South Dakota Medicaid Recipient Handbook

Health coverage for people who are eligible for South Dakota Medicaid.

Please keep this book on hand

DSS
Strong Families - South Dakota's Foundation and Our Future
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<td>34</td>
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<td>Appointment Record</td>
<td>36</td>
</tr>
</tbody>
</table>
10 Things to Know About Medicaid

1. Most medically necessary services are covered by South Dakota Medicaid. Some services are not covered. See page 22 for information about what is covered and page 8 for pregnancy coverage.

2. Get a yearly check-up to stay healthy. Information about living healthy and preventative care is on page 4.

3. Most recipients have dental coverage. Go to the dentist twice a year to keep your smile healthy.

4. Always show your Medical Benefits ID card at your appointment. You may be responsible for the bill if you do not show it.

5. Transportation is available to help you get to your medical appointment. See page 27 for more information about your options.

6. You should see one doctor for most of your medical care. This doctor is called your primary care provider. See page 10 for information about how this works.

7. You may need a referral from your primary care provider for some medical services. A list of services requiring a referral is on page 15.

8. Most services outside of South Dakota require prior approval by South Dakota Medicaid. See page 18.

9. Only go to an emergency room when appropriate. For more information, see page 17.

10. You may have to pay a small portion of your medical bills. See page 19.
Rights & Responsibilities

Your Rights
You have the right to:

• Be treated with respect.
• Privacy. All information about people on Medicaid is private. Information about your care and coverage can only be used for Medicaid purposes. Use of the Medical Benefits ID Card by you allows for the sharing of information between DSS and Medicaid providers.
• Get information from your doctor about treatment options for your health condition.
• Be involved in all decisions about your health care and say “no” to any treatment offered.
• Choose your provider and be given the information and time to do so.
• Ask for and get a copy of your medical records.
• Have your medical records corrected if they are wrong.
• Decline to participate in the health home program.

Your Responsibilities
You have the responsibility to:

• Be polite and treat providers with respect.
• Show your Medical Benefits ID card to all providers before you get any medical services.
• Follow instruction in the handbook.
• Go to the same doctor, such as your primary care provider or health home provider, for most of your medical care.
• Obtain a referral or permission from your primary care provider or health home provider before you receive services listed as ‘Referral Required’ on page 15.
• Keep your appointments. A doctor may not let you schedule another appointment if you miss too many. Call the doctor's office ahead of time if you will be late or need to reschedule your appointment.
• Call your benefits specialist about changes in your case or if you need help.
• Use the emergency room only for life-threatening emergencies.
• Pay your cost-share, if applicable.
• Pay for services not covered by Medicaid or not properly referred by your primary care provider or health home provider.

For more information on rights and responsibilities, please visit dss.sd.gov/medicaid/rr.aspx.
You can make healthy choices every day for you and your family. Staying active and eating right is important for keeping you and your family healthy. Below are some helpful tips for staying healthy.

**Get moving.** When you move more, your health improves. Walking, playing sports, hiking and biking are ways you and your family can get moving. Children and teens should play or be active for 60 minutes every day. Adults should do at least 150 minutes of moderate activity or 75 minutes of vigorous activity each week.

**Make healthy food choices.** The USDA's MyPlate (shown below) shows the right mix of foods on a healthy plate. Try to fill half your plate with fruits and vegetables.

**Brush and floss every day.** Brush twice a day for two minutes with fluoride tooth paste to keep your smile healthy and prevent dental disease.

**Be tobacco free.** Call the South Dakota QuitLine at 1.866.SD.QUITS (737.8487) to talk to someone about how to quit. Visit [www.sdquitline.com](http://www.sdquitline.com) for helpful tips.

**Drink alcohol in moderation or not at all.** If you or someone you know has concerns about addiction or substance abuse contact the Division of Behavioral Health at 605.773.3123.

Make sure to talk to your provider about things you can do to stay healthy. For more information about eating healthy and staying active, visit [healthysd.gov](http://healthysd.gov).
Yearly Check-ups

Yearly check-ups help make sure you and your family get the care needed to be and stay healthy. During a check-up, your provider can help prevent and find diseases when they are easy to treat and keep you from getting sick. A yearly check-up and other preventive services are part of your Medicaid benefits if you have full coverage. Call your provider to schedule a yearly check-up appointment. Make sure to mention the visit is for preventive care.

Well-Adult Check-ups

**Yearly Check-up** - Check-ups may include blood pressure and cholesterol screening, checking your weight, immunizations and other necessary care. For women, check-ups may include a well-woman's exam and a pap smear. Annual check-ups also let you talk to your doctor about your health questions. Medicaid covers a check-up once a year.

**Cancer Screenings** - Talk to your doctor about whether the following cancer screenings are needed:
- Breast cancer
- Cervical cancer
- Colorectal cancer
- Lung cancer
- Oral cancer
- Prostate cancer
- Skin cancer

**Dental Care** - Regular dental cleanings and exams help keep your smile healthy. Medicaid covers two dental cleanings a year and two dental exams for adults. See page 26 for other dental services and limits.

**Eye Exams** - Annual eye exams by an eye doctor can help determine if you need glasses, or if you have other vision problems that need to be addressed.

**Immunizations** - Immunizations help prevent diseases. Seasonal flu shots reduce doctor visits and missed work. Flu shots and other necessary immunizations are covered by Medicaid. Check with your doctor about recommended immunizations for adults.

Talk to your provider about other preventive services for you and your family.
Well-Child Check-ups

**Yearly Check-up** - The health and well-being of your child is important. Well-child check-ups help make sure babies, children and teens get the care they need to be and stay healthy. Babies and toddlers need 12 well-child check-ups before they are 3 years old. Review the check-up schedule on page 7 to make sure your child gets all of the recommended care. Children ages 3 to 20 years should have a well-child check-up every year.

**Dental Care** - Regular dental cleanings and exams help keep your child’s smile healthy and prevent dental diseases and cavities. Medicaid covers two dental cleanings a year and two dental exams for children. Your child should see a dentist every six months starting at 1 year old. See page 25 for other dental services and limits.

Fluoride varnish helps prevent new cavities and can help stop cavities that have already started. Ask your dentist or health care provider about fluoride varnish.

Dental sealants can protect your child from the dental diseases which can cause cavities. Ask your dentist about sealants for your child’s molars.

**Eye Exams** - Annual eye exams by an eye doctor can help determine if your child needs glasses, or if your child has other vision problems.

**Immunizations** - Remember to ask your child’s doctor about necessary immunizations to keep your child healthy. There is a list of recommended immunizations on page 6. Please review the chart and make sure your child is up to date on their immunizations. Your child should also get a flu shot each year.

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**Check-up Checklist for Adults and Children**

1. Make appointments with:
   - Doctor
   - Dentist
   - Eye Doctor
2. Write down appointments on your calendar and on the appointment log on page 36. Remember to call the provider if you can’t make it.
3. Write a list of questions for you or your child’s doctor.
4. Make a reminder about when to schedule you or your child’s next visit.
# Recommended Immunization Schedule

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>2-3 years</th>
<th>4-6 years</th>
<th>11-12 years</th>
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<tbody>
<tr>
<td>HepB</td>
<td>1 dose</td>
<td>1 dose</td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
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<tr>
<td>RV</td>
<td></td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
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<tr>
<td>DTaP</td>
<td></td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
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<tr>
<td>Hib</td>
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<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
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<tr>
<td>PCV</td>
<td></td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>IPV</td>
<td></td>
<td>1 dose</td>
<td>1 dose</td>
<td></td>
<td>1 dose</td>
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<tr>
<td>Influenza</td>
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<td></td>
<td>1 dose (yearly)</td>
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</tr>
<tr>
<td>MMR</td>
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<td></td>
<td></td>
<td>1 dose</td>
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<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
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<tr>
<td>HepA</td>
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<td></td>
<td></td>
<td>1 dose</td>
<td>2 doses</td>
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<td>MCV4</td>
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<td></td>
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<td>1 dose</td>
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<tr>
<td>HPV</td>
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<td></td>
<td></td>
<td></td>
<td>2 doses</td>
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</tbody>
</table>
Scheduling Well-Child Check-ups

- 3-5 days
- 1 month
- 2 months
- 4 months
- 9 months
- 6 months
- 18 months
- 12 months
- 15 months
- 30 months
- 24 months

A dental check-up for your child is recommended by age 1 and bi-annually thereafter.

Ask your child’s PCP if additional hearing tests are needed.

Lead screening is required at 12 and 24 months, and as directed by your child’s PCP.

Check-ups are recommended every year around your child’s birthday.

Vision check-ups are recommended by age 5 and yearly thereafter.

KEY
- Well-Child Check-ups
- Refer to immunization schedule
- Other recommended check-ups/screenings

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Pregnancy Coverage

South Dakota Medicaid has three different programs for pregnant women. The services Medicaid covers are different in each program so it is important to know the services Medicaid will cover for your program.

Full Pregnancy Coverage
If you are on this program you have full Medicaid coverage while you are pregnant. Once you have your baby, you will be switched to postpartum services for 60 days after delivery.

Pregnancy Only Limited Coverage
If you are on this program your services are restricted to:
- Services for medical conditions caused by or directly affecting the baby. This does not include services such as most broken bones, cuts, vision, etc.
- Once you have your baby, you will be switched to postpartum services for 60 days after the pregnancy ends.
- Dental services are not covered.

Prenatal Care for Unborn Children
Medicaid covers prenatal services for unborn children whose mothers are non-qualified residents. If you are on this program your services are restricted to:
- Services for medical conditions directly affecting your baby. This does not include services such as most broken bones, cuts, vision, etc.
- Once you have your baby, your coverage ends. Postpartum services are not covered under this program.

Recommended Prenatal Care
Regular prenatal care is important for the health of your baby. Routine prenatal visits are usually once a month through the seventh month, every two weeks in the eighth month and weekly in the ninth month. Schedule prenatal care with your primary care provider or health home. Remember to ask for a referral if your primary care provider or health home provider is not providing your prenatal care.
Forbabysakesd.com provides information and resources to help women have healthy pregnancies and healthy babies.

The Special Supplemental Nutrition Program for Women, Infants, and Children, administered through the South Dakota Department of Health, offers:

- 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
- Healthy foods to help supplement diets

For more information please visit www.sdwic.org, or call 1.800.738.2301.
Primary Care Provider (PCP) Program

What is a PCP?

A PCP is a doctor or clinic you see for most of your medical care. You should choose your PCP. If you do not choose a PCP, one will be selected for you.

Three things you need to know:

1. You must get a referral or permission from your PCP for most specialty and hospital services. Some services do not require a referral or permission from your PCP. See page 15 for a list of services that need a referral.

2. If you have not already, make an appointment for a check-up with your new PCP. See pages 4-5 for more information about check-ups.

3. Your provider can be accessed by phone 24/7.

Choosing Your PCP

How do I choose a PCP?

1. South Dakota Medicaid will give you a form to fill out and a list of PCPs in your area.

2. Pick a PCP from the list for each eligible family member.

3. If you do not pick a PCP, one will be picked for you.

4. Call South Dakota Medicaid at 1.800.597.1603 if you have questions or need help.

5. Send your form to South Dakota Medicaid or fill it out online at dss.sd.gov/pcpselection. A list of PCPs can be found online at dss.sd.gov/pcplist.
Tips for picking a PCP for you and your family:

• Know Your Doctor Type: Pediatricians usually only see children. OB/GYN providers only see women for pregnancy and gynecology services. Internal Medicine doctors usually only see adults.

• Pick a Location Close to Home: Consider how far you must travel to your PCP. Keep in mind, travel will only be paid to the closest doctor or clinic closest to your home. See page 27 about getting travel paid.

• Get Permission for Closed Doctors: Some providers are not seeing new patients. An asterisks “*” next to the PCP’s name on the list shows they are full, and you need a written letter from the doctor to pick them.

• Ask About Special Needs: If you or your family have special health care needs, you should call the PCP’s office before you pick them to make sure the PCP can meet your needs.

South Dakota Medicaid will send you a letter with the name of your PCP and the start date when you must begin to use your PCP. Usually, it will start on the first day of the month after you pick or are assigned a PCP.
Health Home Program (HHP)

South Dakota’s health home program offers enhanced health care services to Medicaid recipients with chronic conditions.

The health home program can help with:

**Keeping You Healthy**
- Teaching you how to take care of yourself and make healthy choices.
- Helping you schedule screenings and appointments when you need them.
- Making sure you get the care you need to keep you from getting sick.

**Planning Your Care**
- Focusing health care on you as a whole person.
- Setting goals for your health needs and making a plan for when and how you receive care.
- Building a team to help you meet your health goals.
- Providing referrals to other providers or specialists.

**Supporting You & Your Family**
- Working with you, doctors, nurses, counselors, hospitals and other to make sure you get the care you need.
- Explaining tests and results to you to make sure you understand everything about your health.
- Making sure you don’t go back to the hospital or ER after you leave.

**Connecting Your Care**
- Working with you and your family or caregiver to make sure you can focus on your health.
- Helping you get other services you need in your community.
Choosing a Health Home

How do I choose a HHP?

1. South Dakota Medicaid will send you a letter. It may tell you your current provider is an HHP, or if you need to pick an HHP from a list for each eligible family member.

2. If your provider is not an HHP provider, please send your selection form to South Dakota Medicaid or fill it out online at dss.sd.gov/healthhome/forms.aspx. A list of HHPs can be found at dss.sd.gov/hhplist.

3. No recipient has to be in the health home program. You have the right to say “no” when you are asked to be in the program.

4. If you have questions or need help you may call 1.800.597.1603.

Tips for picking a HHP:

• Know your Doctor Type: Pediatricians usually see only children. OB/GYN providers only see women and usually for just pregnancy and gynecology services. Internal Medicine doctors usually serve only adults.

• Pick a Location Close to Home: Think about how far you must travel to your HHP, and pick an HHP you can go to on a regular basis. Travel will only be paid to the closest HHP to your home. See page 27 about getting travel paid.

• Get Permission for Closed Doctors: Some doctors have are not seeing new patients. An asterisks “*” next to the HHP name on the health home list shows they are full and you will need a written letter from the doctor to pick them.

• Ask about Special Needs: If you or your family have special health care needs, you should call the health home’s office before you pick them to make sure the HHP can meet your needs.

South Dakota Medicaid will send you a letter with the name of your health home and the start date when you must begin to use your health home. Usually, it will start on the first day of the month after you pick a HHP.
Changing Your Provider

You may change your PCP or HHP at any time.

How do I change my PCP/HHP?

• Fill out a Primary Care Provider Change Form/Health Home Provider Change Form. Your local DSS office has these forms, and staff are available to help you fill them out. The forms can also be found online at:
  • PCP: dss.sd.gov/pcpchangeform
  • HHP: dss.sd.gov/hhpchangeform

• State the reason for change on the change form.

• Your new PCP or HHP will begin the first day of the next month after your change form is received. You will receive a letter stating your change was approved.

What do I do if I move?

• If you move to a new area, call your local DSS office and give them your new address and phone number.

• Pick a new PCP or HHP in your new area.

If you have questions, please call 1.800.597.1603.

REMEMBER:
If you change your PCP or HHP your current referral is no longer valid. Make sure to obtain a new referral from your new PCP or HHP.
# Referred Services

The following table indicates which services need a referral from your PCP/HHP.

<table>
<thead>
<tr>
<th>Referral Needed</th>
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<tbody>
<tr>
<td>• Acute Care/ Urgent Care Clinics</td>
</tr>
<tr>
<td>• Ambulatory Surgical Center Services</td>
</tr>
<tr>
<td>• Durable Medical Equipment</td>
</tr>
<tr>
<td>• Home Health Services</td>
</tr>
<tr>
<td>• Inpatient/Outpatient Hospital Services</td>
</tr>
<tr>
<td>• Lab/X-Ray Services (at another facility)</td>
</tr>
<tr>
<td>• Eye Specialist</td>
</tr>
<tr>
<td>• Oral Surgeries</td>
</tr>
<tr>
<td>• Outpatient Community Mental Health Center Services</td>
</tr>
<tr>
<td>• Physician Assistants, Nurse Practitioners (CNP) and Nurse Midwives</td>
</tr>
<tr>
<td>• Physician/Clinic Services*</td>
</tr>
<tr>
<td>• Pregnancy Related Services</td>
</tr>
<tr>
<td>• Psychiatry/Psychology</td>
</tr>
<tr>
<td>• Rehabilitation Hospital Services</td>
</tr>
<tr>
<td>• Residential Treatment Facilities</td>
</tr>
<tr>
<td>• School District Services</td>
</tr>
<tr>
<td>• Therapy (Physical, Speech, Occupational, Audiology)</td>
</tr>
<tr>
<td>• Well-Child and Well-Adult Exams*</td>
</tr>
<tr>
<td>* When not being seen by your PCP or HHP provider.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Referral Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ambulance/Transportation</td>
</tr>
<tr>
<td>• Anesthesiology</td>
</tr>
<tr>
<td>• Chiropractic Services</td>
</tr>
<tr>
<td>• Dental Services</td>
</tr>
<tr>
<td>• Family Planning Services &amp; Testing for STDs</td>
</tr>
<tr>
<td>• Immunizations</td>
</tr>
<tr>
<td>• Independent Lab/X-Ray (patient not present)</td>
</tr>
<tr>
<td>• Mental Health Services for SED and SPMI Recipients</td>
</tr>
<tr>
<td>• Nursing Facility</td>
</tr>
<tr>
<td>• Vision Services (routine eye care, glasses)</td>
</tr>
<tr>
<td>• Personal Care Services</td>
</tr>
<tr>
<td>• Podiatry Services</td>
</tr>
<tr>
<td>• Prescription Drug Services</td>
</tr>
<tr>
<td>• Substance Use Disorder Outpatient Treatment</td>
</tr>
<tr>
<td>• Life Threatening Emergency Services</td>
</tr>
</tbody>
</table>
Indian Health Services (IHS)

Can I get medical care from IHS?

If you are an American Indian, you can get medical services from IHS, and any other tribally operated facilities when you are enrolled in Medicaid. Medicaid may also cover services not provided at IHS or other tribally operated facilities.

Can I choose IHS as my PCP or HHP?

If you are in the PCP or health home programs, you can choose IHS or another tribally operated facility as your PCP or HHP, or you can choose someone else. Even if IHS or another tribally operated facility is not your PCP or HHP, you can still get services from IHS and other tribally operated facilities without a referral from your PCP or HHP.

What if IHS wants to send me elsewhere for care?

IHS or another tribally operated facility can send you to outside providers if they are your PCP or HHP. However, if IHS or another tribally operated facility is not your PCP or HHP, they may only refer you to one of their contract providers. If IHS or another tribally operated facility is not your PCP or HHP and refers you to a non-contract provider, you will need to pay the bill or ask your PCP or HHP for a referral.

Acute Care & Urgent Care Clinics

Do I need a referral to get care from an acute care or urgent care clinic?

Acute care and urgent care clinics offer instant care for acute illnesses and minor injuries on a walk-in basis. If you are enrolled in the PCP or the health home program, call your PCP or HHP before going to an acute care or urgent care clinic. If your PCP or HHP decides the services are needed, the PCP or HHP will contact the acute care or urgent care clinic and give the referring information. If you get services at an acute care or urgent care clinic without a referral, you will need to pay the bill.
Emergency Care

Be Ready for an Emergency

Ask your PCP or HHP office for a number to call after clinic hours, and write it down on page 35. Use this number if your problem is serious but not life-threatening.

Life-threatening Emergency

Life-threatening emergency care does not require a referral. You may get life-threatening emergency care from clinics, physicians, after hours clinics and hospital emergency rooms. The medical provider who sees the patient determines if a life-threatening emergency exists based on federal and state rules. If you are not sure what to do, call your PCP or HHP. Your PCP, HHP or on-call staff can be reached by telephone 24/7. If the PCP, HHP or on-call staff contacts the emergency room prior to a non-emergency service, Medicaid can pay for the covered service.

Follow-up Care to a Life-threatening Emergency

Follow-up care, such as doctor’s appointments and other services provided after the emergency condition is over, needs to be given or referred by your PCP or HHP. Tell your PCP or HHP about the follow-up care you need after you get emergency medical care.

Out-of-State Emergencies - see page 18.
Out-of-State Services

Prior approval is needed for out-of-state services

Most medical services (appointments, procedures, hospitalizations) that happen out of South Dakota require prior authorization. Your referring provider will have to submit a prior authorization request and medical records to Medicaid. If the services requested are available from a provider in South Dakota, Medicaid requires you to go to an in-state provider first.

Remember:

- Wait for an approval notice from Medicaid before making travel plans.
- You are responsible for paying for all services provided out-of-state that have not been approved.
- If you are in a PCP program or health home program, you need a referral from your PCP or HHP and prior authorization approval from Medicaid.
- Medicaid cannot pay for medical services outside the United States and its territories.

Exceptions:

- Services provided within 50 miles of the South Dakota border and Bismarck, North Dakota, do not need prior authorization.
- Certain lab, radiology or pathology services, durable medical equipment and pharmacy services do not need prior authorization.

Out-of-State Emergencies

Medicaid will cover out-of-state emergency services with the same limits as in-state services if the provider accepts South Dakota Medicaid.

- Make sure the provider is, or is willing to become, a South Dakota Medicaid Provider.
- If the provider is not enrolled or willing to become enrolled with South Dakota Medicaid, you are responsible for paying for all services provided to you and your family.

More information is available at http://dss.sd.gov/medicaid/providers/pa/.
Payment of Medical Bills

What if I have other health insurance?

If you have other insurance you must report it to your benefits specialist and to any doctor, clinic or hospital where you get medical care.

If you have other health insurance, your insurance company must be billed by your provider before Medicaid is billed. Your insurance company will have to pay before Medicaid will pay.

Any income you get as a result of medical care, such as an AFLAC supplemental insurance payment or a settlement, should be paid to the Office of Recoveries and Fraud, 700 Governors Drive, Pierre, SD 57501.

Who pays for services not covered by Medicaid?

Most medical services are covered under Medicaid; however, there are some services not covered. You should ask your doctor if the service(s) you are receiving are covered. If the service(s) are not covered under Medicaid, you will be responsible for paying the bill. See page 22 for health coverage.

Can I be billed for services paid for by Medicaid?

When Medicaid pays for a covered service, the service is considered paid in full. The provider cannot bill any remaining balance of the covered service to you, your family, friends or anyone else. Providers can only bill you for cost-sharing charges allowable under Medicaid and for non-covered services.

Payment of Medical Bills

You may get a bill for a date of service when you were covered by Medicaid. Do not ignore this bill. Call the provider and ask them to bill Medicaid. If the provider still bills you after 90 days, call South Dakota Medicaid at 1.800.597.1603 to ask if Medicaid has received a claim for your date of service.
If the bill was not paid because the provider made a mistake, you do not have to pay the bill. If you made the mistake, or failed to provide your recipient ID card to the provider, Medicaid cannot pay the bill. The provider has six months from the date of service to bill Medicaid.

If your eligibility was approved after you received services, you will get a retro-eligibility letter in the mail. You need to provide a copy of the letter to each provider you saw during that time. For example, if you went to the doctor, the hospital and the dentist, you will need to give each of those providers a copy of the letter. It is your job to tell the providers you were covered by Medicaid. If you do not tell providers you were covered by Medicaid, you may need to pay the bill.

**What is cost-sharing?**

You may have to pay a small portion of your medical bill and Medicaid will pay the rest; this is called cost-sharing. Your provider can tell you the amount of the cost-share for the services you get.

There is no cost-sharing for children through age 20. Individuals age 21 or older not living in a long-term care facility or receiving home and community-based services are required to pay cost-sharing.

**There is no cost-share for the following:**

- Pregnancy related services
- Infants/children
- Family planning
- Emergency hospital services for a life-threatening emergency
- American Indians receiving or have received services at IHS, urban Indian health or other tribal health care facilities in the past
- Those enrolled in the breast and cervical cancer program

If you are enrolled in the PCP or the health home programs and you see your PCP, HHP or another provider selected to cover your PCP or HHP in the same clinic, you will not be charged a cost-share. If you see a specialist in the same clinic as your PCP or HHP, you will be required to pay the cost-share.
### Cost-Sharing Amounts

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chiropractic Services:</strong></td>
<td>$1 for each procedure</td>
</tr>
<tr>
<td><strong>Community Mental Health Centers:</strong></td>
<td>Five percent of allowable reimbursement for certain procedures</td>
</tr>
<tr>
<td><strong>Dental Services:</strong></td>
<td>$3 for each procedure and cost of services provided beyond $1,000 annual limit on adult, non-emergency services</td>
</tr>
<tr>
<td><strong>Diabetes Education:</strong></td>
<td>$3 per unit of service</td>
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<tr>
<td><strong>Durable Medical Equipment:</strong></td>
<td>Five percent of allowable costs</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services:</strong></td>
<td>$50 for each admission</td>
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<tr>
<td><strong>Medical Visits, Including Mental Health Visits:</strong></td>
<td>$3 per visit</td>
</tr>
<tr>
<td><strong>Nutritional Services:</strong></td>
<td>$2 a day - enteral, $5 a day - parenteral</td>
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<tr>
<td><strong>Outpatient Hospital Services and Ambulatory Surgical Centers:</strong></td>
<td>Five percent of allowable costs up to a maximum of $50</td>
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<tr>
<td><strong>Podiatry Services:</strong></td>
<td>$2 for each covered procedure</td>
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<tr>
<td><strong>Prescriptions:</strong></td>
<td>$3.30 each brand name prescription or refill and $1 for each generic prescription or refill</td>
</tr>
<tr>
<td><strong>Vision Services:</strong></td>
<td>$2 for each procedure, lens, frame, exam and repair service</td>
</tr>
</tbody>
</table>

Ask your doctor if there is a generic version of your prescription to reduce your out-of-pocket costs and save money.
Health Coverage

South Dakota Medicaid covers three basic kinds of health benefits:
1. Physical health
2. Behavioral health
3. Dental

Services must be medically necessary and provided by an enrolled Medicaid provider. Not all medical services are covered. Before you get a service, ask your provider if the service is covered. You have to pay for services not covered by Medicaid.

A service may be medically necessary when the service is:
- Appropriate for your medical needs or condition
- Considered to be standard medical care
- Reasonably expected to prevent or treat pain, injury, illness or infection
- Not for convenience
- Does not cost more than other types of effective treatment

Medically necessary services do not include:
- Treatments that are untested or still being tested
- Services that are not proven to be effective
- Services that are considered cosmetic
- Services outside the normal course and length of treatment

You may need prior authorization from South Dakota Medicaid before receiving some services. Your doctor will work with South Dakota Medicaid to obtain approval.

You may request a second opinion. You need to talk to your PCP or HHP to get a referral and coordinate your appointment. Second opinion requests for doctors located outside of South Dakota need prior authorization. See page 18 for out-of-state services.

Physical Health

Chiropractic

Only manual manipulations of the spine are covered. Medicaid will pay for 30 manipulations during a plan year starting July 1 and ending June 30.
Diabetes Education

A maximum of 10 hours of diabetes self-management education is covered for a recipient when he or she is first diagnosed. The 10 hours of education may be received over a year. Two hours of follow-up education is allowed per year. Diabetes Education must be ordered by your doctor.

Family Planning

Family planning services are covered. Covered services include office visits, testing and treatment for STDs and birth control. Sterilization such as tubal ligations and vasectomies are covered for adults over age 21. A consent form must be completed 30 days prior to sterilization.

Home Health

Home health care provides nursing and therapy services in your home when you are recovering from an illness or injury. Home health services must be ordered by a doctor.

Hospice

Hospice care focuses on comfort and support for people in the end stage of life. Hospice services for terminally ill recipients are covered when ordered by a doctor.

Hospital

Both inpatient and outpatient hospital services are covered. Inpatient services are provided when you have been admitted to a hospital and stay in the hospital 24 hours or more. Some hospital stays may need prior authorization. Self-administered drugs are not covered.

Medical Equipment and Supplies

Medical equipment that is reusable and needed due to an illness or injury is covered. Examples include wheelchairs, walkers and crutches. A prescription and certificate of medical necessity (CMN) from your doctor is required. A CMN describes why a piece of medical equipment is needed. Medical supplies are also covered. These are disposable health care items that are required for a medical condition. Some equipment or supplies may need prior authorization. Many medical equipment items have restrictions including the following:

- Nebulizer - One every five years is allowed per family.
- Replacement Hearing Aids - Only allowed if the original hearing aids are not serviceable and three years has passed since the original fitting.
• Breast Pumps - Only allowed if the child is unable to nurse normally. An electric breast pump requires physician documentation showing it is required.

Some items are not considered medical equipment and as such are not covered. This includes exercise equipment, protective outerwear, air conditioners, humidifiers, dehumidifiers, heaters and furnaces.

**Nursing Home**

Nursing home services are covered for people who cannot be cared for safely at home. Coverage includes room and board, nursing care, therapy care and meals. Medical equipment is not covered for nursing home residents, except for hearing aids.

Many people can live at home instead of a nursing facility. Supports are available to help people regardless of age or disability.

Call Dakota At Home to learn more or locate services in your area.

1.833.663.9673

**Personal Care**

Personal care may include things such as bathing, toileting and assistance with medications. Personal care is covered though a care plan based on an evaluation. Call Dakota At Home for more information at 1.833.663.9673.

**Medical and Surgical Services**

Most medical and surgical services performed by a doctor (physician, nurse practitioner or physician assistant) are covered. Covered services include routine examinations, drugs given at the doctor’s office, X-rays and laboratory tests needed for diagnosis and treatment. Most specialty doctors are covered with a referral from your PCP or HHP.

**Podiatry**

Covered podiatry services include office visits, X-rays, blood sugar checks, tests to check for a foot infection and limited surgical procedures.

**Prescription Drugs**

Most prescription drugs are covered. Some drugs require prior authorization. In most instances prescriptions are limited to a 30 day supply at a time. A 90 day supply of birth control is allowed. Most over-the-counter medications and products are not covered. Daily amounts of pain prescriptions are limited.
**Vision**

Vision services include exams, lenses and frames. Contact lenses are only covered when necessary for the correction of certain conditions. Replacement eyeglasses are covered after 15 months have passed if a lens change is needed.

**Behavioral Health**

**Mental Health**

Therapy for individuals with mental illness is covered. Adults can receive 40 hours of therapy in a plan year starting July 1 and ending June 30. There are no limits for children under 21. Community mental health center services are also covered. For adults with serious mental illness and adolescents with serious emotional disturbance, Community Mental Health Centers are able to provide specialized outpatient services.

**Substance Use Disorder**

Treatment for substance use disorder such as a drug or alcohol problem is covered. Covered services include screenings and assessments, early interventions and outpatient and inpatient treatment services. Substance use disorder is covered for all Medicaid recipients.

**Dental**

**Children’s Coverage**

South Dakota Medicaid covers the following dental services for children:

- Two exams per year
- Two cleanings per year
- Two fluoride treatments per year
- Dental sealants for permanent molars for children 14 or younger
- Silver diamine fluoride
- X-rays
- Fillings
- Removal of teeth
- Stainless steel crowns
- Permanent crowns on front teeth for children 12 and over
- Root canals

Braces are only covered when the child has an extreme need due to difficulty eating, chewing, speaking or breathing. All braces must be pre-approved.
Adult Coverage

South Dakota Medicaid covers the following dental services for adults:

- Two exams per year
- Two cleanings per year
- Silver diamine fluoride
- Fillings
- X-rays
- Removal of teeth
- Permanent crowns on front teeth
- Stainless steel crowns
- Root canals on front teeth
- Partial dentures and full dentures (no more than once every 5 years)

Adult dental coverage is limited to $1,000 each year starting July 1 and ending June 30. Recipients must pay for services over the $1,000 yearly limit. Medically necessary emergency services, dentures and partials. Ask your dentist or Delta Dental of South Dakota if the $1,000 yearly limit has been or will be reached.

For more information about dental benefit or the $1,000 limit, contact Delta Dental of South Dakota from 8 a.m. – 5 p.m. (CT) weekdays at 1.877.841.1478.

For a list of dentists who accept Medicaid, visit www.insurekidsnow.gov/coverage/find-a-dentist/index.html.
Transportation Coverage

South Dakota Medicaid covers transportation for Medicaid recipients to medical appointments when:

- The medical service is covered and medically necessary. Note: For out-of-state services, this means that the service has been prior authorized by South Dakota Medicaid. See page 18 for more information.

- The transportation provider is enrolled with South Dakota Medicaid. Before booking travel, remember to ask if the provider is enrolled in South Dakota Medicaid and if the trip will be covered by Medicaid. Remember to give the transportation provider your Medicaid ID card. Note: This does not apply to Non-Emergency Medical Travel program.

- Transportation is to the closest medical provider capable of providing the services. An exception to this requirement is allowed if you have a written referral from a medical provider.

Non-Emergency Medical Travel

The Non-Emergency Medical Travel (NEMT) Program reimburses travel to medical appointments outside your city of residence. NEMT reimburses you for mileage and may reimburse you for meals and lodging if overnight travel is necessary and the provider you are seeing is at least 150 miles from your city of residence.

Example: Jane lives in Pierre and has an appointment with a specialist in Sioux Falls. She drives herself to Sioux Falls for the appointment.

Limits:

- Mileage is limited to the actual miles between two cities, and does not include miles driven within the departure or arrival city.

- Trips to providers other than your PCP or HHP require a referral.

- Lodging and meals are reimbursable for overnight travel when the provider is at least 150 miles from the city where the recipient lives and travel is to obtain specialty care or treatment resulting in an overnight stay.

- If you are receiving medical services more than 50 miles outside of South Dakota, except Bismarck, North Dakota, prior authorization
by Medicaid must be approved before travel expenses can be approved or paid.

**NEMT Reimbursement:**
- The NEMT Reimbursement Form must be filled out and signed by the recipient, parent or guardian.
- The Medical Provider section of the form must be filled out and signed by the medical provider, or his or her receptionist or nurse.
- The form must be submitted within six months after the services were provided.
- The form can be found online at [dss.sd.gov/formsandpubs/docs/MEDSRVCS/DSS-OS-950.pdf](dss.sd.gov/formsandpubs/docs/MEDSRVCS/DSS-OS-950.pdf).
- Reimbursement rates are available online at [dss.sd.gov/medicaid/providers/feeschedules/dss/](dss.sd.gov/medicaid/providers/feeschedules/dss/).

Trips prior to your eligibility date are not covered. We reserve the right to deny coverage for any requests made outside the general coverage rules for non-emergency medical travel.

For more information, please call 1.866.403.1433 or visit: [dss.sd.gov/medicaid/recipients/title19transportation.aspx](dss.sd.gov/medicaid/recipients/title19transportation.aspx).

**Community Transportation**

Community transportation providers can transport you to medical appointments.

Transportation must be from your home or school to a medical provider, between medical providers or from a medical provider to your home or school. A list of community transportation providers is available at [dss.sd.gov/medicaid/recipients/communitytransportation.aspx](dss.sd.gov/medicaid/recipients/communitytransportation.aspx).

Example: Jane has an appointment with her dentist. She takes a city bus that is an enrolled Medicaid provider to the appointment.
Secure Medical Transportation

Secure medical transportation is non-emergency transportation for individuals who rely on a wheelchair or stretcher to move around. It is not covered for individuals who do not need a stretcher or wheelchair for mobility purposes. Transportation must be from your home to a medical provider, between medical providers or from the medical provider to your home. A list of secure medical transportation providers is available at dss.sd.gov/medicaid/recipients/securemedtransportation.aspx.

Example: Jack needs a wheelchair to move around. A wheelchair van takes him to an appointment with his HHP.

Ambulance

Transportation by an ambulance is only covered for life threatening emergencies. South Dakota Medicaid covers ground ambulance and air ambulance, if necessary. Do not call an ambulance for non-emergency transportation.

Example: John is in a car accident and suffers life threatening injuries. He is transported to a hospital by ambulance.
South Dakota Medicaid recipients in Minnehaha or Pennington County are eligible to participate in the Career Connector program and receive career assistance from their local Job Service office.

Through services provided by South Dakota Job Service, the Career Connector program can help you find your next job. Available assistance includes:

- Application assistance – Learn how to complete job applications
- Resume and cover letter writing – Learn how to write your professional resume
- Mock interviews – Learn how to do well in interviews
- Career exploration – Identify the right job based on your interests

Your local Job Service office also provides job search assistance using tools that match your experience and skills with employers who have positions to fill.

In some cases, financial assistance may also be available to help pay for skills training for high-demand jobs and/or classes you can take to help you get the education and credentials you need to be competitive in today’s job market. For example, Job Service can provide training to help you become a Certified Nursing Assistant (CNA), or help you obtain a Commercial Driver License (CDL). Job Service can even help you gain confidence in using computer skills.

Services may also be available to help meet other employment needs. These may include, but are not limited to:

- Transportation assistance
- Clothing required to start a new job
- Assistance with child care costs

To begin, please contact your local Job Service office in Sioux Falls at 605.367.5300 or in Rapid City at 605.394.2296. Individuals in other parts of the state can find their local Job Service office by visiting dlr.sd.gov/localoffices/default.aspx.
Grievances, Appeals & Fair Hearings

What is a grievance?

A grievance is a complaint you file when you feel you have been wronged by Medicaid or the care given by medical providers. Grievances may be made in writing or by phone. All grievances will be investigated.

What is an appeal?

An appeal asks the state to look again at a decision that was made. If you want the state to look again at a decision made by the state or your provider, please write down your concern and any supporting information.

Where do I send my grievances or appeals?

Send all grievances and appeals to the Division of Medical Services, 700 Governors Drive, Pierre, SD 57501. If you have additional questions, please call 1.800.597.1603, or send an email to Medical@state.sd.us.

How can I request a fair hearing?

If you feel DSS has made an improper decision determining your medical eligibility or payment, please write down your concerns and send them to:

Department of Social Services
Office of Administrative Hearings
700 Governors Drive
Pierre, SD 57501
605.773.6851
admhrngs@dss.state.sd.us

A fair hearing is a meeting involving you, a hearings officer and someone from DSS. At the hearing, you will have a chance to explain your concern(s). If you are currently getting benefits and request a hearing, you have the right to continue to get benefits if you appeal within 10 days.
Health Insurance Marketplace

You may be able to get help paying for health insurance if you or a family member is ineligible for Medicaid. Help paying for insurance may also be available for individuals with limited pregnancy or postpartum Medicaid coverage.

Individuals can enroll in a health insurance plan through the Health Insurance Marketplace each year in November and part of December. Enrollment in health insurance outside of this time period is limited to individuals who had a special life event including:

- Losing health coverage (including Medicaid or CHIP)
- Moving
- Marriage
- Having a baby or adopting a child

If you had one of these life events, you usually have 60 days following the event to enroll in a health insurance plan. If you miss that window, you have to wait until the next enrollment period starting in November.

To enroll in a health insurance plan, please visit www.healthcare.gov or call 1.800.318.2596 (TTY 1.855.889.4325).

IRS Form 1095-B

IRS Form 1095-B is a tax document used to report the months an individual had minimum essential health coverage to the IRS for income tax purposes. Most Medicaid programs are considered minimum essential coverage. The following programs are not considered minimum essential coverage.

- Pregnancy only limited coverage/postpartum
- Unborn children prenatal care program
- Medicare savings programs

The form will be mailed to your address on file by January 31 if you had coverage in the previous year. A separate form will be mailed for each member of your household who had coverage through South Dakota Medicaid. If you need to change your address, request copies or report an error on your Form 1095-B, please contact the Division of Economic Assistance at 1.877.999.5612.
Fraud & Abuse

Recipient Fraud

It is fraud when a person gives false information to become eligible for Medicaid. Failing to give all required information, including other insurance coverage, may also be considered fraud. If you commit fraud, you may be prosecuted under state criminal laws and federal fraud and abuse laws.

Provider Fraud

Please contact South Dakota Medicaid at 1.800.597.1603 if you suspect provider fraud. Provider fraud includes charging for medical care you did not receive and billing a recipient for services paid by Medicaid. Note, a provider may send a bill for your cost share amount.

Fraud Tip Hotline

If you know of someone who has provided false or incomplete information to become eligible for Medicaid, please call the fraud tip hotline at 1.800.765.7867.
Contact Information

Phone Numbers

Department of Social Services
- Division of Medical Services at 1.800.597.1603
- NEMT Information at 1.866.403.1433
- Office of Administrative Hearings at 605.773.6851
- Office of Recoveries and Fraud Investigations at 605.773.3653
- Health Home Program at 1.800.597.1603
- Premium Assistance Program at 1.888.828.0059

Department of Health at 1.800.738.2301

Department of Human Services at 1.800.265.9684
- Long Term Services and Supports (LTSS) at 1.866.854.5465

Delta Dental of South Dakota at 1.877.841.1478

Websites

Department of Social Services: dss.sd.gov
- Division of Medical Services
dss.sd.gov/medicaid/
- Office of Administrative Hearings
dss.sd.gov/keyresources/adminhearings/
- Office of Recoveries and Fraud Investigations
dss.sd.gov/keyresources/benefitfraud/
- Medical Eligibility Information
dss.sd.gov/medicaid/generalinfo/verifyeligibility/
- Health Home Program
dss.sd.gov/healthhome/

Department of Health: doh.sd.gov/

Department of Human Services: dhs.sd.gov/

Delta Dental of South Dakota: deltadentalsd.com

HIPAA Privacy Practices: dss.sd.gov/keyresources/hipaa/
Other Important Numbers

Doctor
Office: __________________________  After Hours: __________________________

Doctor
Office: __________________________  After Hours: __________________________

Doctor
Office: __________________________  After Hours: __________________________

Dentist
Office: __________________________  After Hours: __________________________

Eye Doctor
Office: __________________________  After Hours: __________________________

Hospital
Office: __________________________  After Hours: __________________________

Clinic
Office: __________________________  After Hours: __________________________

Pharmacy
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Other
Office: __________________________  After Hours: __________________________
## Appointment Record

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of appointment</th>
<th>Date (mm/dd/yy)</th>
<th>Name of Provider</th>
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<tbody>
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</table>
Notice of Nondiscrimination

As a recipient of Federal financial assistance and a State or local governmental agency, the Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence against Women.

The Department of Social Services:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact your local DSS office.

If you believe that DSS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a discrimination complaint or grievance with: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501. Phone: 605.773.3305, Fax: 605.773.7223, DSSInfo@state.sd.us. You can file a discrimination complaint or grievance in person or by mail, fax, or email. If you need help filing a discrimination complaint or grievance, the Discrimination Coordinator, Director of DSS Division of Legal Services is available to help you.


This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and 28 CFR Part 35, the Omnibus Crime Control and Safe Streets Act of 1968, Title IX of the Education Amendments of 1972, Equal Treatment for Faith-based Religions at 28 CFR Part 38, the Violence Against Women Reauthorization Act of 2013, and Section 1557 of the Affordable Care Act.