patient quality incentives
Medicaid payment-system readiness

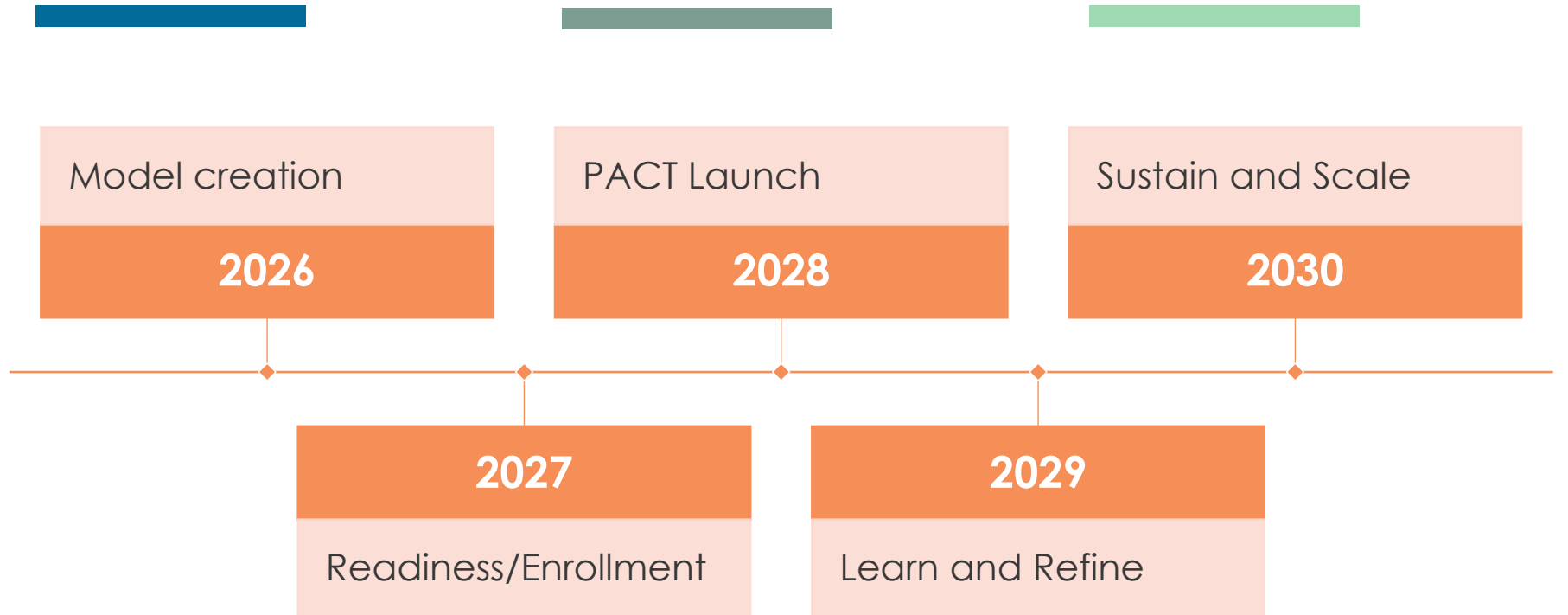
CARE DELIVERY INFRASTRUCTURE

Shared Case Management
Population health tools
Provider readiness support

TRANSFORMATION AND SUSTAINABILITY

Stakeholder engagement
Payer alignment
Case management learning/collaboration

Timeline



Goals of PACT



Increase Quality of Care for South Dakota Medicaid Recipients – Focusing on quality instead of volume and investing in primary care will lead to improved chronic disease management and primary prevention.



Reduce Utilization of Medically Unnecessary Emergency Department Visits – Investing in primary care and population health tools, engaging with patients and their clinicians, and improving access to case management will decrease costs by decreasing the utilization of medical unnecessary services.



Improve Sustainability of Primary Care for Clinicians - By increasing support via case management, additional tools/technology, and changing reimbursement, the model strengthens rural primary care sustainability by ensuring predictable revenue that rewards quality and enables practices to maintain comprehensive services.



Transform South Dakota Primary Care Landscape- SD Medicaid will partner with stakeholders including other payors to achieve payor alignment and transform primary care in the state.

Scaling New Heights: The Path Forward

BUILD ON THE FOUNDATION

Leverage South Dakota's existing primary care programs and relationships rather than starting from scratch.



TRANSFORM HOW CARE IS SUPPORTED

Align payment, quality, care management, technology, and patient engagement around a team-based model of care.



CREATE A SUSTAINABLE FUTURE

Improve outcomes, strengthen rural primary care, and create a model that can be sustained and scaled statewide.

Beyond changing how primary care is paid, PACT will build the infrastructure and flexibility needed to deliver the right care, in the right way, for South Dakotans.

RHT Disclosure/Steven's Amendment

This document is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the Rural Health Transformation Project, a financial assistance award totaling \$189,477,607.26, with 100% funded by CMS/HHS. The contents are those of the SDDOH and SD DSS and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS, or the U.S. Government

PACT Case Management



SD Medicaid is creating a state case management program under the PACT Program. This is currently in development and will be implemented over the course of a few years. The following is being considered part of the case management program.



SD Medicaid will be case managing specific populations (TBD) of individuals who are not currently assigned to a PCP with the goal of transitioning case management to a PCP



A Case Management Tool will be in place (similar to HIE) which will ease the burden of hospital/provider/clinic reporting and will allow the state to view patient information to provide case management (i.e. PCP visits, ER/UC visits, diagnosis, etc.).



Case Management assistance for the small and rural clinics enrolled in the PACT program and utilization of the state case management tool.

PACT Case Management



SD Medicaid is creating a state case management program under the PACT Program. This is currently in development and will be implemented over the course of a few years. The following is being considered part of the case management program.



SD Medicaid will be case managing specific populations (TBD) of individuals who are not currently assigned to a PCP with the goal of transitioning case management to a PCP



A Case Management Tool will be in place (similar to HIE) which will ease the burden of hospital/provider/clinic reporting and will allow the state to view patient information to provide case management (i.e. PCP visits, ER/UC visits, diagnosis, etc.).



Case Management assistance for the small and rural clinics enrolled in the PACT program and utilization of the state case management tool.

Upcoming Community Engagement Physician Webinar

Join Dr. Barnes for an informative webinar designed to help providers navigate the South Dakota Medicaid Community Engagement Work Requirements. Dr. Barnes will discuss the process of completing physician attestation forms for medically frail recipients, explain upcoming changes and provide helpful information to ensure clinicians are prepared for the new requirements.

Meeting Date And Time

Date: November 4, 2026
Time: 12:00 pm Central

Microsoft Teams Information

Meeting ID: 249 923 409 750 341
Passcode: tP93mD7c

The webinar link is on the HR1 Landing Page: <https://dss.sd.gov/medicaid/HR1.aspx>



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**

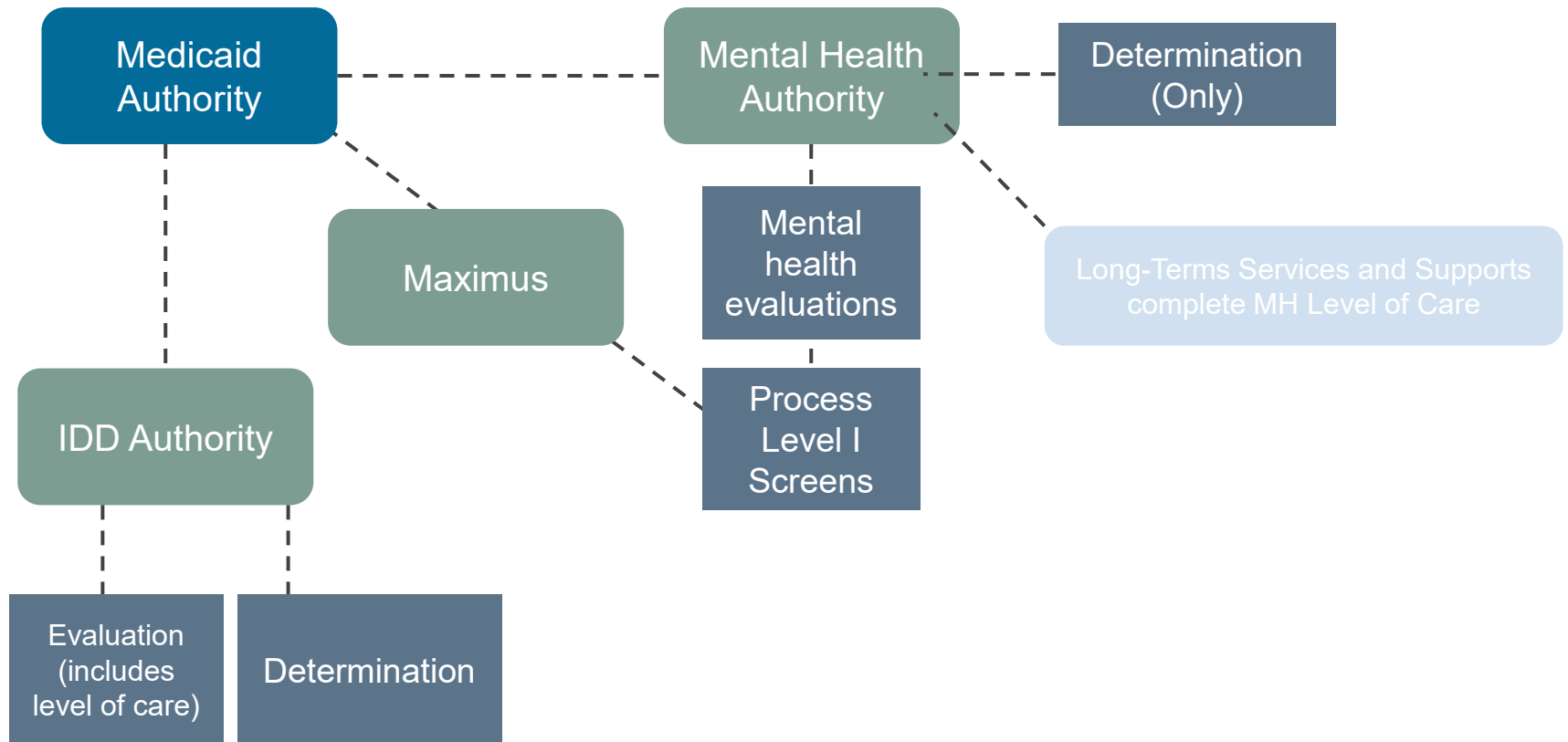


**Regardless
of diagnoses**



**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.

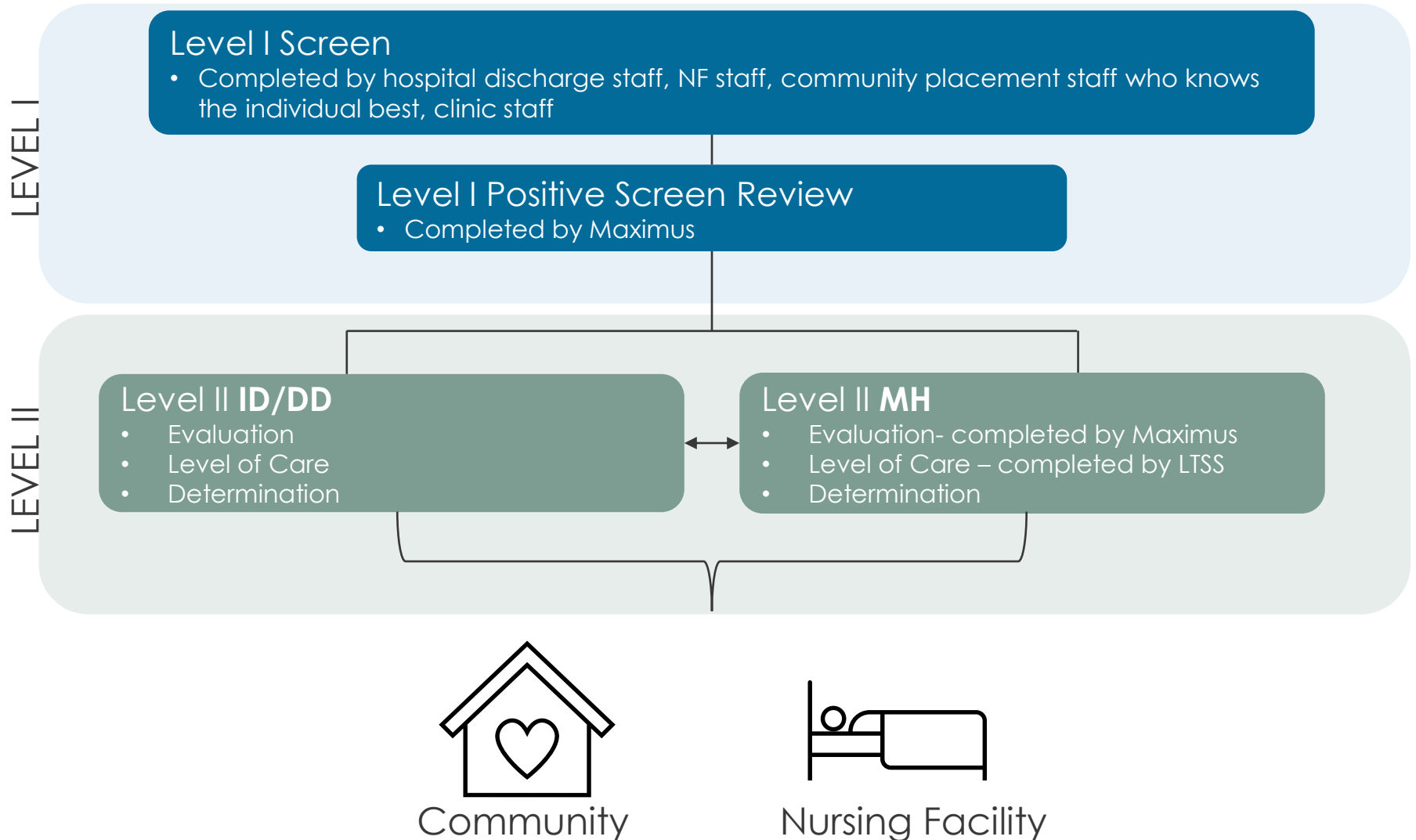
Level II Evaluation

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

Must use the most recent version of the form.

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.

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? End date: <input type="text"/>	☐ Yes ☐ No
Is the review a result of a concluding 100-day Convalescent Categorical? End date: <input type="text"/>	☐ Yes ☐ No
Is the review a result of a concluding 30-day Respite Categorical? End date: <input type="text"/>	☐ Yes ☐ No
Is the review a result of a concluding 7-day Emergency Placement Categorical? End date: <input type="text"/>	☐ Yes ☐ No
Is the review a result of a time limited Level II outcome by the State Mental Health Authority and/or State ID/DD Authority? End date: <input type="text"/>	☐ Yes ☐ No
Is the review a result of a significant change in status? Select change in status: ☐ Medication Change ☐ Symptom Change ☐ Diagnosis Change ☐ Recent Psychiatric Hospitalization ☐ Other <input type="text"/>	☐ Yes ☐ No

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 intellectual disability 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 developmental disability 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.

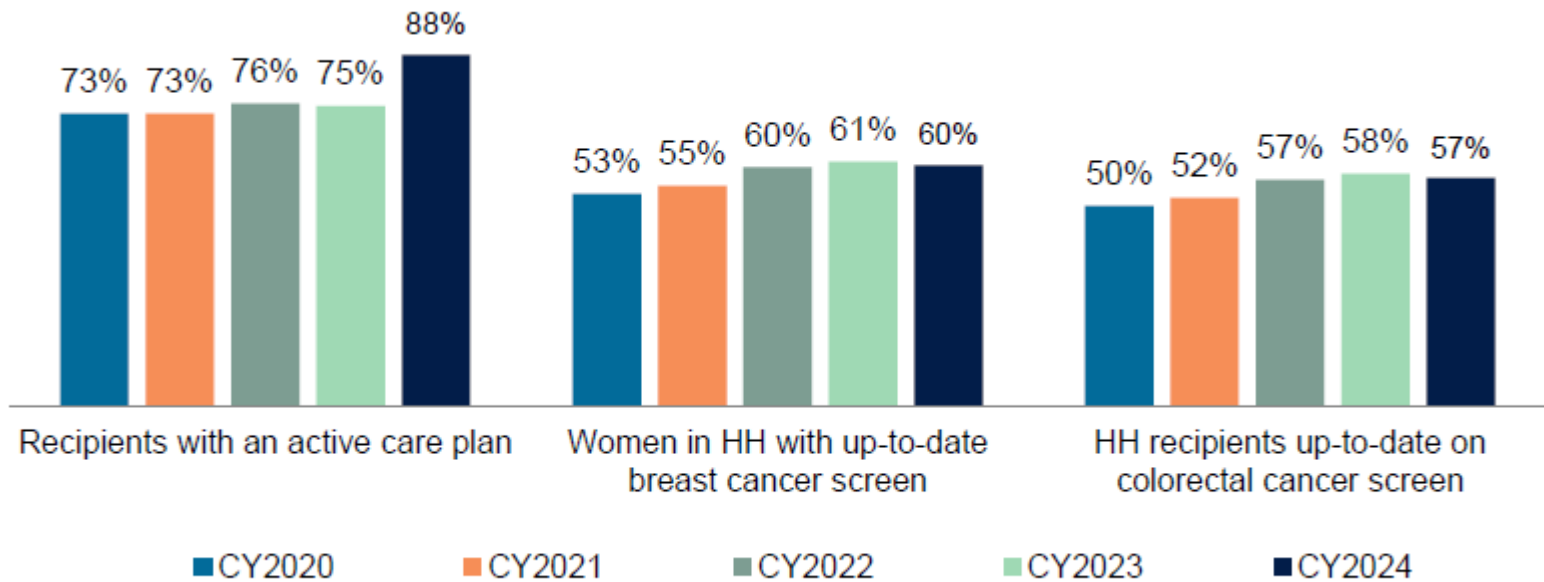
Care Connect Results

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

Increasing Preventive and Primary Care

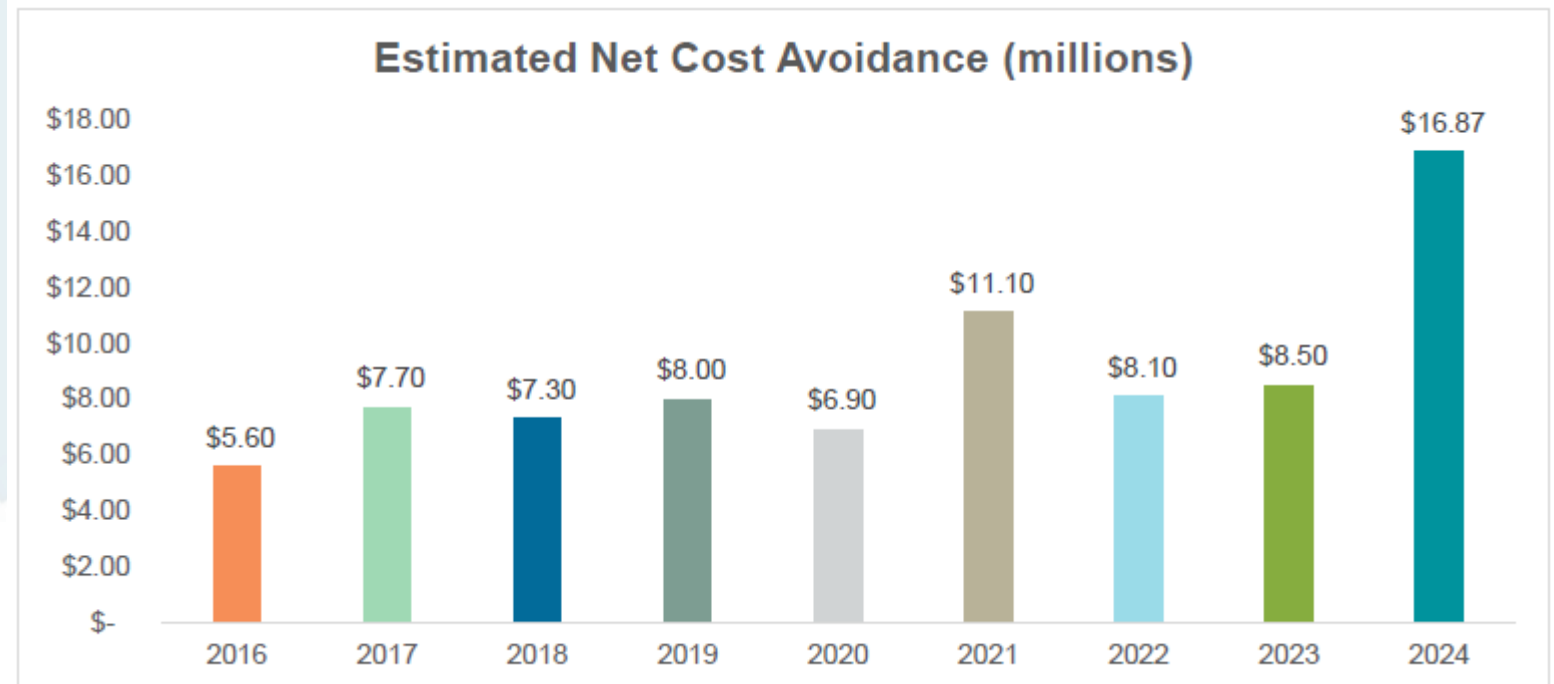
Preventive Care is an important component to managing recipients with multiple chronic conditions. Under the Care Connect Program, Preventative Care continues to improve.

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

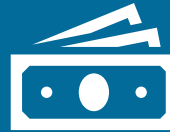
- In CY 2024, CC recipients cost \$206.82 less per month than recipients with similar claims and medical conditions.
- DSS estimates \$16.87 million was cost avoided in CY 2024 after payment of the PMPM (\$4.48 million) and Quality Incentive Payments (\$0.58 million).



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

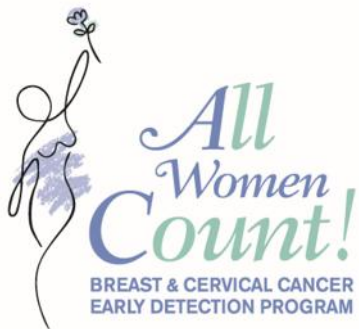


South Dakota Department of Health

All Women Count! (AWC!) Program

Sarah Quail, Cancer Programs Director

www.getscreenedsd.org/awc



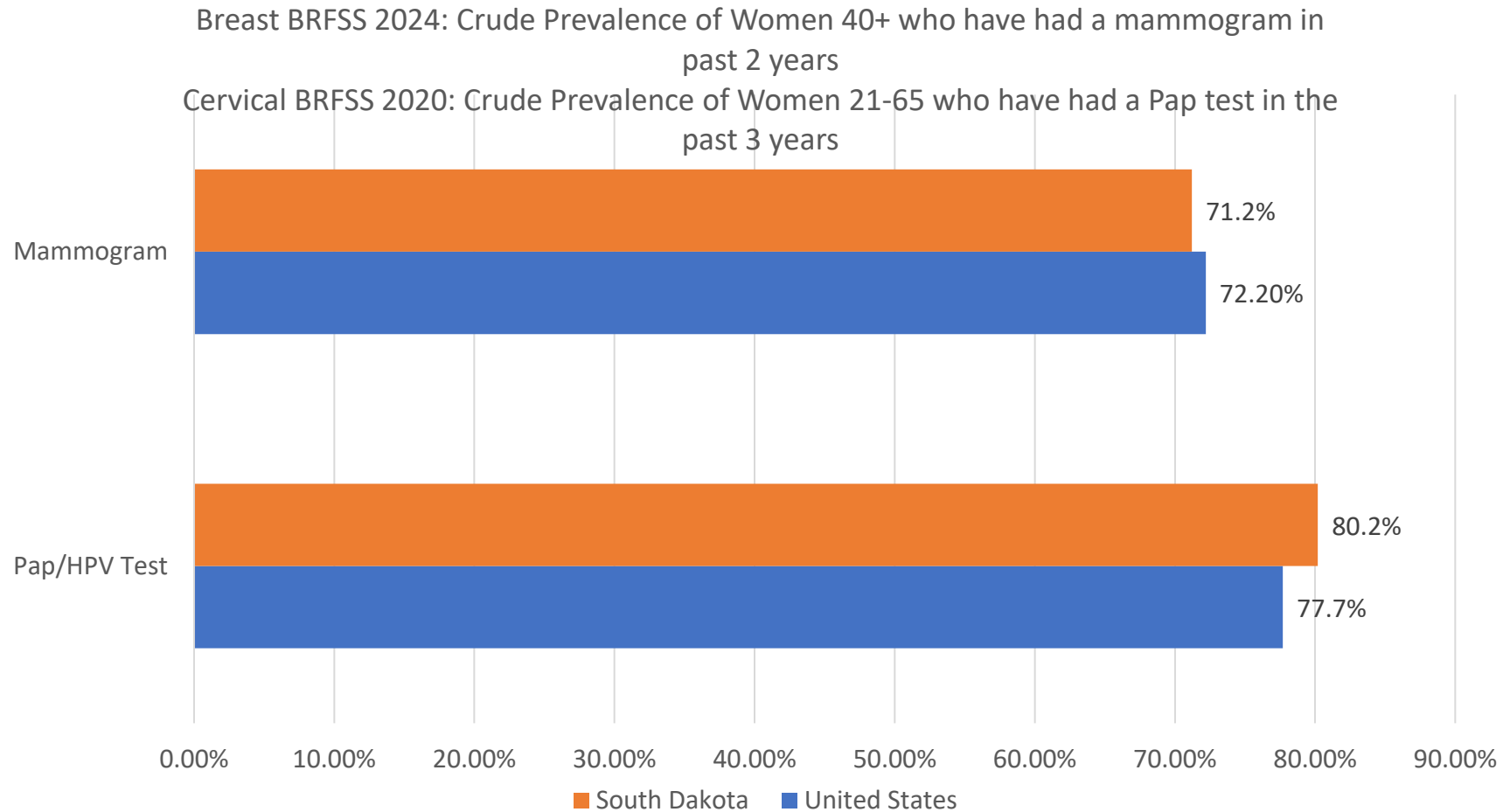
Objectives



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

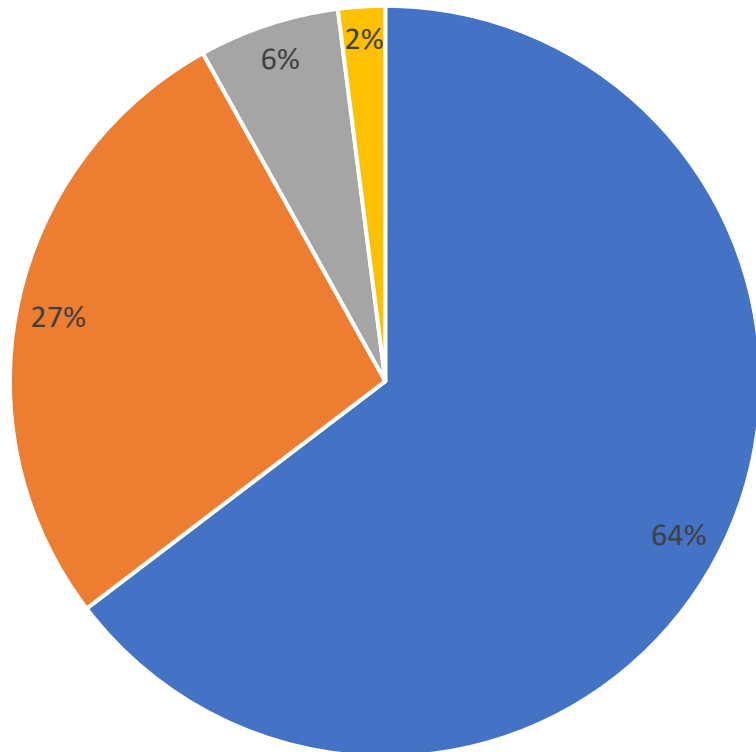


(CDC, n.d.)

Percent of Cases by Stage

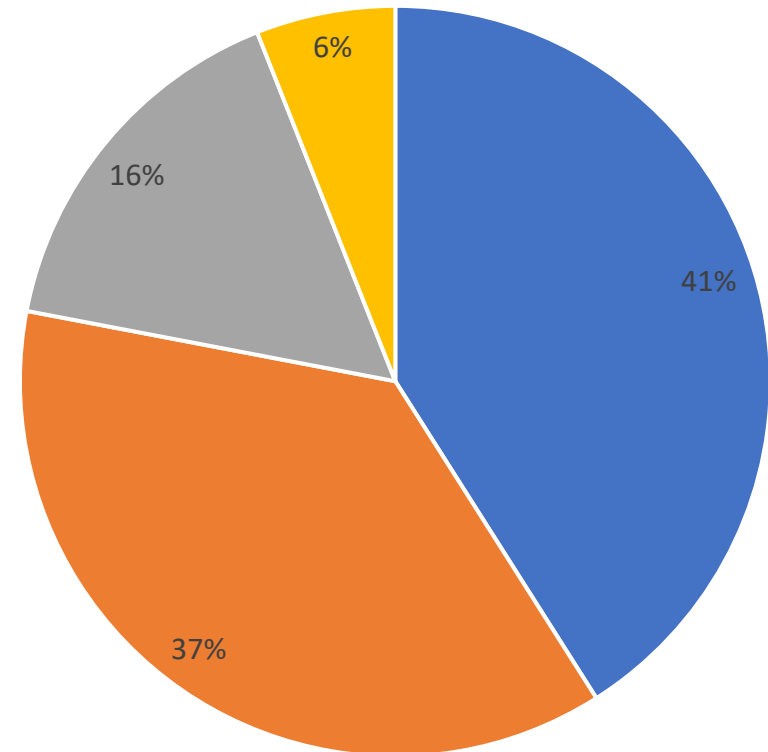


Breast



■ Localized ■ Regional ■ Distant ■ Unknown

Cervical

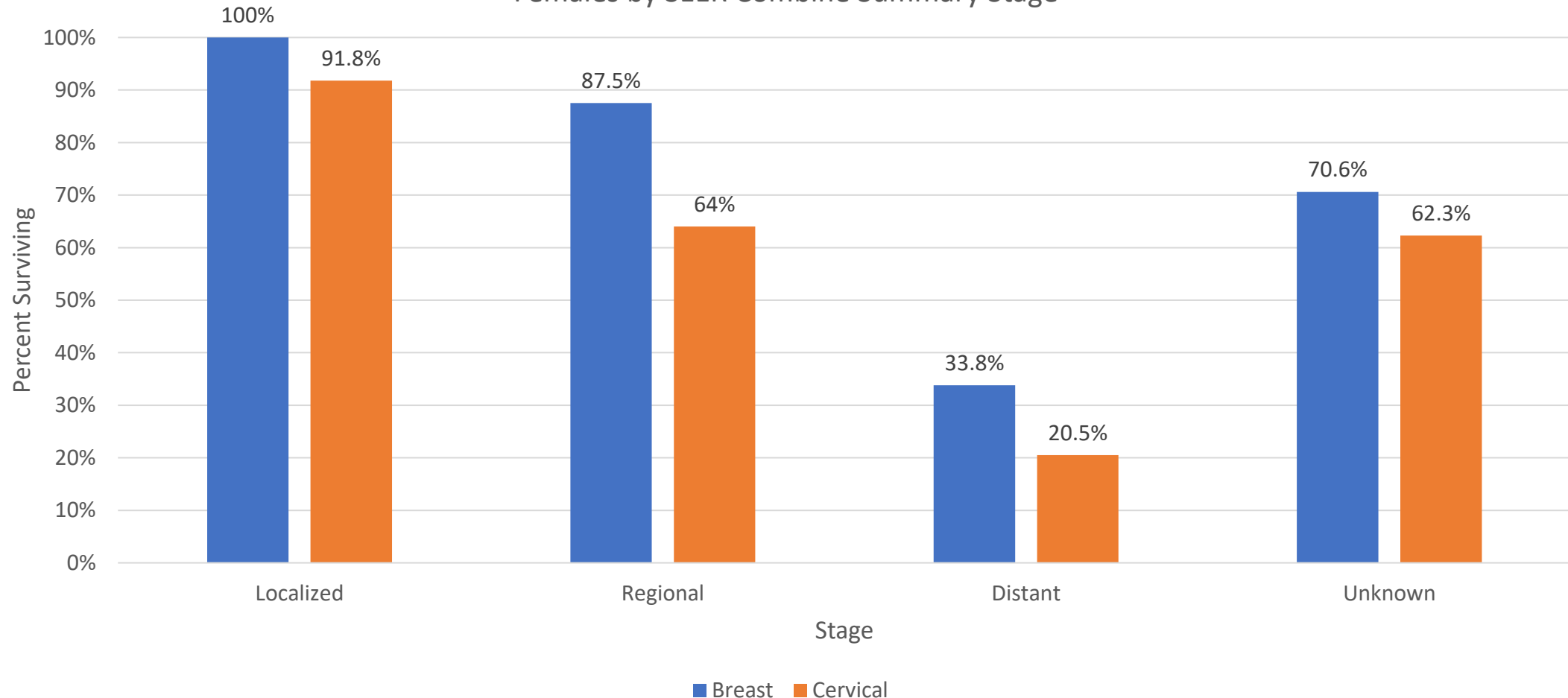


■ Localized ■ Regional ■ Distant ■ Unknown

5-year survival



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



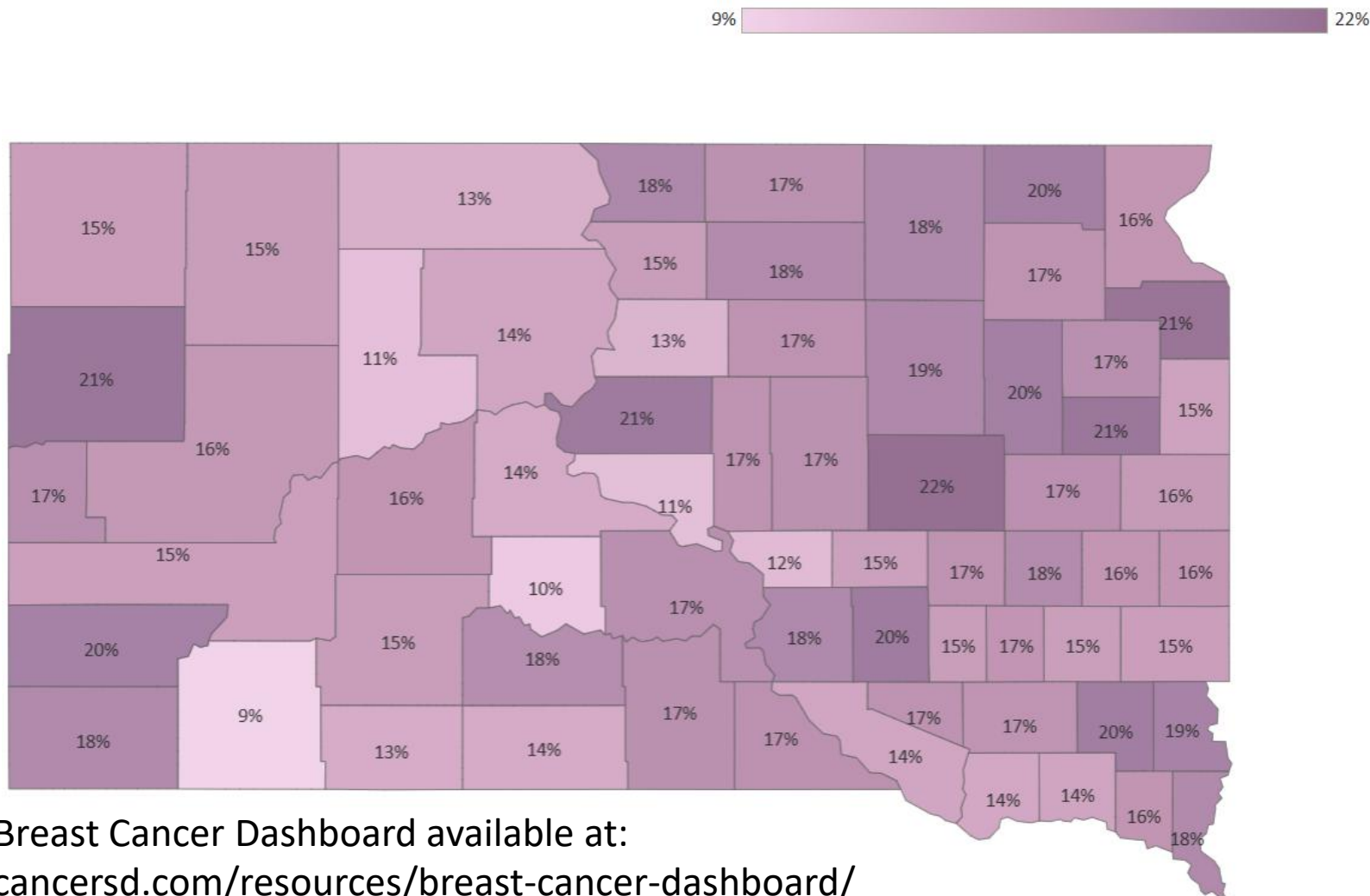
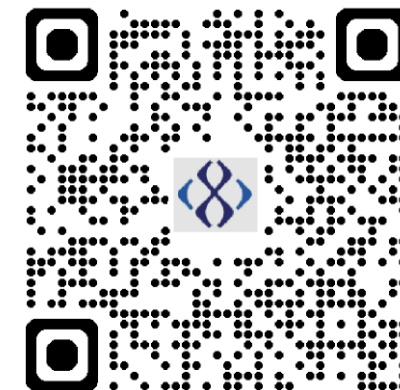
Barriers to Care



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



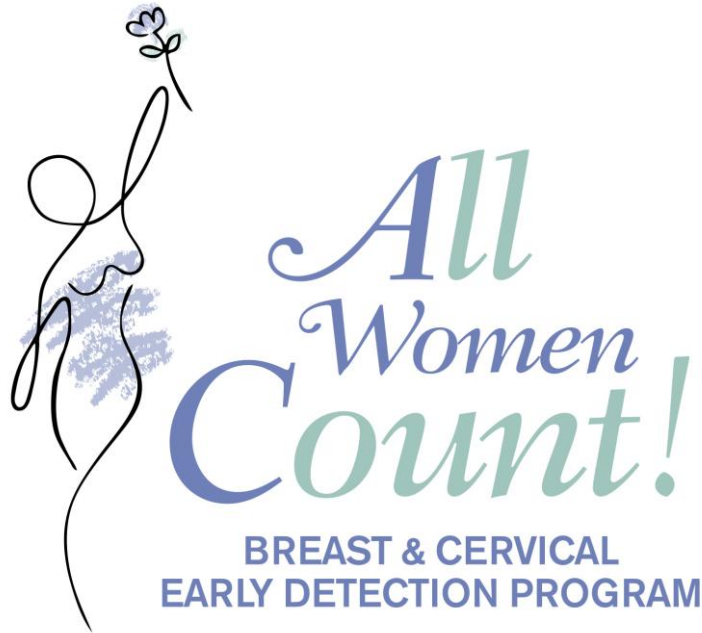
Uninsured Percentage: Women age 40-64



Breast Cancer Dashboard available at:

<https://www.cancersd.com/resources/breast-cancer-dashboard/>

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/>

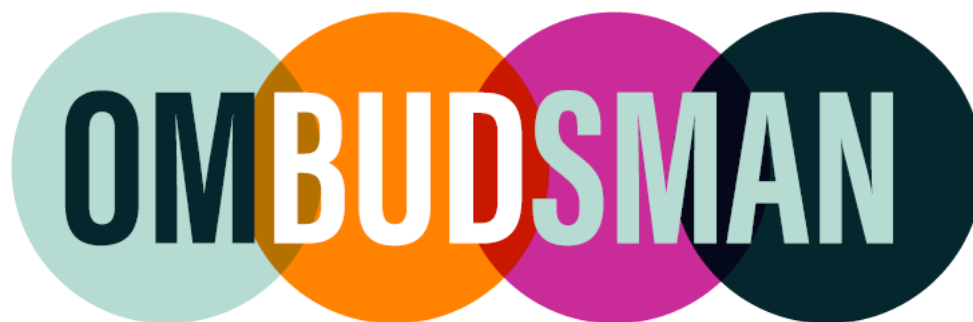
Centers for Disease Control and Prevention. (n.d.). BRFSS Prevalence & Trends data. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

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?

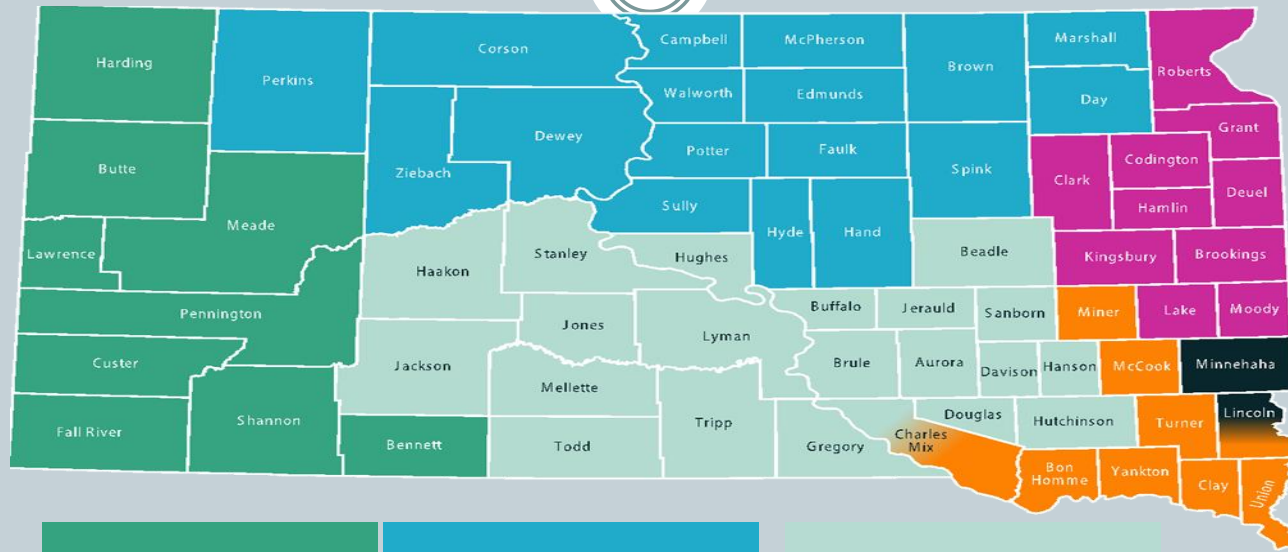


A resident or family member may contact the ombudsman program:

- 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