



**DEPARTMENT OF EXECUTIVE MANAGEMENT  
BUREAU OF FINANCE AND MANAGEMENT**

500 East Capitol Avenue Suite 217 | Pierre, South Dakota 57501 | 605.773.3411

**RECEIVED**

AUG 05 2026

**SOUTH DAKOTA PUBLIC  
UTILITIES COMMISSION**

**MEMORANDUM**

**TO:** Public Utilities Commission  
**FROM:** Bureau of Finance and Management  
**RE:** Fiscal Note  
**DATE:** August 4, 2026

The Bureau of Finance and Management has reviewed the proposed rules from the Public Utilities Commission and concurs with the department's assumptions and fiscal impact calculations.

GJ:mn

Attachment: BFM Fiscal Note

cc: Jeff Mehlhaff, Interim Director  
South Dakota Legislative Research Council

# FORM 5, BFM 50.10

## ADMINISTRATIVE PROCEDURES ACT FISCAL NOTE Prepared by Submitting Agency

|          | CODE  | NAME              | PROPOSED RULES (by §, unless entire ch., art.) |
|----------|-------|-------------------|------------------------------------------------|
| DEPT.    | 08    | Social Services   | §§ 67:61:01:01, 67:61:04:09, 67:61:05:03,      |
| DIVISION | 085   | Behavioral Health | 67:61:05:07, 67:61:07:05, 67:61:07:06, and     |
| PROGRAM  | 08511 | Substance Use     | 67:61:07:10.                                   |

**Hearing Date:** August 14<sup>th</sup>, 2026

**IMPACT ON GOVERNMENT SUMMARY:** (Changes to any existing process, schedule, or activity of any state or local gov't entity resulting from the proposed rule change.)

This rules package adds the term "addition counselor supervisee" to align with the larger rules package being brought by the Board of Addiction and Prevention Professionals (BAPP).

**FISCAL IMPACT STATEMENT:** (Estimate the overall fiscal impact--in terms of increases or decreases--because of, or to carry out, the proposed changes. Take into consideration staffing and resource changes (i.e. dollars, employees, equipment, supplies). Include a brief explanation if there is a minimal, incalculable, or no fiscal impact.)

There is no fiscal impact associated with these rule changes.

**FISCAL IMPACT BASIS:** (Provide the assumptions, any computations, and any statistics that went into this Fiscal Note; and describe the accuracy of the estimated impacts on this form.)

### COST INCREASES (DECREASES)

| State Agencies:       | First-Year Impact | Continuous-Yearly Impact |
|-----------------------|-------------------|--------------------------|
|                       |                   |                          |
|                       |                   |                          |
| TOTAL                 | \$0               | \$0                      |
| Local Gov't Agencies: |                   |                          |
|                       |                   |                          |
|                       |                   |                          |
| TOTAL                 | \$0               | \$0                      |

### REVENUE INCREASES (DECREASES)

| Revenue Increases (Decreases)<br>State & Local Gov't Agencies: |     |     |
|----------------------------------------------------------------|-----|-----|
|                                                                |     |     |
|                                                                |     |     |
| TOTAL                                                          | \$0 | \$0 |

APPROVED

*Jim Tennyson*  
Signature of Constitutional Officer, Commissioner, Department Secretary,  
or Board or Commission Chairman of Agency Administering the Rules

DATE

8/4/2026