PA-114
09/2026

South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501
PHONE: 605-773-3495
FAX: 605-773-5246
WEB: dss.sd.gov

South Dakota Medicaid Temporary Exemption to Allow Family Members to Provide PDN Services Form

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Parent Section

Name of Child: Medicaid #:

Name of Parent (s):

Nursing License: ☐ **RN** ☐ **LPN** (check box)

Last work position, including hours (full-time vs part-time, shift type, average hours per week, if not full-time time):
From : **To:** (mm/dd/yyyy)

Ongoing work (include hours and/or schedule)

Other children in the home? ☐ Yes ☐ No

If yes, what is the Care Plan for children during PDN working hours?

Agency Section

Attempts made to staff with non-parent PDN and reason(s) for difficulty staffing (if known). Please describe:

Any unique care needs for the child?

Please provide audit and supervisory visit notes. If these are not being provided with this request, please explain why:

Rules and Oversight

- Hours are only authorized when the other parent/caregiver is not home or home with other responsibilities (such as remote work or care for other children in the household).
- Only working hours are eligible up to a maximum of 40 hours a week. As outside employment hours increase, there would be an expectation for a simultaneous decrease in approved parent-staffed hours to maintain a maximum total of 40 hours or less. Rest/sleep and travel hours are not covered.
- Family members working as a nurse must be treated the same as other employed nurses with regards to rules/responsibilities, including, but not limited to:
  - Should not be permitted to sleep/rest during paid hours
  - Should not have additional responsibilities during paid hours, including care of other children in the home or performing other job duties.
- The parent/caregiver is not eligible for payment when cancelling a scheduled nurse to accept a shift themselves and shall accept other qualified nurses placed by the agency, subject to reasonable objections or concerns.
- Office staff audits 100% of their charting to ensure there are no gaps, issues.
- The agency should perform supervisory visits occurring within the first 30 days, and every 60 days thereafter (Other in-person visits made can count if evaluating for adherence to rules above is part of the visit).
- If private health insurance has been covering family member staffing and then lapses, a one-time transition period of up to six months may be covered to restaff when all criteria are met.

Parent:

I, (Parent(s) Name), ATTEST THAT I WILL ABIDE BY THE ABOVE OVERSIGHT RULES.

Parent/Guardian Signature Date Parent/Guardian Signature Date

Agency:

I, (Agency Name), ATTEST THAT I (We) WILL ABIDE BY THE ABOVE OVERSIGHT RULES.

Agency Signature Date

For renewals, please attach documentation for oversight in the last 6 months