SOUTH DAKOTA MEDICAID

SOUTH DAKOTA HOME AND COMMUNITY BASED SERVICES STATEWIDE TRANSITION PLAN

South Dakota Department of Social Services

Division of Medical Services

2018

700 Governors Drive | Pierre, SD 57501

STATEMENT OF PURPOSE

The Centers for Medicare and Medicaid Services (CMS) issued a final rule effective on March 17, 2014 requiring all states to review and evaluate Home and Community-Based Services (HCBS) settings, including residential and non-residential settings that are funded through South Dakota's four Medicaid 1915(c) waivers. States are required to ensure all HCBS settings comply with the new federal regulations that all individuals receiving HCBS are integrated in and have full access to their communities, including opportunities to engage in community life, work in integrated environments, and control their own personal resources. The federal citation for the new rule is 42 CFR 441.301(c)(4)-(5). More information on the final rule can be found on the CMS website at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html The Transition Plan allows states to take incremental steps towards full compliance with the federal regulation; full compliance must be achieved by 2022.

New providers must demonstrate compliance upon Medicaid enrollment. All providers, including those that are newly enrolling are required to ensure waiver participants access community activities. A provider assessment and staff assessment will be completed for each new assisted living, community living home and/or adult day prior to approval as a waiver setting to ensure compliance with the Rule. An Addendum will also be signed by each assisted living, community living home and/or adult day provider requiring them to attest to compliance. Additionally, the State will conduct onsite reviews of assisted living, community living home and adult day settings every three years, or more frequently if deemed necessary based on participant surveys and/or other stakeholder feedback to ensure ongoing compliance with the Rule. Participant surveys will also be completed annually to ensure ongoing compliance with the Rule for all HOPE Waiver participants, including those that reside in privately owned homes. Although the State presumes that privately owned homes or rented apartments of people living with family members' friends, or roommates meet the home and community-based settings criteria, the participant survey allows the State to monitor ongoing compliance with the regulatory criteria for this category of settings.

Operation of Home and Community Based Services (HCBS) in South Dakota is shared between the Department of Social Services (DSS) and the Department of Human Services (DHS). To ensure the transition plan accurately reflected all HCBS settings in South Dakota, DSS and DHS formed a collaborative workgroup representing each of the four Medicaid waivers and the state Medicaid agency. The workgroup assessed compliance with the HCBS Settings federal regulations and drafted this transition plan

to identify action steps and timelines for South Dakota's compliance with the new federal regulations.

A draft Statewide Transition Plan that applies to all of South Dakota's 1915(c) waivers was open for public comment for 30 days from February 2, 2015 through March 4, 2015 to allow all individuals, providers and stakeholders an opportunity to provide input to the plan. South Dakota's Statewide Transition Plan was initially submitted to CMS on March 12, 2015.

South Dakota received comments from CMS regarding the initial submission of this plan on October 15, 2015. This plan has been revised to reflect the clarification and comments from CMS. CMS's Clarification and/or Modifications required for Initial Approval Letter may be viewed online. This plan was available for public comment from February 29, 2016 to March 30, 2016. South Dakota submitted this plan to CMS on April 6, 2016.

This plan will be open for further comment as other changes and updates are made to the Transition Plan over the course of the Transition Plan period. Upon conclusion of the transition plan period in 2022, the elements of this plan will be requirements of each HCBS waiver; providers will be required to be fully compliant with all elements of the federal regulation by the end of the transition plan period. South Dakota will incorporate the federal regulations into regular reviews of providers.

South Dakota anticipates the plan will be open for comment in the near future for the following:

1. Heightened Scrutiny Waiver Request: *Anticipated July to August, 2019*

Additionally, each waiver renewal or amendment requires South Dakota to perform public comment and submit a waiver specific transition plan to CMS. South Dakota's HCBS Waivers will be renewed on the following dates:

HCBS Waiver	Next Waiver Renewal Date	Renewal Submission Date
HOPE Waiver	October 1, 2021	July 1, 2021
ADLS Waiver	June 1, 2022	March 1, 2022
FS 360	June 1, 2022	March 1, 2022
CHOICES	June 1, 2023	March 1, 2023

TABLE OF CONTENTS

STATEMENT OF PURPOSE **2**

TABLE OF CONTENTS **4**

MEDICAID WAIVERS IN SOUTH DAKOTA **6**

ASSISTIVE DAILY LIVING SERVICES (ADLS) WAIVER 7

CHOICES WAIVER 7

FAMILY SUPPORT 360 WAIVER 10

HOPE WAIVER 10

SETTINGS ANALYSIS **12**

STATE POLICY ANALYSIS 12

RESIDENTIAL SETTINGS ASSESSMENT METHODOLOGY 40

RESIDENTIAL SETTINGS ONGOING MONITORING (2018) 43

INDIVIDUAL REMEDIATION **46**

RELOCATION OF BENEFICIARIES **47**

NON-RESIDENTIAL SETTINGS ASSESSMENT METHODOLOGY **48**

HOPE WAIVER 48

CHOICES AND FAMILY SUPPORT 360 WAIVER 48

ASSESSMENT OF DAY HABILITATION, CAREER EXPLORATION (Formerly PREVOCATIONAL) AND GROUP SUPPORTED EMPLOYMENT SETTINGS 52

SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW **53**

LIST OF SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW 54

HOPE WAIVER ASSESSMENT RESULTS AND ACTION ITEMS **55**

OVERVIEW 55

DIGNITY/RESPECT 59

AUTONOMY 60

PHYSICAL ACCESSIBILITY 61

LOCATION 62

PRIVACY 63

LIVING ARRANGEMENTS 65

COMMUNITY INTEGRATION 68

CHOICES RESIDENTIAL ASSESSMENT RESULTS AND ACTION ITEMS **70**

OVERVIEW....70
DIGNITY/RESPECT....73
LOCATION....75
PHYSICAL ACCESSIBILITY....77
PRIVACY....79
AUTONOMY....81
LIVING ARRANGEMENTS....83
COMMUNITY INTEGRATION....86
CHOICES NON-RESIDENTIAL ASSESSMENT RESULTS AND ACTION ITEMS 90
OVERVIEW....90
DIGNITY/RESPECT....92
LOCATION....94
PHYSICAL ACCESSIBILITY....96
PRIVACY....98
AUTONOMY....100
COMMUNITY INTEGRATION....102
PLAN FOR CONTINUOUS COMPLIANCE AFTER THE TRANSITION PLAN PERIOD 104
ASSISTIVE DAILY LIVING SERVICES (ADLS) WAIVER....104
CHOICES WAIVER....104
HOPE WAIVER....105
FAMILY SUPPORT 360 WAIVER....106
IMPLEMENTATION MILESTONES..... 107
FEBRUARY 2015 PUBLIC INPUT AND PUBLIC NOTICE..... 112
PUBLIC INPUT OPPORTUNITIES FOR PLAN SUBMITTED 3/12/2015....112
FORMAL PUBLIC NOTICE PERIOD....112
PUBLIC COMMENTS FOR PLAN SUBMITTED 3/12/2015....116
MARCH 2016 PUBLIC INPUT AND PUBLIC NOTICE 122
PUBLIC COMMENTS FOR PLAN SUBMITTED 4/6/2016....124
DECEMBER 2018 PUBLIC NOTICE..... 127

MEDICAID WAIVERS IN SOUTH DAKOTA

South Dakota is designated as a frontier state by the Affordable Care Act. A frontier state is a state in which at least 50 percent of the counties are frontier counties; a frontier county is a county where the population per square mile is less than 6. Frontier counties are best described as sparsely populated rural areas that are geographically isolated from population centers and services. Over half of South Dakotans live in a county that has been classified as a rural non-metro county by the Office of Management and Budget.[1] Of the 311 incorporated towns and cities in South Dakota, only 27 have populations greater than 2,500 people.[2]

South Dakota has nine federally recognized tribes within its boundaries, which have independent, sovereign relationships with the federal government. The majority of South Dakota's reservations are geographically isolated in frontier locations.

South Dakota's frontier landscape presents unique challenges for service delivery. Rural and frontier communities face difficulties maintaining a healthcare workforce. Rural regions cannot easily compete with wages and amenities available to physicians and other professionals in more urban areas. As of July 2014, 48 of South Dakota's 66 counties were classified as a medically underserved area or population by the South Dakota Department of Health.[3] As a result, healthcare services are often clustered within one community in a region, which can result in long trips for individuals who need to receive services. Public transportation is usually limited or unavailable in rural and frontier areas, making access to healthcare providers even more difficult for populations served by Medicaid in those areas.

South Dakota strives to ensure that individuals can receive services at their closest source of care. This is particularly true of South Dakota's 1915(c) waivers. Home and community based services (HCBS) in South Dakota have been historically provided through four 1915(c) HCBS Waivers. Each waiver targets a specific population and provides a menu of services to meet the needs of the target population. South Dakota has structured its waivers to meet the needs of individuals who live in rural and frontier areas. As the state Medicaid agency, the Department of Social Services provides oversight to all of South Dakota's Medicaid waivers.

---

[1] United State Department of Agriculture Economic Research Service. *State Fact Sheets*. (2014). Retrieved from http://www.ers.usda.gov/data-products/state-fact-sheets/state-data.aspx?StateFIPS=46&StateName=South Dakota

[2] United States Census Bureau Population Division. (2014). *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2012*. Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

[3] South Dakota Department of Health Office of Rural Health. (2014). *South Dakota Medically Underserved Areas/Populations*. Retrieved from https://doh.sd.gov/documents/Providers/RuralHealth/MUA.pdf

ASSISTIVE DAILY LIVING SERVICES (ADLS) WAIVER

The ADLS waiver is operated by the Department of Human Services, Division of Rehabilitation Services. The ADLS waiver was renewed by CMS on June 1, 2012. The ADLS Waiver targets individuals 65 and older, and individuals 18 and older with a physical disability. Individuals must have quadriplegia due to or resulting from ataxia, cerebral palsy, rheumatoid arthritis, muscular dystrophy, multiple sclerosis, traumatic brain injury, a congenital condition, an accident or injury to the spinal cord, or another neuromuscular or cerebral condition or disease other than traumatic brain injury; or the individual has four limbs absent due to disease, trauma, or congenital conditions.

Individuals qualifying for the ADLS Waiver must meet nursing facility level of care. ADLS Waiver individuals have the responsibility to self-direct their personal attendant care.

ADLS 1915(c) WAIVER SERVICES
▪ Personal Attendant Services ▪ Incontinence Supplies ▪ In-home Nursing ▪ Consumer Preparation Services ▪ Respite ▪ Environmental Accessibility Adaptations ▪ Personal Emergency Response (PERS) ▪ Specialized Medical Equipment and Supplies ▪ Vehicle Modifications

Services in the ADLS Waiver are provided only to individuals living in their own home or the family home and are intended to maximize independence and safety and support full community access and integration. Individuals do not live in congregate settings. The Department of Human Services and Department of Social Services presume all settings in the 1915(c) ADLS waiver to meet the requirements of the federal regulation.

CHOICES WAIVER

The CHOICES (Community, Hope, Opportunity, Independence, Careers, Empowerment, Success) waiver is a 1915(c) waiver designed to provide for the health and developmental needs of South Dakotans with intellectual/developmental disabilities who would otherwise not be able to live in a home and community base setting and would require institutional care. The goal of the CHOICES waiver is to assist individuals in leading healthy, independent and productive lives to the fullest extent possible; promote the full exercise of their rights as citizens of the state of South Dakota; and promote the integrity of their families. The CHOICES waiver serves individuals of any age with intellectual or developmental disabilities. Individuals served by the CHOICES

waiver must meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care. The CHOICES waiver was renewed on June 1, 2018.

The objectives of CHOICES are to:

- Promote individuality for individuals through the provision of services meeting the highest standards of quality and national best practices, while ensuring health and safety through a comprehensive system of individual safeguards;
- Offer an alternative to institutionalization and costly comprehensive services through the provision of an array of services and supports that promote community inclusion and individuality by enhancing and not replacing existing natural supports;
- Encourage individuals and families to exercise their rights and share responsibility for the provision of their services and supports; and
- Offer a platform for a person-centered system based on the needs and preferences of the individuals.

CHOICES 1915(c) WAIVER SERVICES
▪ Case Management ▪ Day Habilitation ▪ Career Exploration, formerly Prevocational Services ▪ Residential Habilitation ▪ Service Coordination ▪ Supported Employment ▪ Medical Equipment and Drugs ▪ Nursing ▪ Other Medically Related Services - Speech, Hearing & Language

Residential habilitation services are provided to participants living in their own home, which may include a group home, supervised apartment or a shared living arrangement operated by a Community Support Provider.

Group homes are residential settings where services are offered by a provider that has round-the-clock responsibility for the health and welfare of residents, except during the time other services (e.g. supported employment services) are furnished.

Supervised apartments are residential settings offering services that support a person in his or her home or apartment, when the provider does not have round-the-clock responsibility for the person's health and welfare. These services can be provided in other community settings, but are primarily furnished in a person’s home or apartment.

Host Home Shared Living is an arrangement of services provided to a participant in the private home of a community member or friend. Shared living is meant to provide a

more person centered approach to supports and built on the foundation of life sharing, developing natural supports and being an active member of the community.

All other waiver participants live in independent integrated environments such as a family home or their own home/apartment where residential services are provided intermittently and are intended to maximize independence and safety, as well as supporting community access and integration. The Department of Social Services and Department of Human Services presume these settings to meet the requirements of the federal regulations.

South Dakota evaluated group home, supervised apartment and host home settings operated by Community Support Providers in this transition plan. See the CHOICES Waiver Assessment Results and Action Items Section for specific results related to group homes, supervised apartments and host homes. A list of South Dakota's 20 community support providers may be viewed on the Department of Human Services' website.

Day Habilitation is intended to assist a person to gain opportunities for meaningful life experiences in coordination with the person's personal goals. Activities and environments within day habilitation are designed to build positive social relationships, greater independence and personal choice and empower the person to attain or maintain their highest level of self-determination.

Career Exploration services are designed to assist participants in identifying and developing skills that prepare them for integrated competitive jobs and compensation at or above minimum wage. Career Exploration services are limited to 18 months.

Group Supported Employment are services and training activities provided in regular business, industry and community settings provided to a group of two (2) to eight (8) individuals. Group supported employment must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

Individual supported employment takes place in integrated competitive employment settings at private businesses within the community; South Dakota presumes these settings to meet federal requirements.

South Dakota evaluated non-residential services provided by Community Support Providers in this transition plan, including day habilitation career exploration and group supported employment. See the CHOICES Waiver Assessment Results and Action Items Section for specific results.

FAMILY SUPPORT 360 WAIVER

The Family Support 360 waiver is operated by the Department of Human Services, Division of Developmental Disabilities (DDD). This waiver was renewed by CMS on June 1, 2017. The Family Support 360 Waiver targets individuals with an intellectual disability and/or a developmental disability of any age and offers individuals the opportunity to self-direct some or all of their services. Individuals are children living with natural, adopted, step-families or relatives who act in a parental capacity; adults living independently in the community; or adults living with a family member, legal guardian, or advocate. These individuals must meet ICF/ID Level of Care.

FAMILY SUPPORT 360 1915(c) WAIVER SERVICES
▪ Personal Care 1 ▪ Respite Care ▪ Case Management ▪ Supported Employment ▪ Personal Care 2 ▪ Companion Care ▪ Environmental Accessibility Adaptations ▪ Nutritional Supplements ▪ Specialized Medical Adaptive Equipment And Supplies (SMAES) ▪ Vehicle Modifications

Services in the Family Support 360 Waiver are provided only to individuals who are children living with natural, adopted, step-families or relatives who act in a parental capacity; adults living independently in the community; or adults living with a family member, legal guardian, or advocate. The services are intended to maximize independence and safety and supports community access and integration. Individuals do not reside in congregate settings. The Department of Social Services and the Department of Human Services presume all residential settings in the 1915(c) FS 360 waiver to meet the requirements of the federal regulation.

HOPE WAIVER

The Division of Adult Services and Aging (ASA) transitioned from the Department of Social Services (DSS) to the Department of Human Services (DHS) resulting in the creation of the Division of Long Term Services and Supports (LTSS) within the Department of Human Services. The Home and Community-Based Services (ASA) Waiver for South Dakotans language was amended to reflect the change in operating agency from DSS-ASA to DHS-LTSS with an effective date of July 1, 2017. The name of the waiver also transitioned from the Home and Community-Based Services (ASA) Waiver for South Dakotans to the Home and Community-Based Options and Person

Centered Excellence (HOPE) Waiver. The Statewide Transition Plan has been updated to reflect this change.

LTSS is responsible for assessing individuals, developing care plans, authorizing waiver services, and monitoring service delivery. LTSS also conducts all continuous quality improvement (CQI) activities, including data collection, aggregation, analysis, trend identification, and design changes and implementation. The primary goal of the HOPE Waiver is to provide services to the elderly and consumers with a qualifying disability over the age of 18 in their homes or the least restrictive community environment available to them. The waiver provides a wide range of services with the goal of meeting the individual needs of each waiver consumer. Individuals qualifying for the HOPE Waiver must meet nursing facility level of care.

HOPE 1915(c) WAIVER SERVICES
▪ Adult Day Services ▪ Homemaker ▪ Personal Care ▪ Respite Care ▪ Specialized Medical Equipment ▪ Specialized Medical Supplies ▪ Adult Companion Services ▪ Assisted Living ▪ Environmental Accessibility Adaptations ▪ In-Home Nursing Services ▪ Meals ▪ Nutritional Supplements ▪ Personal Emergency Response Systems (PERS) ▪ Chore Services ▪ Community Living Home ▪ Structured Family Caregiving ▪ Community Transition Coordination ▪ Community Transition Supports

Adult Day Services are provided in adult day settings; South Dakota currently has two enrolled providers located at three adult day settings that provide services. South Dakota's Adult Day settings are described in detail in the Non-Residential Settings Assessment Section. A list of Adult Day Settings in South Dakota may be obtained on the Aging and Disability Resource Center's website. Not all settings offering Adult Day services are enrolled in Medicaid to provide Adult Day services.

Assisted Living services are provided in Assisted Livings. South Dakota evaluated Assisted Living Settings in this transition plan. See the HOPE Waiver Assessment

Results and Action Items section for results specific to Assisted Livings. A list of South Dakota's Assisted Livings may be obtained on the Aging and Disability Resource Center's website or on the Department of Health's website. Not all Assisted Livings in South Dakota are enrolled in Medicaid.

SETTINGS ANALYSIS

South Dakota studied the federal regulation and guidance published by the Centers for Medicare and Medicaid Services and determined that the statewide transition plan should reflect both an assessment of state policy and current policies and practice in settings. South Dakota's analysis of the federal regulation was implemented in two ways: through a review of State Policies, including each Medicaid 1915(c) Waiver and Administrative Rule of South Dakota and an assessment of residential and non-residential HCBS settings in South Dakota by providers, state staff, and individuals.

STATE POLICY ANALYSIS

South Dakota's systemic assessment, completed in May of 2017, analyzed all applicable Administrative Rules, Codified Laws, and Waivers related to the provision of Home and Community Based Services in South Dakota. State staff from the Department of Social Services and Department of Human Services reviewed the provisions of the federal regulation and compared those requirements to South Dakota's 1915(c) waivers, South Dakota Codified Law (SDCL), and the Administrative Rules of South Dakota (ARSD) that govern licensure and Medicaid participation. The applicable articles for licensure and Medicaid participation are listed in the following sections. Articles are organized into chapters, and chapters are further made up of individual rules. State staff conferred with the South Dakota Department of Health on applicable ARSD related to DOH licensure and renewal. South Dakota found no direct conflicts between the federal regulation and State policies.

ASSISTIVE DAILY LIVING SERVICES (ADLS) WAIVER

ADLS waiver providers of case management must be certified as a qualified provider by the ADLS waiver manager to enroll. Providers must meet the standards found in Administrative Rule of South Dakota Article 67:54. In addition, all Medicaid providers must follow the applicable rules in Article 67:16.

The goal of the ADLS program is to support eligible individuals with quadriplegia to live independently in their homes and in the communities of their choice as an alternative to living in a nursing home.

The objectives of the ADLS waiver include the following:

- Promote independence for participants through the provision of services while ensuring health and safety;
- Offer an alternative to costly institutional care through an array of services and supports that promote independence; and
- Support participants to exercise their rights and responsibilities for their program regardless of the method of service delivery.

Participants in this waiver self-direct their personal attendant care and live in their own home or the home of a family member. South Dakota's systemic assessment found the ADLS waiver was fully compliant with HCBS settings rule.

FAMILY SUPPORT 360 WAIVER

Family Support 360 providers must be certified by the Department of Human Services. Providers must meet the standards found in Administrative Rule of South Dakota Article 46:11. In addition, all Medicaid providers must follow the applicable rules in Article 67:16. The Family Support 360 waiver is further governed by Article 67:54.

The goal of the Family Support 360 waiver's services, when used in conjunction with non-waiver Medicaid services and other generic services and natural supports, is to provide for the health and developmental needs of participants who otherwise would not be able to live at home or a community of their own choosing.

Guiding principles or objectives for family support include the following:

- A philosophy that services must not be confined to a single set of services;
- Family support recognizes the importance of family and the support necessary to keep the participant in their home environment;
- Family support's focus is on the whole family;
- Family support is flexible to changing needs of families and participants;

- Family support promotes inclusion in all aspects of life;
- Families are included in policy making, planning, implementation, and personal and programmatic decisions;
- Families are empowered to make decisions regarding their own needs;
- Family support is respectful of cultural preferences and orientation; and
- Family support is able to assist participants across the life span.

Participants in this waiver self-direct their services and supports and live in their own home or the home of a family member. South Dakota's systemic assessment found the Family Support 360 waiver was fully compliant with the HCBS settings rule.

CROSSWALK OF FEDERAL REGULATIONS

A crosswalk of federal regulations to the applicable state standards for the HOPE Waiver and the CHOICES Waiver are provided in the following pages. The tables contain citation and hyperlink to applicable state standards and South Dakota's interpretation of the intent of the state standard. South Dakota categorized each of the state standards as one of the following, per CMS guidance:

1) *Fully Compliant:* Language encompasses all aspects of the home and community based requirement being assessed for compliance.
2) *Partially Compliant:* State standard is partially compliant with some of the federal HCBS settings rule but also contains provisions that are in conflict with the federal standard.
3) *Silent:* Missing language that is necessary to comply with one or more aspects of the home and community-based settings requirements.
4) *Non-Compliant*: State law or rule is in conflict with the federal requirements.

South Dakota found no state standards that were non-compliant with the federal regulation.

Complete text of South Dakota's approved Medicaid Waivers is available online.

Administrative Rule of South Dakota and South Dakota Codified Law is maintained by the South Dakota Legislative Research Council and is available online.

As part of Governor Daugaard's Red Tape Review, South Dakota has made a conscious effort to reduce unnecessary duplication of rules, including federal rules. South Dakota's on-going monitoring and review of providers includes review of compliance with federal rules.

HOPE WAIVER STATE POLICY ANALYSIS

Assisted Living Centers must be licensed by the South Dakota Department of Health to enroll. Assisted Livings must meet the standards found in Administrative Rule of South Dakota Article 44:70 to be licensed. Adult Day Settings are not licensed by the state of South Dakota. Division of Long Term Services and Supports staff perform annual assessments of standalone adult day settings. All Medicaid providers must follow the applicable rules in Article 67:16. The HOPE Waiver is further governed by Article 67:44. The following review applies to Assisted Living Settings in South Dakota. Per guidance from CMS, South Dakota has provided applicable state standards that demonstrate compliance with the HCBS Settings Rule under South Dakota's interpretation of the HCBS settings rule. The HCBS Settings Guide to Expectations and Compliance and Assisted Living Provider Addendum to the South Dakota Medicaid Provider Agreement were developed with the intent of outlining all requirements of the HCBS Settings Final Rule in order to supplement state standards and ensure Assisted Living providers are compliant with all aspects of the Final Rule. The HCBS Settings Guide to Expectations and Compliance and Assisted Living Provider Addendum to the South Dakota Medicaid Provider Agreement are currently in effect as of January 15, 2017. Ongoing compliance with both the HCBS Settings Guide to Expectations and Compliance and Assisted Living Provider Addendum to the South Dakota Medicaid Provider Agreement will be monitored on an ongoing basis.

Assisted Living Settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR 441.301(c)(4)(i) The Setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	**DOH Licensure** ARSD §44:70:02:20 Location ARSD Chapter 44:70:09 Residents' Rights and Supportive Services **HOPE Rules** ARSD §67:44:03:01 Definitions	**Silent**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:02:20. Location.** The location of a facility shall promote the health, treatment, comfort, safety, and well-being of persons accepted and retained for care. A facility shall be served by good, passable roads. Easy accessibility for employees, visitors, and firefighting services shall be maintained. **44:70:09:09. Quality of life.** A facility shall provide care and an environment that contributes to the resident's quality of life, including: (1) A safe, clean, comfortable, and homelike environment; **44:70:09:06. Right to manage financial affairs.** A resident may manage personal financial affairs. **67:44:03:01. Definitions.** (5) "Assisted Living services," services furnished to individuals receiving waiver services who reside in a homelike, noninstitutionalized setting that includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety, and security; **FEDERAL REGULATION NOT SPECIFIED IN STATE GUIDANCE** South Dakota regulation is silent on expectations of the setting to support individuals in seeking employment and working in a competitive integrated setting and engaging in community life.	**REMEDIATION ACTIVITIES:** South Dakota will address the federal regulations through the following items: ▪ **HCBS Settings Guide to Expectations and Compliance:** "The setting must be integrated in and support full access of Consumers receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Additional expectations are listed within the "Concept Area 7: Community Integration" and "Definitions" sections of the "HCBS Settings Guide to Expectations and Compliance". This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx. ▪ **Assisted Living Provider Addendum to the SD Medicaid Provider Agreement:** "Facility standards and Provider policies must address the federal Medicaid requirements as specified in 42 CFR §441.301(c)(4) and (5). Specific policies that must be addressed as part of facility standards include the following: 1. Access to the broader community;" ▪ Provider Education Specified in HOPE Waiver Assessment Results and Action Items Section

42 CFR 441.301 (c)(4)(ii) The Setting selected by the individual from setting options including non-disability specific settings and an option for a private unit in a residential setting.	**HCBS Waiver** Appendix B, B-7: Freedom of Choice **SD Medicaid Rules** ARSD §67:16:01:04 Choosing a Provider **HOPE Rules** ARSD §67:44:03:04 Individual Care Plan	**Silent**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **67:16:01:04. Choosing a provider.** An eligible individual is free to choose a provider from among those willing to participate under the medical assistance program. **67:44:03:04. Individual care plan -- Review.** Each individual eligible for HOPE waiver services must have an individual care plan. **FEDERAL REGULATION NOT SPECIFIED IN STATE GUIDANCE** South Dakota regulation is silent on non-disability specific settings and an option for a private unit in a residential setting. Additionally, South Dakota regulations are silent regarding identifying and documenting setting options in the person-centered service plan.	**REMEDIATION ACTIVITIES** South Dakota will address the federal regulations through the following items: ▪ **HCBS Settings Guide to Expectations and Compliance:** "The HCBS Settings Final Rule requires all Consumers residing in an Assisted Living Center to be able to choose where they live from among setting options including non-disability specific settings, have visitors of their choosing at any time, and have access throughout the Assisted Living Center and the community, regardless of payment source, care needs, or type of disability." Additional expectations are listed within the "Concept Area 1: Location" and "Definitions" section of the "HCBS Settings Guide to Expectations and Compliance". This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx. ▪ **Assisted Living Provider Addendum to the SD Medicaid Provider Agreement:** "Facility standards and Provider policies must address the federal Medicaid requirements as specified in 42 CFR §441.301(c)(4) and (5). Specific policies that must be addressed as part of facility standards include the following: 2. Privacy, dignity, respect, autonomy, choice, control, free from coercion and restraints, all resident's rights as noted in ARSD 44:70 and HCBS Settings Guide to Expectations and Compliance;" ▪ Provider Education Specified in HOPE Waiver Assessment Results and Action Items Section
				▪ **Long Term Services and Supports (LTSS) Policy Standards:** SD will update LTSS Policy to assure that

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
				individuals have meaningful choice among residential settings, including services in their own homes and options that include non-disability specific settings. The LTSS Care Plan Development Policy and related process (staff training, procedures, etc.) will be updated to reflect the federal requirements for person-centered planning, including all of the elements of the settings regulation that must be reflected in the person-centered service plan. ▪ South Dakota guidance, including the plan of care form, will be amended to require that setting options are offered and explored, are documented and choices made based on the individual's needs, preferences, and resources available for room and board.

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR 441.301 (c)(4)(iii) Ensures individuals rights of privacy, dignity and respect, and freedom from coercion and restraint.	**DOH Licensure** ARSD Chapter 44:70:09 Residents' Rights and Supportive Services	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:09:08. Privacy and confidentiality.** A facility shall provide for privacy and confidentiality for the resident, including the resident's accommodations, medical treatment, written and telephone communications, personal care, visits, and meeting of family and resident groups. **44:70:09:09. Quality of life.** A facility shall provide care and an environment that contributes to the resident's quality of life, including: (3) Freedom from physical or chemical restraints imposed for purposes of discipline or convenience; (4) Freedom from verbal, sexual, physical, and mental abuse and from involuntary seclusion, neglect, or exploitation imposed by anyone, and theft of personal property; **44:70:09:02. Facility to inform resident of rights.** (2) The resident's right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising the resident's rights;	▪ **South Dakota will monitor compliance and will require Assisted Living Centers to attest to compliance via the "Assisted Living Provider Addendum to the SD Medicaid Provider Agreement."**

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR 441.301 (c)(4)(iv) Optimizes but does not regiment autonomy and independence in making life choices including daily activities, physical environment and with whom to interact.	**HCBS Waiver** Appendix B, B-7: Freedom of Choice **SD Medicaid Rules** ARSD §67:16:01:04 Choosing a Provider **HOPE Rules** ARSD §67:44:03:04 Individual Care Plan **DOH Licensure** ARSD Chapter 44:70:09 Residents' Rights and Supportive Services	**Silent**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:09:09. Quality of life.** A facility shall provide care and an environment that contributes to the resident's quality of life, including: (2) Maintenance or enhancement of the resident's ability to preserve individuality, exercise self-determination, and control everyday physical needs; **44:70:09:06. Right to manage financial affairs.** A resident may manage personal financial affairs. A facility may not require any resident to deposit any personal funds with the facility. **67:44:03:04. Individual care plan -- Review.** Each individual eligible for HOPE waiver services must have an individual care plan. **44:70:09:08. Privacy and confidentiality.** A facility shall provide for privacy and confidentiality for the resident, including the resident's accommodations, medical treatment, written and telephone communications, personal care, visits, and meeting of family and resident groups. (6) To retire and rise according to the resident's wishes, as long as the resident does not disturb other residents; (8) To participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility; and **FEDERAL REGULATION NOT SPECIFIED IN STATE GUIDANCE** South Dakota regulation is silent on optimizing individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.	**REMEDIATION ACTIVITIES** South Dakota will address the federal regulations through the following items: ▪ **HCBS Settings Guide to Expectations and Compliance:** "The Provider must have policies that optimize, but does not regiment, Consumer initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact." Additional expectations are listed within the "Concept Area 6: Autonomy" section of the "HCBS Settings Guide to Expectations and Compliance". This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx . ▪ **Assisted Living Provider Addendum to the SD Medicaid Provider Agreement:** "Facility standards and Provider policies must address the federal Medicaid requirements as specified in 42 CFR §441.301(c)(4) and (5). Specific policies that must be addressed as part of facility standards include the following: 2. Privacy, dignity, respect, autonomy, choice, control, free from coercion and restraints, all resident's rights as noted in ARSD 44:70 and HCBS Settings Guide to Expectations and Compliance;" ▪ Provider Education Specified in HOPE Waiver Assessment Results and Action Items Section

42 CFR 441.301 (c)(4)(v) Facilitates choice regarding services and supports.	**South Dakota Codified Law** SDCL 34-1-20 **HCBS Waiver** Appendix B, B-7: Freedom of Choice **SD Medicaid Rules** ARSD §67:16:01:04 Choosing a Provider **HOPE Rules** ARSD §67:44:03:04 Individual Care Plan **DOH Licensure** ARSD §44:70:09:07 Choice in Planning Care	**Silent**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:09:07. Choice in planning care.** A resident may choose a personal attending physician, physician assistant, or nurse practitioner, be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being, and, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the state, participate in planning care and treatment or changes in care or treatment. **44:70:09:02. Facility to inform resident of rights.** (6) The resident's right to refuse treatment and to refuse to participate in experimental research. A resident's right to refuse treatment does not absolve a facility from responsibility to provide for necessary medical services and treatment. Any resident who refuses treatment shall be informed of the results of that refusal, plus any alternatives that may be available; **67:16:01:04. Choosing a provider.** An eligible individual is free to choose a provider from among those willing to participate under the medical assistance program. If the eligible individual is required to participate in the primary care case management program, the individual must choose a provider according to § 67:16:39:06. **67:44:03:04. Individual care plan -- Review.** Each individual eligible for HOPE waiver services must have an individual care plan. **FEDERAL REGULATION NOT SPECIFIED IN STATE GUIDANCE** South Dakota regulation is silent on choice in case management.	**REMEDIATION ACTIVITIES** South Dakota will address the federal regulations through the following items: ▪ **HCBS Settings Guide to Expectations and Compliance:** "The Provider will make a referral to the Long Term Services and Supports Specialist (Case Manager) when: a Consumer makes a request for a change in services or setting; a Consumer experiences a change in needs; and/or a Consumer requests a person-centered care planning meeting." Additional expectations are listed within the "Concept Area 1: Location" section of the "HCBS Settings Guide to Expectations and Compliance". This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx. ▪ **Assisted Living Provider Addendum to the SD Medicaid Provider Agreement:** "Facility standards and Provider policies must address the federal Medicaid requirements as specified in 42 CFR §441.301(c)(4) and (5). Specific policies that must be addressed as part of facility standards include the following: 2. Privacy, dignity, respect, autonomy, choice, control, free from coercion and restraints, all resident's rights as noted in ARSD 44:70 and HCBS Settings Guide to Expectations and Compliance;" ▪ Provider Education Specified in HOPE Waiver Assessment Results and Action Items Section
				Long Term Services and Supports (LTSS) Policy Standards:

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
				▪ SD will update LTSS Policy to assure that individuals have meaningful choice among residential settings, including services in their own homes and options that include non-disability specific settings. The LTSS Care Plan Development Policy and related process (staff training, procedures, etc.) will be updated to reflect the federal requirements for person-centered planning, including all of the elements of the settings regulation that must be reflected in the person-centered service plan. ▪ South Dakota guidance, including the plan of care form, will be amended to require that setting options are offered and explored, are documented and choices made based on the individual's needs, preferences, and resources available for room and board.

42 CFR 441.301 (c)(4)(vi)(A) Individual has a lease or other legally enforceable agreement.	**DOH Licensure** ARSD §44:70:09:02 ARSD §44:70:09:14	**Silent**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:09:02. Facility to inform resident of rights.** Prior to or at the time of admission, a facility shall inform the resident, both orally and in writing, of the resident's rights and of the rules governing the resident's conduct and responsibilities while living in the facility. The resident shall acknowledge in writing that the resident received the information. During the resident's stay the facility shall notify the resident, both orally and in writing, of any changes to the original information. **44:70:09:14. Admission, transfer, and discharge policies.** A facility shall establish and maintain policies and practices for admission, discharge, and transfer of residents that prohibit discrimination based upon payment source. The facility shall notify each resident at or before the time of admission of these policies and practices. (2) The facility shall notify the resident and a family member or client advocate in writing at least 30 days before the transfer or discharge unless a change in the resident's health requires immediate transfer or discharge or the resident has not resided in the facility for 30 days. The written notice shall specify the reason for and effective date of the transfer or discharge and the location to which the resident will be transferred or discharged; **FEDERAL REGULATION NOT SPECIFIED IN STATE GUIDANCE** South Dakota regulation is silent regarding a lease or legally enforceable agreement. Current regulation also does not provide sufficient detail regarding allowable reasons for discharge or transfer or the nature of the appeal process.	**REMEDIATION ACTIVITIES** South Dakota will address the federal regulations through the following items: • **HCBS Settings Guide to Expectations and Compliance:** "In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the Consumer receiving services, and the Consumer has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each Consumer residing in the Assisted Living Center, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law." Additional expectations are listed within "Concept Area 2: Living Arrangements" section of the "HCBS Settings Guide to Expectations and Compliance". This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx. • **Assisted Living Provider Addendum to the SD Medicaid Provider Agreement:** "Facility standards and Provider policies must address the federal Medicaid requirements as specified in 42 CFR §441.301(c)(4) and (5). Specific policies that must be addressed as part of facility standards include the following: 3. Resident leases/tenant agreement requirements; • Provider Education Specified in HOPE Waiver Assessment Results and Action Items Section

42 CFR 441.301 (c)(4)(vi)(B)(1)(2) Individual has privacy in his/her unit, including lockable doors choice of roommates	**DOH Licensure** ARSD Chapter 44:70:09 Residents' Rights and Supportive Services	**Silent**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:09:05. Notification of resident's room assignment or rights change.** A facility shall promptly notify the resident and, if known, the resident's legal representative, as specified in SDCL 34-12C-3, or interested family member if there has been a change in the resident's room or roommate assignment **44:70:09:08. Privacy and confidentiality.** A facility shall provide for privacy and confidentiality for the resident, including the resident's accommodations, medical treatment, written and telephone communications, personal care, visits, and meeting of family and resident groups. **44:70:09:09. Quality of life.** A facility shall provide care and an environment that contributes to the resident's quality of life, including: (5) Retention and use of personal possessions, including furnishings and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents; **FEDERAL REGULATION NOT SPECIFIED IN STATE GUIDANCE** South Dakota regulation is silent regarding entrance door locks, freedom to decorate, and choice of roommates. ARSD 44:70:09:05 does not conflict with Federal requirements as it is merely a notification requirement. The facility does not choose an individual's roommate.	**REMEDIATION ACTIVITIES** South Dakota will address the federal regulations through the following items: ▪ **HCBS Settings Guide to Expectations and Compliance:** "The Provider ensures a Consumer's rights of privacy. Each Consumer has privacy in their sleeping or living unit. Units have entrance doors lockable by the Consumer, with only appropriate staff having keys to doors. Consumers sharing units have a choice of roommates in that setting." Additional expectations are listed within the "Concept Area 3: Privacy" section of the "HCBS Settings Guide to Expectations and Compliance". This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx. ▪ **Assisted Living Provider Addendum to the SD Medicaid Provider Agreement:** "Facility standards and Provider policies must address the federal Medicaid requirements as specified in 42 CFR §441.301(c)(4) and (5). Specific policies that must be addressed as part of facility standards include the following: 4. Roommate choice policy; 6. Policy to address ability to lock door to sleeping or living unit;" ▪ Provider Education Specified in HOPE Waiver Assessment Results and Action Items Section
42 CFR 441.301 (c)(4)(vi)(B)(3)				**REMEDIATION ACTIVITIES** South Dakota will address the federal regulations through the following items:

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.				▪ **HCBS Settings Guide to Expectations and Compliance:** "The Admissions Agreement must also reflect that Consumers residing in the Assisted Living Center have the freedom to furnish and decorate his/her personal space." Additional expectations are listed within the "Concept Area 2: Living Arrangements" section of the "HCBS Settings Guide to Expectations and Compliance". This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx.

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR 441.301 (c)(4)(vi)(C) Individual controls his/her own schedule including access to food at any time.	**DOH Licensure** ARSD §44:70:09:09 Quality of Life ARSD Chapter 44:70:06 Dietetic Services	**Silent**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:09:09. Quality of life.** A facility shall provide care and an environment that contributes to the resident's quality of life, including: (2) Maintenance or enhancement of the resident's ability to preserve individuality, exercise self-determination, and control everyday physical needs; **44:70:06:01. Dietetic services.** The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. **44:70:06:04. Food substitutions.** The facility shall offer reasonable substitutions of equal nutritional value to residents who refuse or are unable to eat the food served. **FEDERAL REGULATION NOT SPECIFIED IN STATE GUIDANCE** South Dakota regulation is silent on an individual controlling his/her own schedule and access to food at any time.	**REMEDIATION ACTIVITIES** South Dakota will address the federal regulations through the following items: ▪ **HCBS Settings Guide to Expectations and Compliance:** "Consumers are not required to adhere to a set schedule for walking, sleeping, bathing, eating, exercising, participating in activities, etc… An Individual may schedule activities at his/her convenience and have access to non-group activities in the broader community." "In general, Individuals must have access to a variety of foods throughout the day. The Provider will offer a reasonable alternative to planned meals. All Individuals are able to make an alternative meal or snacks within their resources. All Individuals can elect to eat at an alternative time." Additional expectations are listed within the "Concept Area 6: Autonomy" and "Concept Area 2: Living Arrangements" sections of the "HCBS Settings Guide to Expectations and Compliance". This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx. ▪ **Assisted Living Provider Addendum to the SD Medicaid Provider Agreement:** "Facility standards and Provider policies must address the federal Medicaid requirements as specified in 42 CFR §441.301(c)(4) and (5). Specific policies that must be addressed as part of facility standards include the following: 7. Policy to address access to food." ▪ Provider Education Specified in HOPE Waiver Assessment Results and Action Items Section.

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR 441.301 (c)(4)(vi)(D) Individual are able to have visitors of their choosing at any time.	**DOH Licensure** ARSD Chapter 44:70:09 Residents' Rights and Supportive Services	**Silent**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:09:02. Facility to inform resident of rights.** (8) The resident's right to receive visitors. **44:70:09:08. Privacy and confidentiality.** A facility shall provide for privacy and confidentiality for the resident, including the resident's accommodations, medical treatment, written and telephone communications, personal care, visits, and meeting of family and resident groups. (7) To meet, associate, and communicate with any person of the resident's choice in a private place within the facility; **FEDERAL REGULATION NOT SPECIFIED IN STATE GUIDANCE** South Dakota regulation is silent on an individual having visitors of their choice at any time.	**REMEDIATION ACTIVITIES** South Dakota will address the federal regulations through the following items: **HCBS Settings Guide to Expectations and Compliance:** "In general, Providers must have policies and procedures that ensure a Consumer's right to have visitors as they choose. "The Provider will allow visitors at any time, unless the restriction is related to a health or safety risk." The Provider will seek approval for any modifications and/or restrictions by completing and submitting the "Modifications to LTSS Care Plan" form to the Consumer's LTSS Specialist. ▪ Additional expectations are listed within "Concept Area 1: Location" section of the "HCBS Settings Guide to Expectations and Compliance." This document will be available online at https://dss.sd.gov/medicaid/hcbs.aspx. ▪ **Assisted Living Provider Addendum to the SD Medicaid Provider Agreement:** "Facility standards and Provider policies must address the federal Medicaid requirements as specified in 42 CFR §441.301(c)(4) and (5). Specific policies that must be addressed as part of facility standards include the following: 5. Visitor/Guest policy;" ▪ Provider Education Specified in HOPE Waiver Assessment Results and Action Items Section
42 CFR 441.301 (c)(4)(vi)(E) The setting is physically accessible to the individual	**DOH Licensure** ARSD Chapter 44:70:02 Physical Environment ARSD Chapter 44:70:10 Construction Standards	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **44:70:10:01. Application of chapter.** Accessible and usable accommodations shall be available to the public, staff, and residents with disabilities. Minimum requirements, except as noted in this chapter, are those in "ADA Standards for Accessible Design"	▪ **South Dakota will monitor compliance and will require Assisted Living Center's to attest to compliance via the "Assisted Living Provider Addendum to the SD Medicaid Provider Agreement".**

CHOICES WAIVER STATE POLICY ANALYSIS

CHOICES waiver providers of direct services and case management must be certified by the Department of Human Services to enroll. Providers must meet the standards found in Administrative Rule of South Dakota Article 46:11 to be certified. All Medicaid providers must follow the applicable rules in Article 67:16. Waivers administered by the Department of Human Services are also governed by Article 67:54.

Per Administrative Rule of South Dakota 46:11:02:02 providers must be accredited by a national quality assurance organization, as designated by the division. Through a contractual agreement, the Department of Human Services specifies that providers are required to be accredited by the Council on Quality and Leadership (CQL) in order to be certified. Administrative Rules of South Dakota prohibit non-certified providers. All current Community Support Providers have achieved person-centered excellence accreditation, which requires compliance with CQL Basic Assurances® and Personal Outcome Measures®.

Basic Assurances® are essential, fundamental and non-negotiable requirements for all support providers. All providers are required to meet all Basic Assurances® to be accredited by CQL. Basic Assurances® review the effectiveness of the provider's system from the individual's perspective regarding rights, dignity and respect, natural supports, protections from abuse, neglect, and exploitation, best possible health, safe environments, resources and supports, positive services and supports, and continuity and personal security.

Personal Outcome Measures® evaluate personal quality of life and the degree to which the provider individualizes supports to facilitate outcomes. Personal Outcome Measures® focus on five key factors: My Human Security, My Community, My Relationships, My Choices and My Goals. CQL identifies 21 Personal Outcome Measures® within the five key factors. These five key factors combined with 21 key Personal Outcome Measures® form the basis from which all planning and personal goals flow.

PERSONAL OUTCOME MEASURES®

MY HUMAN SECURITY

1. People are safe
2. People are free from abuse and neglect
3. People have the best possible health
4. People experience continuity and security
5. People exercise rights
6. People are treated fairly
7. People are respected

MY COMMUNITY

8. People use their environments
9. People live in integrated environments
10. People interact with other members of the community
11. People participate in the life of the community

MY RELATIONSHIPS

12. People are connected to natural support networks
13. People have friends
14. People have intimate relationships
15. People decide when to share personal information
16. People perform different social roles

MY CHOICES

17. People choose where and with whom they live
18. People choose where they work
19. People choose services

MY GOALS

20. People choose personal goals
21. People realize personal goals

CQL™ | The Council on Quality and Leadership

www.c-q-l.org

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR **441.301** (c)(4)(i) Setting is integrated in and supports full access to the greater community.	**HCBS Waiver** Appendix B, B-7: Freedom of Choice **HCBS Rules** ARSD 46:11:02:02 ARSD 67:54:04:09 Residential limitations on eligibility **South Dakota Codified Law** SDCL 27B-8-36 SDCL 27B-8-45 **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **67:54:04:09. Residential limitations on eligibility.** Residents of hospitals, skilled nursing facilities, intermediate care facilities, or intermediate care facilities for individuals with intellectual disabilities may apply for HCBS; however, these individuals may not be residents of one of these facilities when the HCBS services are provided. **Applicable CQL Personal Outcome Measures®** People are connected to natural support networks People choose where and with whom they live People choose where they work People use their environments People live in integrated environments People interact with other members of the community People perform different social roles People participate in the life of the community People exercise rights **Applicable CQL Basic Assurances®** **Factor 2: Dignity and Respect, Indicator d**: Supports and services enhance dignity and respect. Relevant Probes: Are transportation and other supports provided so people can access community services similar to those used by the community at large?, Are people provided options for support settings that include generic settings?, Are supports provided in integrated settings? **Factor 2: Dignity and Respect, Indicator e**: People have meaningful work and activity choices Relevant Probes: Do personal preference assessments identify the kinds of work and recreational activities people want?, Do people receive the support needed to make choices about the kinds of work and activities they prefer?, Are services and supports focused on assisting people to achieve their goals and desires?, Are the activity and work options available to people age appropriate and culturally normative? Do these options promote a positive self-image?, Are people supported to generate income to be used for needs and wants not covered by public assistance?, Are people actively supported to seek employment and work in competitive and integrated settings?, Are people actively supported to engage in community life?	The DDD is in the process of implementing new waiver service definitions around Community Life Engagement, Supported Employment, and Pre-vocational services. The new service definitions are designed to place time limits on pre-vocational services and facilitate integrated community supports. The DDD will implement new service definitions with the next CHOICES waiver renewal in March 2018. **The DDD revised ARSD, effective August 2, 2016:** **46:11:08:01 Description of services.** (1)(q) Assisting individuals to access integrated community employment. **46:11:02:02. Certified agencies.** The provider requirements in this chapter apply to CSPs and SPs. A CSP or SP providing services under the provision of this chapter must meet the following criteria; (4) Be accredited by a national quality assurance organization, as designated by the division.

42 CFR **441.301** (c)(4)(ii) Setting selected by the individual from setting options.	**HCBS Rules** ARSD 46:11:02:02 ARSD 46:11:05:03 ISP 46:11:03:00 **SD Medicaid Rules** ARSD §67:16:01:04 Choosing a Provider **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **46:11:05:03. ISP.** The ISP shall include documentation of the following: (12) A statement informing the participant, the participant's parent if the participant is under 18 years of age, or the participant's guardian or advocate, if any, of the services available from the CHOICES waiver and a list of all available providers and the right to appeal to the division if choice of services or provider is denied; **46:11:03:00.** Participant's Rights. A participant has rights guaranteed under the constitution and laws of the United State and the state including (7) to be able to refuse or discontinue services; (10) To be provided choice among waiver services and providers; **67:16:01:04. Choosing a provider.** An eligible individual is free to choose a provider from among those willing to participate under the medical assistance program. If the eligible individual is required to participate in the primary care case management program, the individual must choose a provider according to § 67:16:39:06. **Applicable CQL Personal Outcome Measures®** People choose where and with whom they live People choose services People choose where they work **Applicable CQL Basic Assurances®** **Factor 2: Dignity and Respect, Indicator d**: Supports and services enhance dignity and respect. Relevant Probes: Are transportation and other supports provided so people can access community services similar to those used by the community at large?, Are people provided options for support settings that include generic settings?, Are supports provided in integrated settings? **Factor 2: Dignity and Respect, Indicator e**: People have meaningful work and activity choices. Relevant Probes: Do people receive the support needed to make choices about the kinds of work and activities they prefer? **Factor 2: Dignity and Respect, Indicator b**: The organization respects people's concerns and responds accordingly. Relevant Probes: Does the organization use information about satisfaction to improve services and supports? **Factor 6: Safety, Indicator a**: The organization provides individualized safety supports. Relevant Probes: Are people's abilities to be safe in their environments assessed? **Factor 2: Dignity and Respect, Indicator c**: People have privacy. Relevant Probes: Do people have an option to choose a private bedroom if receiving residential support?, Do people have a place and the opportunity to be by themselves during the day? **Factor 8: Positive Services and Supports, Indicator a**: People's individual plans lead to person-centered and person-directed services and supports. Relevant Probes: Are setting options identified and documented in the person-centered plans?, Are they chosen by the person?, Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?, Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals?	Not applicable Continued, **Factor 9: Continuity and Personal Security, Indicator b**: The organization implements sound fiscal practices. Relevant Probes: Does the organization have a budgeting and accounting system to determine costs associated with providing needed services and supports?
42 CFR **441.301** (c)(4)(iii)	**HCBS Rules** ARSD 46:11:02:02	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **46:11:03:00. Participant's rights.** A participant has rights guaranteed under the constitution and laws of the United States and the state including: (1) To be free from	Not applicable

Ensures individuals rights of privacy, dignity and respect, and freedom from coercion and restraint.	ARSD Chapter 46:11:03 Rights of participants **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership		abuse, neglect, and exploitation; (2) To have privacy, dignity, confidentiality, and humane care; (3) To be able to communicate in private; (5) To be free from retaliation for making a complaint, voicing a grievance, recommending changes in policies, or exercising a legal right; (11) To be informed of the provider's grievance procedures pursuant to **46:11:03:01**. Provider policy on abuse, neglect and exploitation. A provider shall have a policy approved by the division which prohibits abuse, neglect, and exploitation of a participant. The policy shall contain the following: (5) a procedure for remediation to ensure health and safety of participants; (9) a procedure for training the participant, et al. upon admission and annually thereafter on how to report to the provider and division any allegation of abuse, neglect, or exploitation; (10) A requirement that the training include what actions by the participant, the guardian, or the participant's advocate, if any, may take when not satisfied with the action taken or the outcome; (11) A requirement that the training shall be provided in an accessible format; (12) A requirement that retaliation against a participant is forbidden. **46:11:03:06**. Written notice of the participant's rights shall be provided to the participant in an accessible format. The notice and training on participant's rights shall be provided upon admittance to the provider and annually thereafter. **Applicable CQL Personal Outcome Measures®** People have intimate relationships; People are safe; People are treated fairly; People are free from abuse and neglect; People experience continuity and security; People decide when to share personal information; People choose personal goals; People exercise rights, People are respected **Applicable CQL Basic Assurances®** **Factor 2: Dignity and Respect, Indicator c**: People have privacy. Relevant probes: Do people have the space and opportunity to speak on the telephone, open and read mail, and visit with others, privately?, Do support staff demonstrate respect for people's privacy when providing needed supports for dressing and personal hygiene and when entering people's rooms? **Factor 3: Natural Support Networks, Indicator d**: The organization facilitates each person's desire for natural supports. Relevant Probes: Do people have private space to visit with family and friends? **Factor 2: Dignity and Respect, Indicator a**: People are treated as people first. Relevant Probes: Are people extended the same common courtesies anyone would expect?, Are support staff trained to promote dignity and respect and to recognize each person as a unique individual? **Factor 1: Rights Protection and Promotion, Indicator a**: The organization implements policies and procedures that promote people's rights. Relevant Probes: Does the policy define the organization's commitment to protect and promote people's rights?, Does the policy describe the organization's due process procedures?, Does the policy prohibit use of a restrictive or intrusive medical or behavioral intervention without .	Continued, prior informed consent? **Factor 1: Rights Protection and Promotion, Indicator c**: Staff recognize and honor people's rights. Relevant Probes: Do staff demonstrate respect for and honor people's rights? **Factor 8: Positive Services and Supports, Indicator a**: People's individual plans lead to person-centered and person-directed services and supports. Relevant Probes: Is the plan agreed to, with informed consent of the person in writing? Do all team members responsible for implementation sign the plan? **Factor 8: Positive Services and Supports, Indicator d**: The organization treats people with psychoactive medications for mental health needs consistent with national standards of care. Relevant Probes: Is the use of psychoactive/psychotropic medication based on specific psychiatric diagnoses?, Do people receive the fewest psychotropic medications possible, at the lowest dosage possible?, **Factor 8: Positive Services and Supports, Indicator e**: People are free from unnecessary, intrusive interventions. Relevant Probes: Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others?, Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating highly restrictive/intrusive procedures into the behavior support or treatment plan – procedures including, but not limited to, involuntary commitment, physical restraint, psychotropic medication and/ or time out rooms?, Are behavior intervention plans that include highly intrusive procedures or other restrictive techniques implemented only with the prior written, informed consent of the person or the person's legally authorized representative?
42 CFR **441.301** (c)(4)(iv)	**HCBS Rules** ARSD 46:11:02:02	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **46:11:03:00. Participant's Rights**. A participant has rights guaranteed under the constitution and laws of the United State and the state including (7) to be able to refuse or discontinue services; (10) To be provided choice among waiver services	Not applicable

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
Optimizes autonomy and independence in making life choices.	ARSD 46:11:05:01.02 ISP Participation **South Dakota Codified Law** SDCL 27B-8-45 **SD Medicaid Rules** ARSD §67:16:01:04 Choosing a Provider **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership		and providers; **46:11:05:01.02. ISP participation.** The ISP team meeting shall be scheduled and conducted in a manner which facilitates the active participation of all team members. The case manager shall encourage the participant to choose the location of the meeting and shall document how the participant was involved in the planning and facilitation of the ISP meeting and the plan development. If the participant is unable or unwilling to participate in the meeting, the case manager shall document the source of input on the participant's behalf. **67:16:01:04. Choosing a provider.** An eligible individual is free to choose a provider from among those willing to participate under the medical assistance program. If the eligible individual is required to participate in the primary care case management program, the individual must choose a provider according to § 67:16:39:06. **Applicable CQL Personal Outcome Measures®** People decide when to share personal information People choose where and with whom they live People choose where they work People choose services People choose personal goals People exercise rights **Applicable CQL Basic Assurances®** **Factor 2: Dignity and Respect, Indicator d**: Supports and services enhance dignity and respect. Relevant Probes: Are supports provided only to the extent needed by the person? **Factor 1: Rights Protection and Promotion, Indicator e**: Decision-making supports are provided to people as needed. Relevant Probes: Do people receive only the level of support needed to make their own decisions?	

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR **441.301** (c)(4)(v) Facilitates choice regarding services and who provides them.	**HCBS Rules** ARSD 46:11:02:02 ARSD 46:11:05:03 ISP **SD Medicaid Rules** ARSD §67:16:01:04 Choosing a Provider **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **46:11:05:03. ISP.** The ISP shall include documentation of the following: (1) The participant's goals that include; (a) Consideration of items important to the participant; (b) Consideration of items important for the participant; and (c) Consideration of employment outcomes; (2) Specific actions to be taken to attain these goals including the participant's involvement; (3) The use of at least one person centered thinking tool; **46:11:03:00. Participant's Rights**. A participant has rights guaranteed under the constitution and laws of the United State and the state including (7) to be able to refuse or discontinue services; (10) To be provided choice among waiver services and providers; **67:16:01:04. Choosing a provider.** An eligible individual is free to choose a provider from among those willing to participate under the medical assistance program. If the eligible individual is required to participate in the primary care case management program, the individual must choose a provider according to § 67:16:39:06. **Applicable CQL Personal Outcome Measures®** People choose where and with whom they live People choose where they work People choose services **Applicable CQL Basic Assurances®** **Factor 7: Staff Resources and Supports, Indicator d**: The organization implements systems that promote continuity and consistency of direct support professionals. Relevant Probes: Does the organization have a system that addresses people's preferences and choices when hiring or identifying regularly assigned staff for them?	Not applicable

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR **441.301** (c)(4)(vi)(A) Individual has a lease or other legally enforceable agreement.	**HCBS Rules** ARSD 46:11:02:02 46:11:03:00 **South Dakota Codified Law** SDCL 43-32 **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION 46:11:03:00.** **Participant's Rights**. A participant has rights guaranteed under the constitution and laws of the United State and the state including (12) To have a written residential lease agreement that meets the requirements of applicable state laws contained in SDCL chapter 43-32 **Applicable CQL Personal Outcome Measures®** People choose where and with whom they live. **Applicable CQL Basic Assurances®** **Factor 1: Rights and Responsibilities, Indicator b**: The organization supports people to exercise their rights and responsibilities. Relevant Probes: Does the assessment address people's civil and legal rights and personal freedoms? Examples include, but are not limited to the ability to move freely. **Factor 1: Rights and Responsibilities, Indicator a**: The organization implements policies and procedures that promote people's rights. Relevant Probes: Does organizational policy contain a listing of rights afforded all citizens as indicated by the United Nation's Declaration of Human Rights and by the constitution and laws of the country in which people reside? CQL Personal Outcome Measures® Data	ARSD revision to 46:11:03:00 (12). Participant Rights. Effective August 2, 2016.

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR **441.301** (c)(4)(vi)(B) Individual has privacy in his/her unit, including lockable doors, choice of roommates, and freedom to furnish or decorate the unit.	**HCBS Rules** ARSD 46:11:02:02 ARSD Chapter 46:11:03 Rights of participants **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION: 46:11:03:00. Participant's Rights**. A participant has rights guaranteed under the constitution and laws of the United State and the state including (2) To have privacy, dignity, confidentiality, and humane care; (3) To be able to communicate in private **46:11:06:06. Bedroom capacity.** If a provider of direct HCB services constructs new residential homes for participants, the homes must consist of single occupancy bedrooms **Applicable CQL Personal Outcome Measures®** People have intimate relationships People experience continuity and security People choose where and with whom they live People use their environments People exercise rights **Applicable CQL Basic Assurances®** **Factor 2: Dignity and Respect, Indicator c**: People have privacy. Relevant Probes: Are entrance doors lockable by the person?, Do support staff demonstrate respect for people's privacy when providing needed supports for dressing and personal hygiene and when entering people's rooms? **Factor 2: Dignity and Respect, Indicator c**: People have privacy. Relevant Probes: Do people have a choice of roommates (if applicable)? **Factor 8: Positive Services and Supports, Indicator a**: People's individual plans lead to person-centered and person-directed services and supports. Relevant Probes: Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live? **Factor 2: Dignity and Respect, Indicator d**: Supports and services enhance dignity and respect. Relevant Probes: Are people supported to decorate their homes as they choose and to maintain homes that are safe and sanitary?	Not applicable.

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR **441.301** (c)(4)(vi)(C) Individual controls his/her own schedule including access to food at any time.	**HCBS Rules** ARSD 46:11:02:02 ARSD Chapter 46:11:03 Rights of participants **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **46:11:03:00. Participant's rights.** A participant has rights guaranteed under the constitution and laws of the United States and the state including: (2) To have privacy, dignity, confidentiality, and humane care; **Applicable CQL Personal Outcome Measures®** People are treated fairly People use their environments People are respected People exercise rights **Applicable CQL Basic Assurances®** **Factor 2: Dignity and Respect, Indicator d**: Supports and services enhance dignity and respect. Relevant Probes: Do people have autonomy and independence in making life choices including control over their own schedules and routines? **Factor 2 Dignity and Respect, Indicator e**: People have meaningful work and activity choices. Relevant Probes: Do personal preference assessments identify the kinds of work and recreational activities people want?, Do people receive the support needed to make choices about the kinds of work and activities they prefer? **Factor 9: Continuity and Security, Indicator c**: Business, administrative and support functions promote personal outcomes. Relevant Probes: Is food available that is nutritious and meets each person's dietary needs and preferences?	The DDD conducted training for providers on October 4, 2016 regarding due process in relation to access to community and access to food per the provider Education specified in the CHOICES Waiver Assessment Results and Action Items Section.

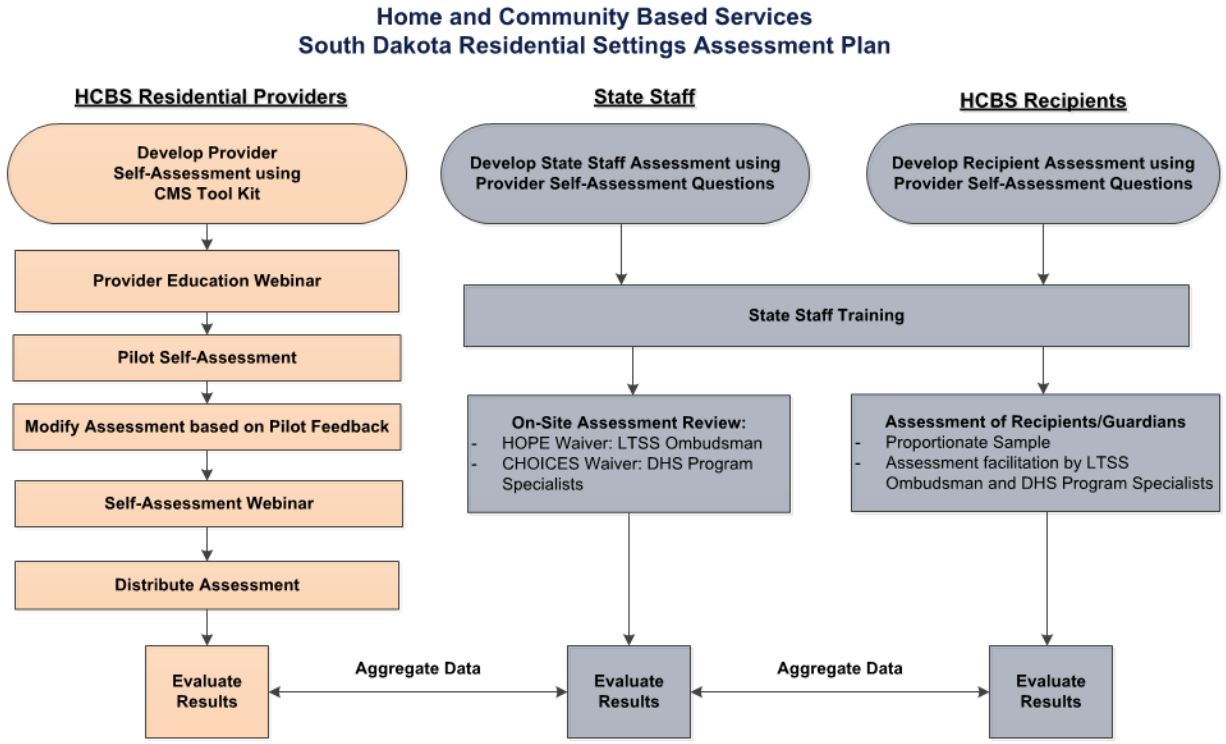
FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR **441.301** (c)(4)(vi)(D) Individual may have visitors at any time.	**HCBS Rules** ARSD 46:11:02:02 ARSD Chapter 46:11:03 Rights of participants **South Dakota Codified Law** SDCL 27B-8-45 **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **46:11:03:00. Participant's rights.** A participant has rights guaranteed under the constitution and laws of the United States and the state including: (3) To be able to communicate in private; (6) To be able to maintain contact with family and friends, unless contact has been legally restricted; **Applicable CQL Personal Outcome Measures®** People are connected to natural support networks People have intimate relationships People choose where and with whom they live People use their environments People interact with other members of the community People have friends People exercise rights **Applicable CQL Basic Assurances®** **Factor 1: Rights Protection and Promotion, Indicator b**: The organization supports people to exercise their rights and responsibilities. Relevant Probes: Does the assessment address people's civil and legal rights and personal freedoms? Examples include, but are not limited to the ability to visit and be visited by whomever they choose. **Factor 3 Natural Supports, indicator a**: Policies and practice facilitate the continuity of natural support systems. Relevant Probes: Do the organization's policies and practices promote frequent and informal visits at people's homes?	Not applicable

FEDERAL REGULATION	APPLICABLE STATE STANDARD	COMPLIANCE STATUS	SOUTH DAKOTA INTERPRETATION OF STATE STANDARD	SOUTH DAKOTA REMEDIATION
42 CFR **441.301** (c)(4)(vi)(E) Setting is physically accessible.	**HCBS Rules** ARSD 46:11:02:02 ARSD 46:11:06:08 Team approval for safe environments **Provider Contractual Agreement** Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	**Fully Compliant**	**GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:** **46:11:06:08. Team approval for safe environments.** Each participant's ISP team shall determine and document during the development of the ISP that the participant's living and work environments meet minimum safety requirements pursuant to this chapter. If unsafe conditions are identified, the ISP team shall develop a plan which will immediately rectify the situation to ensure that the participant is safe. The division may require the ISP team that has approved a participant's environment as safe to reconvene and reconsider its determination. **Applicable CQL Personal Outcome Measures®** People are safe People experience continuity and security People use their environments **Applicable CQL Basic Assurances®** **Factor 6: Safety, Indicator a**: The organization provides individualized safety supports. Relevant Probes: Are people's abilities to be safe in their environments assessed? **Factor 6: Safety, Indicator b**: The physical environment promotes people's health, safety and independence. Relevant Probes: Have design modifications been made to facilitate accessibility and safety based on people's needs?	Not applicable

RESIDENTIAL SETTINGS ASSESSMENT METHODOLOGY

South Dakota measured settings against all regulatory requirements for home and community based settings defined in the federal regulation. South Dakota identified seven key concept areas for assessment: Location, Living Arrangements, Privacy, Dignity and Respect, Physical Accessibility, Autonomy, and Community Integration. South Dakota used these concept areas to group similar questions together. Assessment questions were developed using guidance from CMS' HCBS Tool Kit and South Dakota's analysis of the federal regulation.

South Dakota chose a three-step assessment process for residential settings. The assessment process included collection and analysis of providers' responses to the self-assessment and validation of those responses from state staff and individuals receiving HCBS through the CHOICES and HOPE waivers. South Dakota used Survey Monkey to collect electronic responses to the assessments. The assessment process is summarized in the following chart and sections.



PROVIDER SELF-ASSESSMENT

Providers were required to complete a self-assessment of their setting. The self-assessment contained 57 questions spread between the seven concept areas. The assessment was prepared collaboratively by the Department of Social Services and the Department of Human Services. A pilot group consisting of three Community Support Providers and three Assisted Living providers was engaged to preliminarily complete a draft assessment and provide feedback. Based on feedback from the pilot group, South Dakota modified the self-assessment to allow providers to include narrative about restrictions and limits specific to their setting.

South Dakota incorporated a provider education period into the assessment process. South Dakota held a series of webinars and distributed an informational letter to HCBS residential setting providers in August 2014. South Dakota Medicaid also developed a website containing informational materials, links to CMS guidance, slides and recordings from webinars, and provider communication. The website is accessible at: http://dss.sd.gov/medicaid/hcbs.aspx

Before releasing the self-assessment, South Dakota Medicaid held a series of webinars detailing the self-assessment and explaining how data gathered in the self-assessment would be used by South Dakota Medicaid. The webinar showed providers how to utilize the online self-assessment tool in Survey Monkey and explained terms used in the self-assessment. Following the self-assessment webinars, the self-assessment was distributed to providers via email. All providers were required to complete the self-assessment for each Assisted Living, Group Home, and Supervised Apartment setting. The self-assessment was available for completion from September 24, 2014 through October 25, 2014. South Dakota received a response from all enrolled providers. Provider self-assessments have continued to be received as new settings are opened.

Setting Type	Number of Settings	Number of Provider Self-Assessments as of 10/01/2018	% of Self-Assessments Received as of 10/01/2018
Assisted Living	132	132	100%
Supervised Apartments	92	92	100%
Group Homes	175	175	100%
Shared Living Host Homes	10	10	100%

STATE STAFF ON-SITE VALIDATION ASSESSMENT

South Dakota used state staff to complete an on-site review of residential settings to verify the results of the provider self-assessment. The staff assessment was a subset of questions from the Provider Self-Assessment. Information identifying the setting such as address or NPI was captured on both the state staff assessment and provider self-assessment to check the validity of provider responses. The state staff assessment represents all Assisted Living and Community Support Providers. All Assisted Living settings were assessed by state staff and a random proportionate sample of group homes and supervised apartment settings across South Dakota's 20 Community Support Providers (CSPs).

Setting Type	Number of Settings	Number of State Staff Assessments as of 10/01/2018	% of State Staff Assessments as of 10/01/2018
Assisted Living	132	132	100%
Supervised Apartments	92	70	76%
Group Home	175	141	81%
Shared Living Host Homes	10	4	40%

The state staff assessment contained 18 questions from the provider self-assessment that staff observed through a site visit to the setting. The subset of questions reflected each of the 7 key concept areas and covered each of the federal HCBS settings criteria

Prior to performing assessments state staff were trained on the federal regulation and instructed about what to look for during the site visit to the setting. South Dakota assigned staff familiar with the setting to complete the staff assessment. Assessment of Assisted Living settings was completed by the Long Term Services and Supports staff assigned to the setting. Assessment of CSPs was completed by Division of Developmental Disabilities Program Specialists. The original state staff assessment was completed from October 25, 2014 through November 30, 2014. Division of Developmental Disabilities staff continue to conduct assessments during onsite visits and as part of biennial recertification visits to providers.

HCBS INDIVIDUAL INTERVIEW

South Dakota facilitated an interview of individuals receiving HCBS supports in a residential setting to validate the results of the provider self-assessment. State staff facilitated the interviews during their on-site review of residential settings. A sample of recipients from both the CHOICES and HOPE waiver were interviewed. Individual interviews focused on the individual's perception of the setting, including the individual's choice of living arrangements, treatment from provider staff, privacy in the setting, ability to choose an individual schedule, choose when, where and what to eat, and the ability to come and go at any time. Individuals were also asked an open-ended question about the individual's thoughts about where they live.

The HCBS individual interview completed in 2014 contained 13 questions from the provider self-assessment that were specific to individual's experiences in the setting. The 13 questions covered a majority of the concept areas. Information identifying the setting such as address or NPI was captured on both the HCBS individual interview and provider self-assessment to check the validity of provider responses.

State staff facilitated the individual interview and entered the interview results online. Interviews were completed by guardians when an individual had a designated legal guardian. The individual interviews were completed from October 25, 2014 through November 30, 2014.

ASSESSMENT DATA ANALYSIS

South Dakota Medicaid performed an analysis of the interrelationship of the data gathered from provider self-assessments, state staff on-site validation assessments and HCBS individual interviews to determine areas already in compliance and areas in need of improvement. A summary of the data analysis process is described in the flow chart and sections below. Situations where a recipient response appeared to be inconsistent with the provider response were looked at on an individual basis. The assessment results are posted in graphs under each key concept area specific to each waiver.

RESIDENTIAL SETTINGS ONGOING MONITORING (2018)

As part of ongoing monitoring, and to evaluate progress since 2014 for provider compliance with the HCBS Settings Final Rule, LTSS is in the process of reassessing 100% of the current residential settings and validating the evidence submitted by providers with consumer experience data. The ongoing monitoring includes an updated provider self-assessment and consumer experience survey that reflects and covers all areas of the HCBS settings criteria.

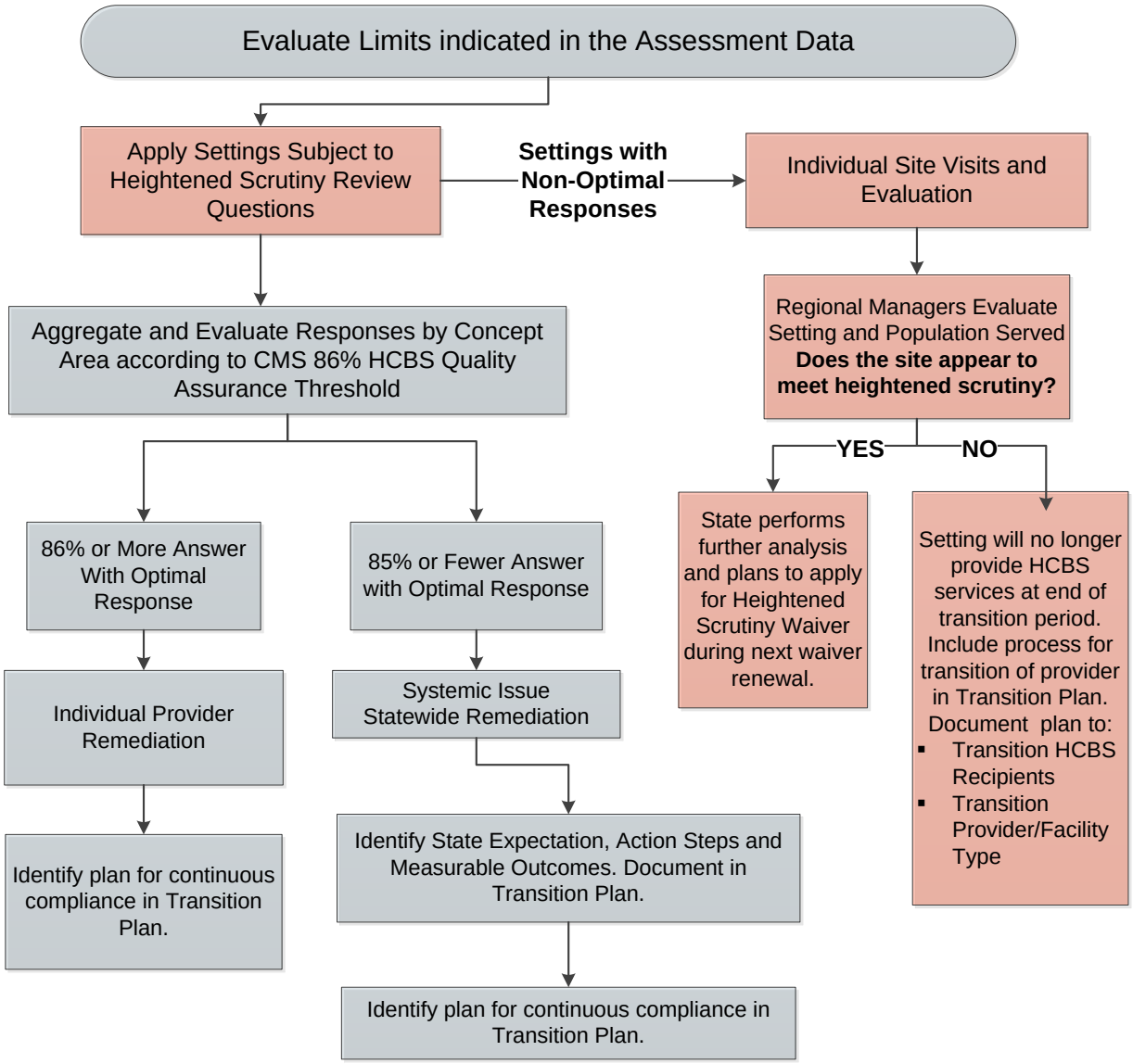
The provider self-assessment requires providers to complete the assessment and submit evidence that the setting is in compliance with the HCBS Settings Final Rule. Some examples of evidence that may be submitted include provider policies and procedures, resident handbook, resident agreement, staff training curriculum and materials, letters of support from residents, plans of care, provider attestation, and satellite imaging related to physical location. When settings report individual restrictions based on health and safety needs, the State will obtain further detail regarding the individual and his/her restriction(s) and review the individual's person-centered care plan to confirm the only limitations are those that are linked to modifications outlined within the person-centered plan.

If the setting is not in compliance with HCBS settings criteria, the provider is required to submit a detailed corrective action plan describing the steps that will be taken to meet all criteria of the HCBS Settings Final Rule by March 31, 2022.

The documents submitted by each provider, along with individual consumer experience data corresponding with each setting, will be reviewed in detail by the State. A written response will be provided to each setting either documenting that the provider is fully compliant, or requiring additional evidence and/or update be made to come into compliance. The State will collaborate with providers in order to ensure compliance or to discuss a plan for transition if the setting is unable to comply with the HCBS Settings Final Rule criteria. This process may include an onsite assessment of the setting as necessary to validate the responses and the evidence submitted by the provider.

If there is a discrepancy in the data from the provider self-assessment and the consumer experience data, the State will include additional corrective action be taken by the provider. This will be outlined in the written response from the State to the setting.

Home and Community Based Services Final Rule
South Dakota Residential Settings Assessment
Data Analysis



LIMITS EVALUATION

Provider responses and clarifying comments made in the assessment were carefully analyzed by South Dakota Medicaid for optimal and non-optimal responses. Optimal responses indicated compliance with the HCBS federal regulation. Non-optimal responses indicated that additional actions were necessary for compliance with the federal regulation. In the assessment, providers had the option to indicate compliance in one of three ways:

- Yes, there are no restrictions
- Yes, with limits
- No

When a provider answered 'Yes, with limits,' the provider was asked to provide additional clarifying information regarding the limit and why it was in place. South Dakota Medicaid analyzed each indicated limit to determine if the limit was acceptable. Limits that undergo due process or implemented for the health and safety of the individual were determined to be acceptable and were coded as an optimal answer in the assessment results.

SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW

South Dakota Medicaid used four questions to identify settings subject to heightened scrutiny review according to the federal regulation and guidance released by CMS including:

- Is the setting also a Nursing Facility?
- Is the setting on the grounds of, or adjacent to an institution?
- Is there another group home, supervised apartment, or Assisted Living on the same block?
- Does the setting isolate individuals from the broader community?

South Dakota performed site specific follow-up at each setting where a non-optimal response to one of the four questions was indicated by a provider in the provider self-assessment. South Dakota determined that no Community Support Provider settings required heightened scrutiny review.

Follow-up assessments were performed on-site by Long Term Services and Supports Regional Managers. The follow-up assessment assessed the nature of the setting and the community integration options available to individuals living in the setting. The follow-up assessment also assessed the availability of other home and community based services and settings in the community. Finally, the follow-up assessment documented the location of the setting in the community. Specifically, when a setting was adjacent to, or on the grounds of an institution, the follow-up assessment analyzed the other buildings surrounding the setting such as schools, private residences, retail businesses, churches, etc.

86% HCBS QUALITY ASSURANCE THRESHOLD

CMS's current quality assurance system[4] requires that states submit an evidentiary report on all performance measures including the remediation taken for each systemic and individual instance when a performance measure has less than 100% compliance. States are required to implement statewide quality improvement projects/remediation when the threshold of compliance with a measure is at or below 85%.

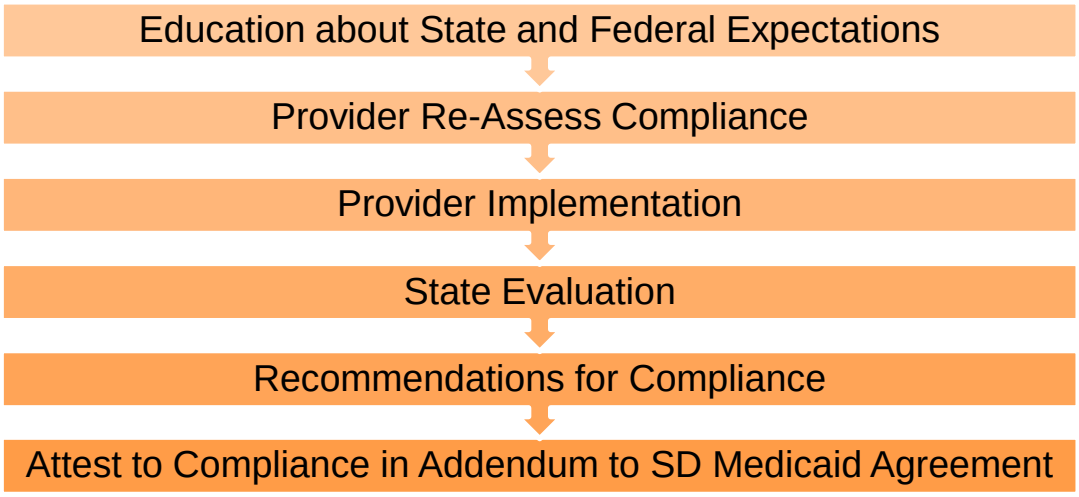
South Dakota Medicaid applied this compliance threshold to the assessment results. Assessment items at or below 85% in either the provider self-assessment or the aggregated quality assurance results were determined to be systematic in nature and statewide action steps to address remediation were developed and are included in this transition plan. When an assessment item indicated compliance at or above 86%, statewide action steps were not developed; remediation will be pursued on an individual basis. Individual remediation is described in the next section. All

[4] Centers for Medicare and Medicaid Services. (2014). *Modifications to Quality Measures and Reporting in §1915(c) Home and Community-Based Waivers*. Retrieved from http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/3-CMCS-quality-memo-narrative.pdf

providers will be required to reach 100% compliance with all federal requirements by the end of the transition plan period.

INDIVIDUAL REMEDIATION

South Dakota will require all providers to perform individual remediation to ensure 100% compliance with federal requirements by the end of the transition plan period. South Dakota's individual remediation process is described in the flow chart below:



South Dakota will release information to providers beginning in 2016. South Dakota will incorporate assessment of state and federal expectations into on-site reviews beginning in 2019. The State will conduct onsite reviews of assisted living, community living home and adult day settings every three years, or more frequently if deemed necessary based on participant surveys and/or other stakeholder feedback to ensure ongoing compliance with the Rule. Providers who do not meet expectations will receive a notification of non-compliance and will be asked to submit a corrective action plan to the Department. South Dakota will develop an "Assisted Living Provider Addendum to the SD Medicaid Provider Agreement" for providers to attest to compliance with the provisions of the federal regulation.

DIFFERENCE BETWEEN STATEWIDE AND INDIVIDUAL REMEDIATION PLANS

When South Dakota determines that an action requires statewide remediation, all providers will receive direct and specific education about the action item. All providers will be required to submit evidence of compliance by the target completion date identified in this Statewide Transition Plan, even if they were initially assessed as compliant.

When a concept area or item is subject to individual remediation, South Dakota will inform providers of state expectations. Non-compliant providers will be given an opportunity to become compliant prior to the planned state evaluation. If a provider is found to still be non-compliant during the state evaluation, they will be required to complete a corrective action plan with timeframes demonstrating a plan for compliance. If a provider fails to successfully implement a

corrective action plan to correct an area of non-compliance the setting will be unenrolled as a HCBS provider. State evaluations will be implemented as an on-going process.

RELOCATION OF BENEFICIARIES

South Dakota anticipates that all enrolled settings will be able to comply with the federal regulation. However, in the rare likelihood that a provider closes or it is determined that a setting will not be able to meet the new federal requirements, South Dakota's Long Term Services and Supports (LTSS) Specialists and DHS Division of Developmental Disabilities Resource Coordinators will provide support to any recipients who must relocate. The LTSS Specialists and DHS Division of Developmental Disabilities Resource Coordinators will ensure that participants are offered informed choice and assistance in locating a residential or non-residential setting in which home and community-based services are provided. Staff will provide individuals with detailed information about the options available in their community and the state. Options for individuals will prioritize other HCB services available in the community. If no options are available in the community, options for HCB services in other communities will be discussed with the individual. In cases where other HCB options are not available, relocation may also include intermediate care facilities or skilled nursing facilities when an individual meets the level of care requirements.

South Dakota already has processes in place in the event of closure of a facility or setting. Notification requirements for the closure of a facility are located in South Dakota's Administrative Rule in ARSD §44:70:09:14 and ARSD 46:11:08:05. South Dakota will follow a similar process for relocation, including notification and meetings with the individual, notification to family members, an assessment of options available to the individual, and a plan for relocation from the setting.

When it is determined that a setting will not be able to be compliant with the final rule, South Dakota's LTSS Specialists and DHS Division of Developmental Disabilities Resource Coordinators will meet with the recipient by January 31, 2020 or within 30 days of CMS notice of denial of a heightened scrutiny request as applicable. The purpose of this meeting will be to discuss placement options with the individual and develop a plan for relocation of the individual. South Dakota's LTSS Specialists and DHS Division of Developmental Disabilities Resource Coordinators will additionally inform the family of the individual of the relocation. Individuals and family members will be given at least 30 days to evaluate options for relocation. Relocation will take place in a timely manner; however, relocation may vary in length due to the rural nature of the state and limited provider options. Each relocation will be unique to the individual; based on the options available to the individual and the choice of the individual. All individuals will be relocated by the end of the transition plan period. Both the HOPE Waiver and the CHOICES Waiver added community transition services to their waivers in order to ensure that participants relocating to a less restrictive setting have needed services and supports in place in advance of the individual's transition.

South Dakota has worked diligently since the onset of the HCBS Settings Final Rule to build capacity among providers to increase access to non-disability specific setting options across home

and community-based services. This is evidenced in the addition of two new residential setting options in the HOPE waiver and the addition of shared living in the CHOICES Waiver.

NON-RESIDENTIAL SETTINGS ASSESSMENT METHODOLOGY

HOPE WAIVER

South Dakota currently has two enrolled providers of Adult Day services under the HOPE Waiver that are located at three settings. One of the four settings reported in the initial submission of the Statewide Transition Plan discontinued with provision of Adult Day services in 2017.

The Division of Long Term Services and Supports performs annual site assessments at the two active providers. Settings are co-located with other services for adults; including a nutrition site, a senior activity center, and day resources for veterans. The other setting is a stand-alone day center that also includes day resources for veterans. Individuals who receive services at these settings live in their homes and are integrated into the community.

South Dakota prepared a specific assessment for Adult Day settings utilizing the HCBS Non-Residential Exploratory Questions in the CMS HCBS Toolkit. Assessments were performed by LTSS staff. South Dakota determined these settings meet the intent of the federal regulations and do not require further action to be compliant. South Dakota will require each enrolled setting to sign an Addendum to the SD Medicaid Provider Agreement attesting to compliance with the requirements of the federal regulations.

Setting Type	Number of Settings	Number of State Staff Assessments	% of State Staff Assessments
Adult Day	3	3	100%

South Dakota determined that all adult day settings are fully compliant based on the state staff assessment.

CHOICES AND FAMILY SUPPORT 360 WAIVER

In the spring of 2013, Governor Dennis Daugaard announced the Employment Works Initiative and created the South Dakota Employment Works Task Force. Through a series of meetings, the Employment Works Task Force identified five areas for systems change to promote employment for people with disabilities, which are outlined within the report *Employment Works Task Force Recommendations for Employing People with Disabilities*. This report addresses the importance of expanding employment-based services for individuals with intellectual disabilities and

demonstrated Governor Daugaard's commitment to increasing employment outcomes for South Dakotans with disabilities.

DHS/DDD identifies employment as an alternative to sheltered workshops as well as a system priority and continues to urge self-advocates, families, service providers and employers to consider the benefits of integrated, competitive employment for people with disabilities. As of July 2014, DHS/DDD removed the participant cost share for earned income from the CHOICES waiver's post-eligibility treatment of income formula to allow working individuals to keep even more of their earnings for living expenses. DHS/DDD considers this a groundbreaking amendment to CHOICES waiver policy and the first step in a series of efforts to achieve positive employment outcomes.

In May of 2018, CMS approved a renewal of South Dakota's CHOICES Waiver effective June 1, 2018 through May 31, 2023. Some of the major changes within the waiver renewal included the time limitation on services within Career Exploration, formerly termed Prevocational Services as well as adding a distinction between individual and group supported employment.

DHS/DDD is committed to maximizing opportunities for participants receiving CHOICES HCBS by delivering services in integrated settings and helping individuals realize the benefits of community living, including opportunities to seek employment and work in competitive integrated settings. DHS/DDD feels that the changes to the CHOICES Waiver effective June 1, 2018 are a major step in ensuring that all people can work and are supported to enhance their skills, interests and needs.

To achieve these goals, the DHS/DDD intends to continue:

- Participation in national employment surveys;
- Partnering with State Employment Leadership Network;
- Financial workgroup involvement;
- Engagement with the South Dakota Employment First Alliance;
- Collaborating with other state agencies;
- Promoting and providing technical assistance in employment best practices;
- Participation in Supporting Families Community of Practice.

NATIONAL EMPLOYMENT SURVEY – Since 1988 the Institute for Community Inclusion (ICI) has administered the National Survey of State Intellectual and Developmental Disabilities Agencies' Day and Employment Services. This work is funded by the Administration on Intellectual and Developmental Disabilities and is designed to describe the nature of day and employment services for individuals with developmental disabilities. DHS/DDD's support and participation in this data collection effort has been ongoing in order to provide policy makers, advocates, and service providers a national perspective on day and employment services. In its FY2013 survey, DHS reported 1,660 duplicated CHOICES waiver participants receiving supports within a sheltered workshop. DHS/DDD will continue its participation in this meaningful survey as part of its discovery efforts within continuous quality improvement strategies.

STATE EMPLOYMENT LEADERSHIP NETWORK (SELN) – The SELN was launched in 2006 as a joint platform of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the ICI at the University of Massachusetts Boston. The SELN is a cross-state

cooperative venture of state intellectual and developmental disability agencies that are committed to improving employment outcomes for individuals with developmental disabilities. Network membership promotes new connections within and across states to establish effective collaborative relationships among states, learn from their experiences of other service systems, share costs, use data and maximize resources. DHS/DDD has been an SELN member since 2013. DHS/DDD will continue its membership and perform a vital role in achieving SELN's goal to identify employment-related best practices including services, assumptions, units and rates.

CHOICES FINANCIAL WORKGROUP (FWG) – The CHOICES FWG served as an advisory group for DDD between 2013 and 2016 and was comprised of self-advocates, family members, Community Support Providers, and state officials. The group played an integral role in revising waiver service definitions for day and employment services intended to promote integrated competitive employment opportunities for individuals with intellectual and developmental disabilities. Key areas considered during the revision process included services implemented in a segregated setting may only be provided after Vocational Rehabilitation services have been sought and deemed ineffective or the person has been determined ineligible; time limits on prevocational services; and the creation of person-centered career planning supports, comprehensive employment planning and support services to include assistance to obtain or advance in competitive employment or self-employment. Revisions to the CHOICES day and employment services were approved by CMS effective June 1, 2018.

SD EMPLOYMENT FIRST ALLIANCE (SD EFA) - The SD Employment First Alliance has also had a key role in DDD's participation in the SELN as well as the development of new service definitions for day and employment services. Since 2010, the group has functioned as the advisory group to DDD in continuing dialogue regarding interagency collaboration, successes and challenges of implementation, and current and emerging best practices in employment services and will continue to serve this function as self-advocates, families, providers and DDD adapt to the expectations and procedures related to the changes. The group is comprised self-advocates, families, and DDD service providers as well as interagency partners such as the Division of Rehabilitation Services, Transition Services Liaisons, Department of Education-Office of Special Education, the Council on Developmental Disabilities, Disability Rights South Dakota, and SD Parent Connection.

STATE AGENCY COLLABORATION –DHS/DDD partners with many state agencies to optimize the quality of life for people with disabilities. A recent example of collaboration includes November 2014, when the Department of Human Services Division of Rehabilitation Services (DRS), the state's vocational rehabilitation agency, funded a grant for the expansion of supported employment services for individuals with intellectual disabilities. This allowed South Dakota Community Support Providers (CSP) to expand their supported employment services while targeting those participants with intellectual disabilities whose current primary employment occurs within a segregated setting or young adults under the age of 24 with intellectual disabilities who have limited employment experience in the community. The grant provides four years of funding to promote integrated and full access to employment opportunities and the greater community.

SYSTEMIC TECHNICAL ASSISTANCE – As part of South Dakota's commitment to maximize opportunities available to waiver participants, the DHS/DDD provides ongoing technical assistance to self-advocates, families, and CSPs. In January 2015, the DHS/DDD issued two key technical assistance documents: *Achieving Dreams through Employment* and the *Person-Centered Employment Planning Guide*. *Achieving Dreams through Employment* is a document that includes the benefits of employment, the expectation to work, and information about how full or part time employment can impact federal benefit income and health insurance eligibility. The *Person-Centered Employment Planning Guide* combines paths to employment with person-centered thinking discovery tools at each path. DHS/DDD implemented a plan to distribute these documents in widespread effort to promote best practices in person centered employment planning and to assist in dispelling myths related to Social Security benefits and employment. The documents will be considered a best practice tool in meeting the new requirements of the HCBS Settings Rule, Workforce Innovation and Opportunity Act (WIOA) and updated waiver service definitions as identified by the CHOICES FWG.

SUPPORTING FAMILIES COMMUNITY OF PRACTICE-The DHS/DDD has been a member of the Community of Practice (CoP) for Supporting Families of Individuals with Intellectual & Developmental Disabilities since 2016. Community of Practice activities involve working with states to develop systems of support for families throughout the lifespan of their family member with intellectual and developmental disabilities (I/DD). The Supporting Families project is operated under a grant awarded to NASDDDS by the Administration on Intellectual and Developmental Disabilities (AIDD) beginning October 2012. Grant partners include University of Missouri Kansas City-Institute on Human Development (UMKC-IHD), Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities Services (NASDDDS).

DHS/DDD's participation in the Community of Practice has been invaluable in broadening the concept of person-centered practices, to include the context of family as a major influencing factor in the lives of ALL people. Learning shared by other CoP member states and the grant partners have sparked ideas for service innovation to include greater accessibility to services across South Dakota and shifting the emphasis of "natural supports" to focus on personal and community assets to include relationships, technology, community based resources that are accessible to ALL rather than seeking only eligibility specific services to meet a majority of participant needs.

The South Dakota Supporting Families CoP State Team is comprised of self-advocates, family members, DD Council, DHS/DDD, providers, and state agency partners including the Dept. of Education, Dept of Health, and Dept. of Social Services. The group is tasked with organizing a structure of leaders to drive the change in South Dakota, understanding and use of the Charting the LifeCourse "thinking", identifying and developing an infrastructure in the state for other stakeholders to also learn about the framework, and identification of statewide specific Innovation Areas for integrating and implementing the Charting the LifeCourse-thinking, tools and practices.

In keeping with the concept of innovations, the State Team has identified several priorities to promote supports in integrated, non-disability specific settings. Significant focus has been placed on building capacity in a person's home community that provides sustainable supports, which has historically been a challenge due to the rural nature of South Dakota. Another subcommittee of the State Team has committed to build capacity in knowledge and application of the idea of integrated

supports. DDD has supported this by funding and providing staff support to develop a training series to include Person Centered Thinking trainings complemented by Charting the LifeCourse training for participants, families, direct support providers, and Case Managers as well as opportunities for continued learning and practice through coaching sessions.

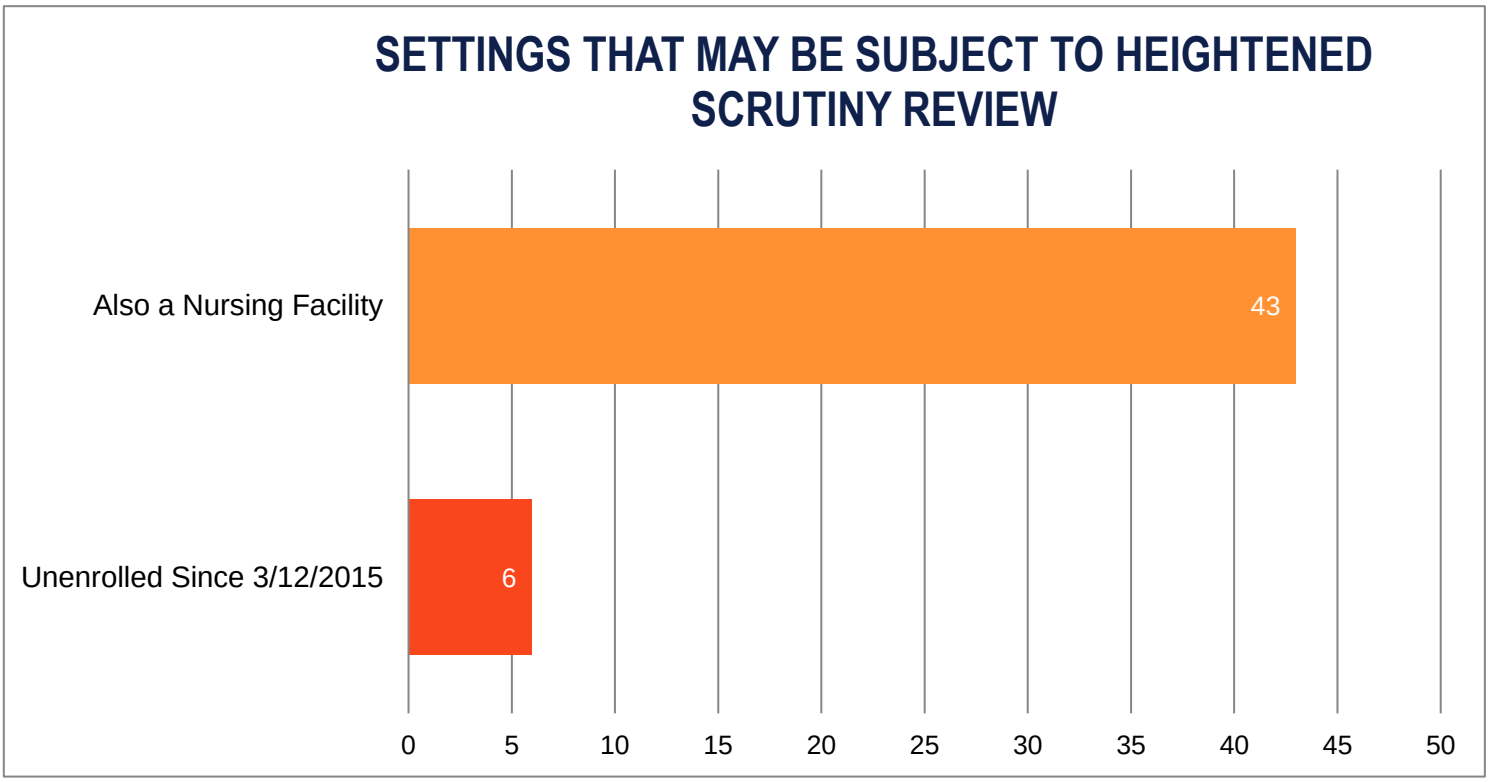
ASSESSMENT OF DAY HABILITATION, CAREER EXPLORATION (Formerly PREVOCATIONAL) AND GROUP SUPPORTED EMPLOYMENT SETTINGS

South Dakota chose a three-step assessment process for non-residential settings that provide day habilitation, career exploration and group supported employment services. The assessment process included collection and analysis of providers' responses to the self-assessment and on-site validation of those responses by state staff and individuals receiving HCBS through the CHOICES waiver. South Dakota used Survey Monkey as well as paper forms to collect responses to the assessments.

Setting Type	Number of Settings	Number of State Staff Assessments	Number of Provider Assessments	% of Assessments Completed
Day Habilitation,	45	45	45	100%
Career Exploration	27	27	27	100%
Group Supported Employment	101	101	101	100%

SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW

In the federal regulations, CMS identified types of settings that are subject to heightened scrutiny review. These settings are presumed to have the effect of isolating individuals from the broader community or have the qualities of an institution. Of the 132 enrolled Assisted Living settings, South Dakota's initial assessment suggested that 59 Assisted Living settings may require additional analysis per CMS's available guidance on settings subject to heightened scrutiny review. Six of the 59 settings have unenrolled since 3/12/2015. Upon settings clarification from CMS that settings on the grounds of or adjacent to privately-owned institutions are not subject to heightened scrutiny, South Dakota was able to reduce the number of settings subject to heightened scrutiny to 43 total. South Dakota performed an on-site review of each of the settings. From initial on-site analysis, South Dakota anticipates that further evaluation will demonstrate all settings meet the home and community based requirements or that some settings may not require heightened scrutiny review.



Initial analysis of these settings revealed that all settings that may be subject to heightened scrutiny review are located in small rural communities in South Dakota. In small and rural communities, many settings serve dual roles as both a long-term care facility and an Assisted Living. Dual long-term care facility and Assisted Living settings are often the only HCB option available for consumers who want to remain in their community but are no longer willing or able to maintain their own home.

In some areas of South Dakota, the population simply cannot support separate Assisted Living and long-term care facilities. Instead, a wing or a percentage of the beds in the long-term care facility are designated as Assisted Living beds. Situations where individual rooms or suites within the long-term care facility have been designated as Assisted Living have historically been in response to a need in the community.

Removing the choice of an Assisted Living room in a long-term care facility in rural and frontier areas has the predominant effect of limiting choice for individuals to remain in their community. In some cases, dual long-term care facilities and Assisted Livings are the only Assisted Living option in their community. Without these settings, individuals would be forced to leave their community to continue to receive home and community based services. South Dakota believes individuals served in small towns and rural communities deserve the choice to reside in their community when receiving services from the HOPE waiver.

Additionally, South Dakota disagrees with the premise that settings physically sharing a wall with another institution, such as a hospital or nursing home, are presumed not to meet the requirements of an HCB setting. These settings operate separately and distinct from a hospital or nursing home and the physical co-location near other healthcare providers not only supports access to healthcare, but is considered an advantage for individuals who are allowed to age in place or remain with a spouse requiring a higher level of care in a long-term care facility. South Dakota believes the person-centered planning model supports offering a choice for individuals to remain in their communities and receive HCB services.

LIST OF SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW

The Centers for Medicare and Medicaid Services (CMS) requires states to include a list of settings names and addresses of settings that are subject to heightened scrutiny review. South Dakota's initial assessment of these settings was limited in scope; however, it was identified that several of the settings subject to heightened scrutiny are part of a continuum of care model. South Dakota included continuum of care settings with other settings identified for heightened scrutiny review. Facilities in South Dakota have adopted this model and the number of continuum of care campuses will likely increase as Federal agencies have historically advocated for individuals to age in place in a continuum of care model. South Dakota received guidance from CMS that all settings must meet the federal requirements, including applicable heightened scrutiny review.

Further feedback from community members, providers, and individuals residing in heightened scrutiny settings is necessary to further refine South Dakota's analysis of these settings. South Dakota will further scrutinize these settings and gather more information from providers, stakeholders, community members, and residents. South Dakota anticipates the additional analysis will support our preliminary findings and demonstrate the HCB nature of these settings.

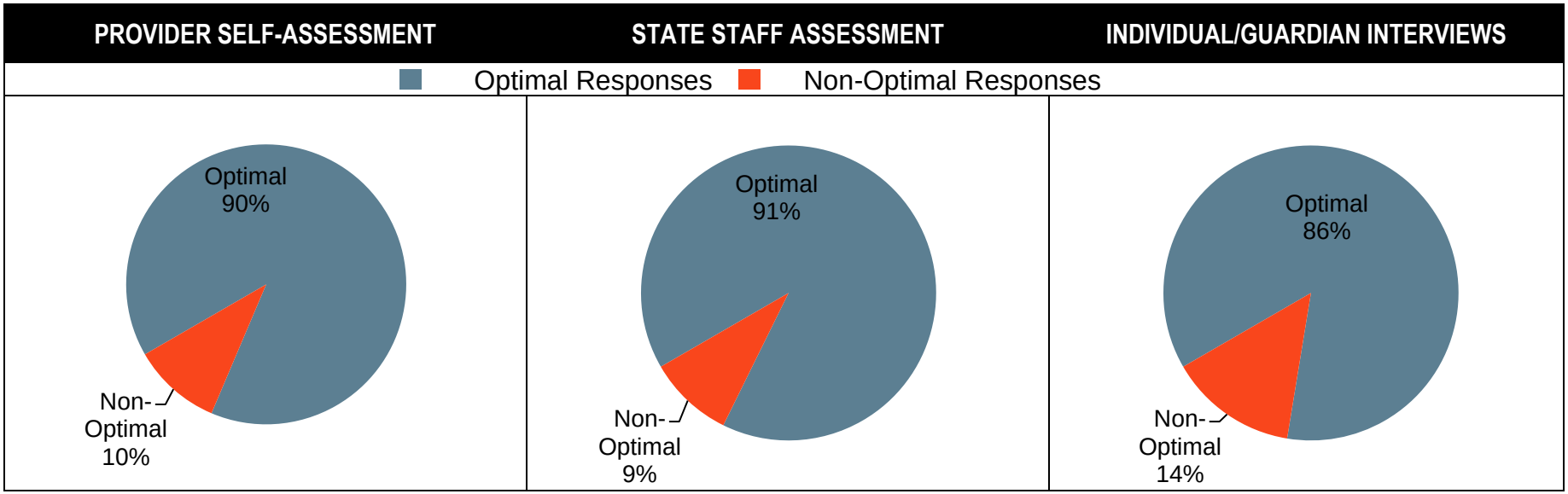
South Dakota plans to complete the additional analysis by January 31, 2019 and will submit heightened scrutiny evidence, if needed, by July 31, 2019 after a public comment period.

HOPE WAIVER ASSESSMENT RESULTS AND ACTION ITEMS

OVERVIEW

The provider self-assessment was completed by 132 HCBS Assisted Living providers. Results are shown below for the provider self-assessment, staff assessment, and the HCBS individual interviews. The data indicates that on a statewide level, Assisted Living providers meet the intent of the federal regulations. Data gathered from providers is supported by similar results in the staff assessment and individual interviews.

ASSESSMENT RESULTS



The following tables further delineate the pie graph information, showing discrepancies between the provider responses and the quality assurance results. South Dakota heavily weighed the quality assurance results as a check on self-reported data from providers. Using CMS's 86% quality assurance threshold, South Dakota identified strengths and areas for improvement by each concept area.

STRENGTHS

As shown in the table below, the Dignity and Respect, Autonomy, Physical Accessibility, and Location concept areas were at or above the 86% compliance threshold. South Dakota will use individual remediation to address issues in these concept areas.

Individual remediation will be addressed by concept area. LTSS will provide additional education about state and federal expectations in the concept area. Following education, providers will re-assess their policies and practices and address any issues in the concept area. LTSS will review the concept area during an on-site visit to the setting. If any remaining issues are found to be non-compliant with the federal regulations, LTSS will work individually with the provider to determine specific remediation steps. Individual remediation will take place over the course of the transition plan to ensure 100% compliance in each concept area.

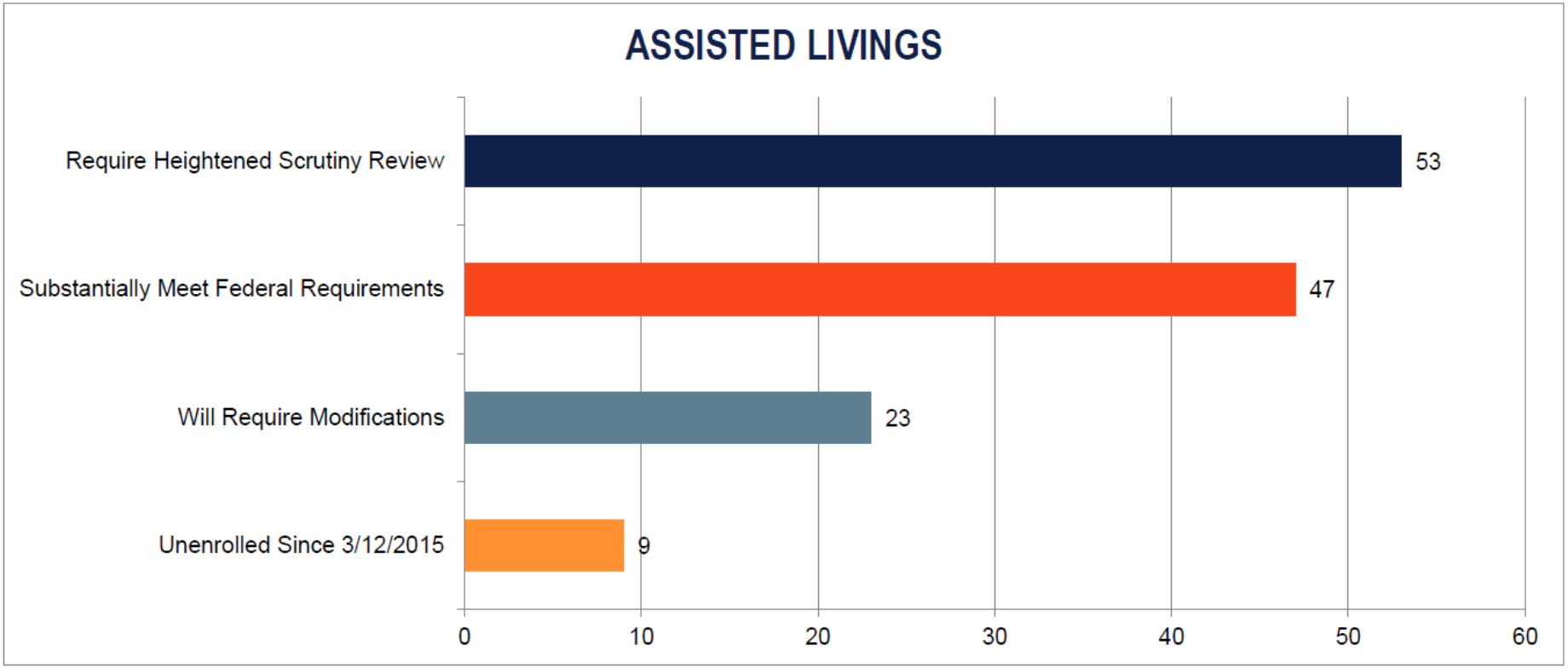
ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Dignity and Respect	99%	97%	- 2%
Autonomy	97%	97%	0%
Physical Accessibility	88%	95%	+7%
Location	86%	95%	+9%

AREAS FOR IMPROVEMENT

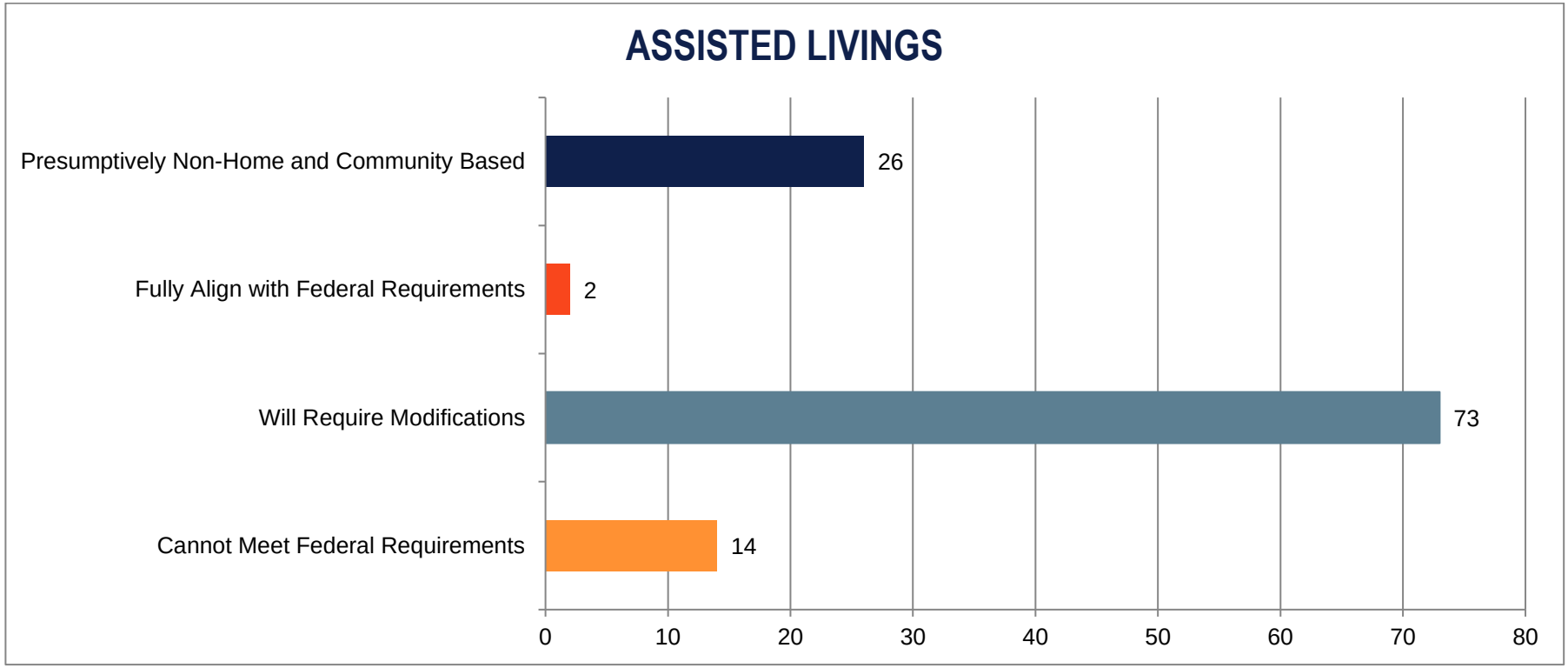
As shown in the table below, either the Provider Assessment results or the Quality Assurance Results were below 86% in the Privacy, Community Integration and Living Arrangements concept areas. South Dakota will address these concept areas from a systemic perspective. South Dakota will use statewide action steps to address issues in the concept areas listed below. Actions steps are described by concept area in the following pages.

ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Privacy	87%	71%	-16%
Community Integration	85%	95%	+10%
Living Arrangements	79%	79%	0%

According to the 2014 assessment data, South Dakota determined that many South Dakota Assisted Living settings already substantially meet the intent of the federal regulation with minor items to remediate over the course of the transition period. Other Assisted Living settings in South Dakota will require modifications or heightened scrutiny review in accordance with the federal regulation. South Dakota has grouped settings by this methodology in the chart below.



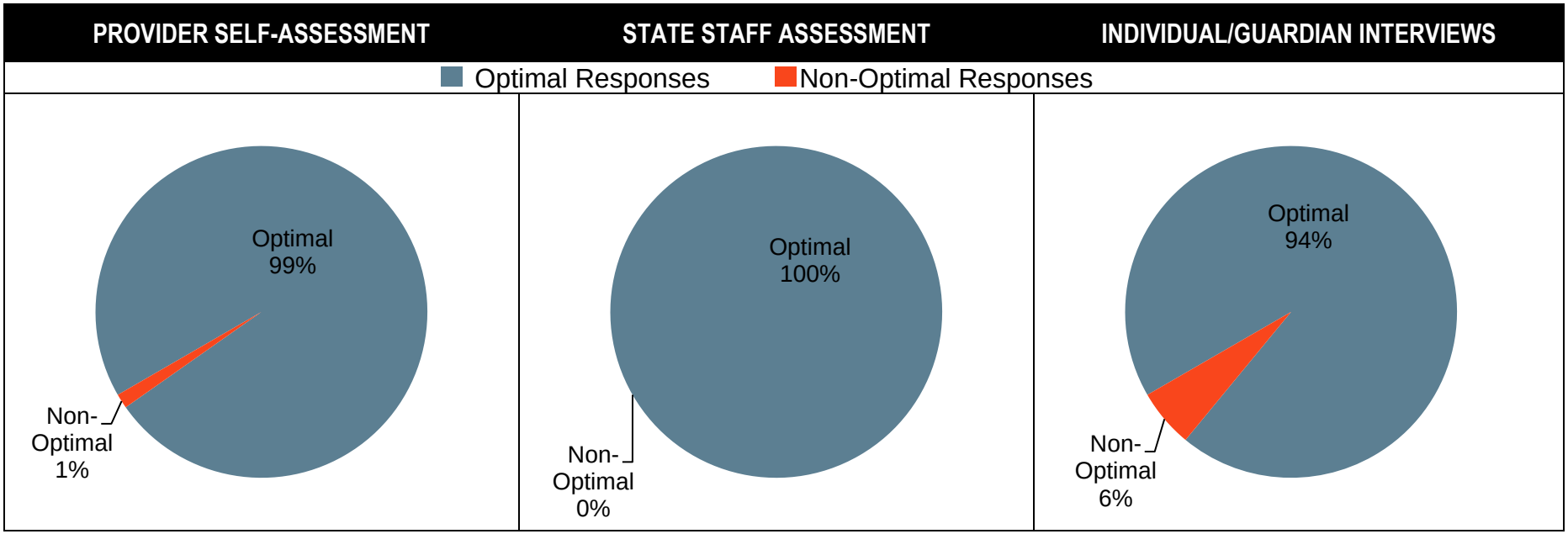
As previously mentioned, the State is in the process of evaluating progress since 2014 for provider compliance with the HCBS Settings Final Rule. The chart below is reflective of the 2018 assessment data received to date. Settings that are categorized as "will require modifications" include those that submitted evidence and need modifications, as well as those that have not yet been reviewed. As the State reviews each setting's assessment and consumer experience data, each setting will be categorized based on the evidence submitted.



DIGNITY/RESPECT

Analysis of the assessment results revealed the dignity and respect concept area to be above the 86% threshold. South Dakota will work with Assisted Living providers on an individual basis to remediate any non-optimal findings through trainings, education about state and federal expectations, and technical assistance. South Dakota closely monitors dignity and respect through the LTSS Consumer Experience Survey and through quarterly local visits.

ASSESSMENT RESULTS



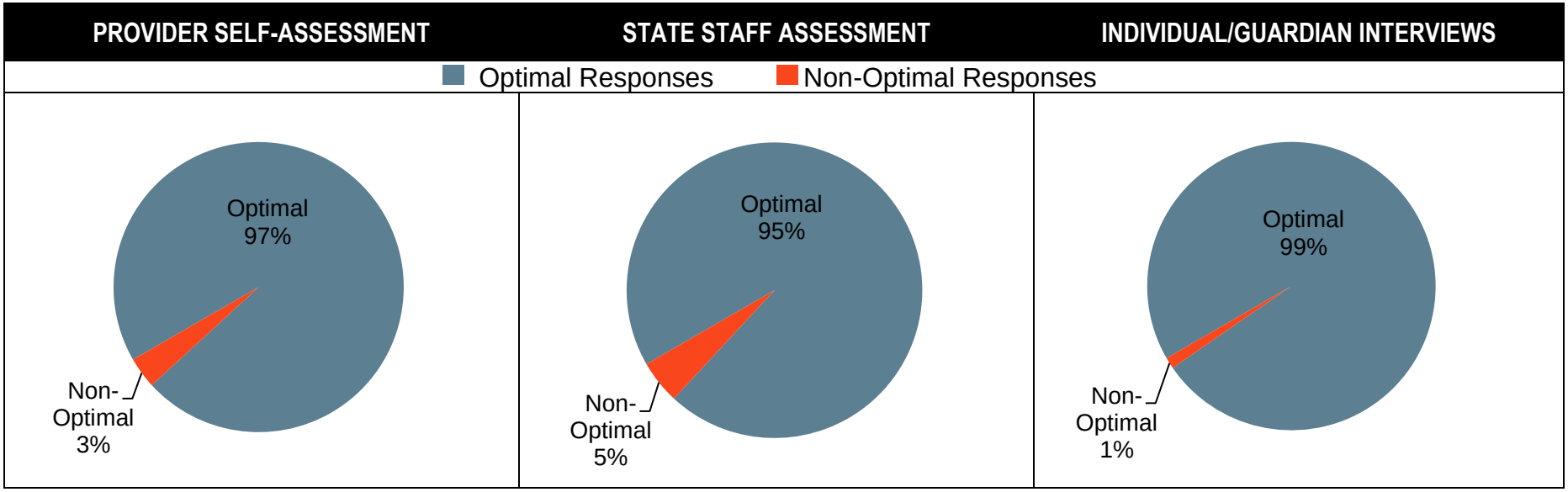
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	December 31, 2016
		1.3 State Assessment of Compliance	Provider Self-Assessment with evidence to support compliance.	LTSS	July 31, 2018

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		1.4 Providers complete modifications for full compliance.	Provider Self-Assessment and/or On-Site Review	LTSS	July 31, 2021

AUTONOMY

Analysis of the assessment results revealed the autonomy concept area to be above the 86% threshold. South Dakota will work with Assisted Living providers on an individual basis to remediate any non-optimal findings through trainings, education about state and federal expectations, and technical assistance to ensure individuals have flexibility in planning their activities of daily living and that schedules correspond to individual needs and preferences. South Dakota closely monitors autonomy through the LTSS Consumer Experience Survey and through quarterly visits.

ASSESSMENT RESULTS



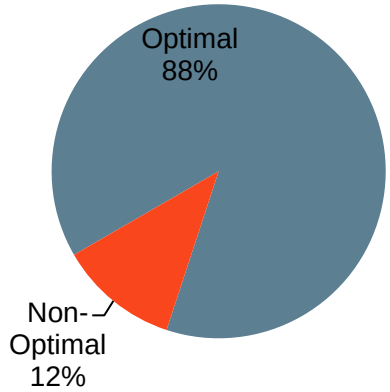
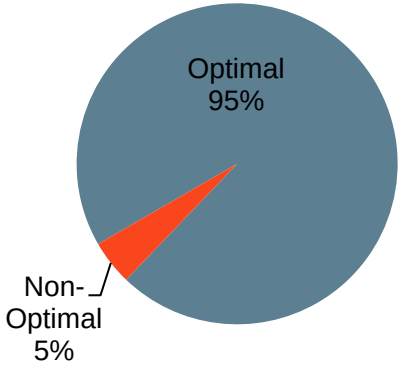
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	September 30, 2017
		1.3 State Assessment of Compliance	Provider Self-Assessment with evidence to support compliance.	LTSS	July 31, 2018
		1.4 Providers complete modifications for full compliance.	Provider Self-Assessment and/or Onsite Review	LTSS	July 31, 2021

PHYSICAL ACCESSIBILITY

Analysis of the assessment results revealed the physical accessibility concept area to be above the 86% threshold. The Division of Long Term Services and Supports will work with the South Dakota Department of Health (DOH) and providers on an individual basis to remediate any non-optimal findings over the course of the transition plan. For example, South Dakota anticipates individual remediation will include ensuring appliances are accessible to individuals. South Dakota closely monitors health, safety, and sanitation through quality assurance review in cooperation with DOH. South Dakota also assesses compliance through the LTSS Consumer Experience Survey, quarterly visits, and DOH site reviews.

ASSESSMENT RESULTS

PROVIDER SELF-ASSESSMENT	STATE STAFF ASSESSMENT	INDIVIDUAL/GUARDIAN INTERVIEWS
Optimal Responses / Non-Optimal Responses		
		

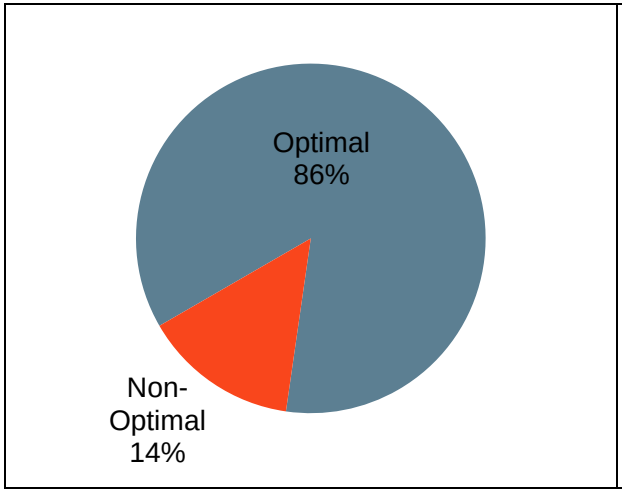
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	June 30, 2017
		1.3 State Assessment of Compliance	Provider Self-Assessment with evidence to support compliance.	LTSS	July 31, 2018
		1.4 Providers complete modifications for full compliance.	Provider Self-Assessment and/or Onsite Review	LTSS	July 31, 2021

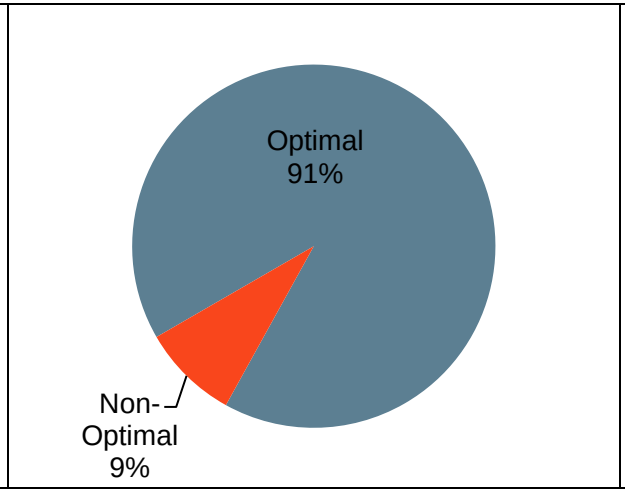
LOCATION

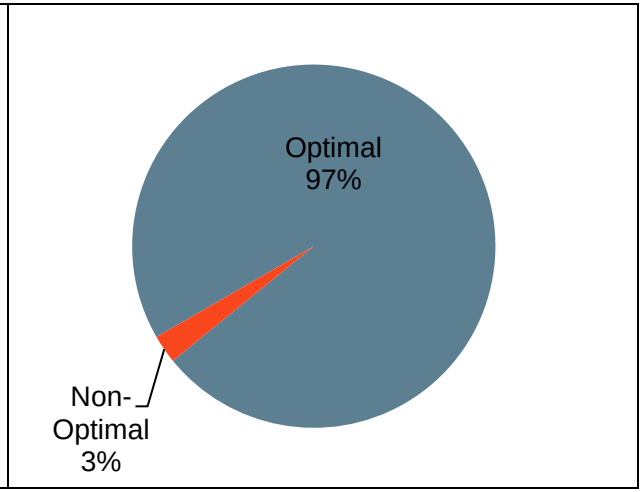
Analysis of the assessment results revealed the location concept area to meet the 86% threshold. This concept area contained questions used to identify settings that are subject to heightened scrutiny review. Further details about settings that are subject to heightened scrutiny review by federal regulation are located in the section titled SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW.

ASSESSMENT RESULTS

PROVIDER SELF-ASSESSMENT	STATE STAFF ASSESSMENT	INDIVIDUAL/GUARDIAN INTERVIEWS
Optimal Responses	Non-Optimal Responses	







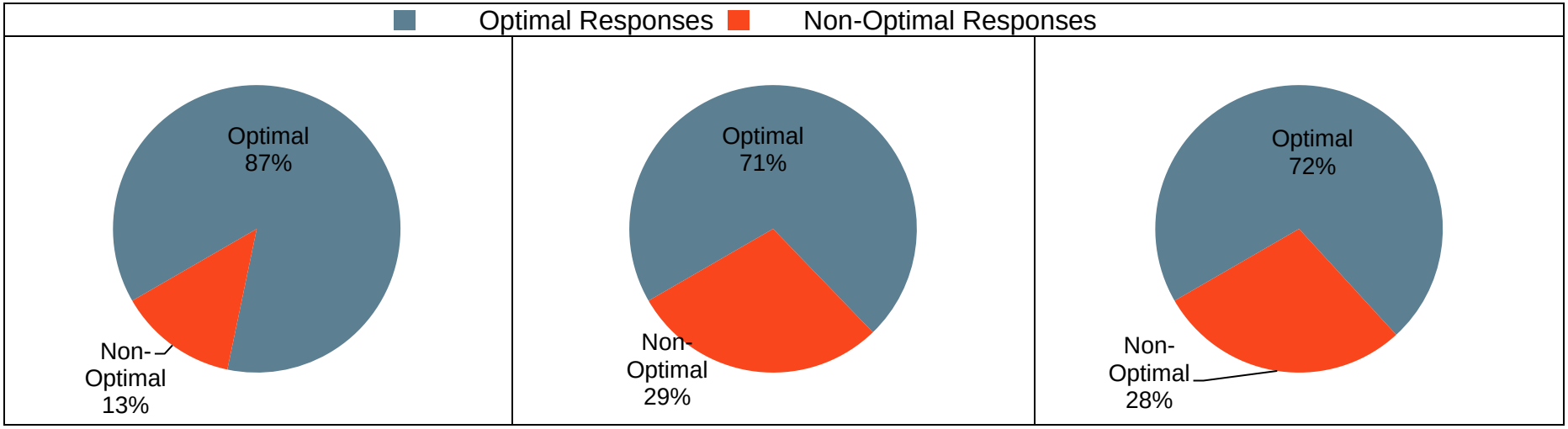
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	March 31, 2017
		1.3 State Assessment of Compliance	Provider Self-Assessment with evidence to support compliance	LTSS	July 31, 2018
		1.4 Providers complete modifications for full compliance.	Provider Self-Assessment and/or Onsite Review	LTSS	July 31, 2021

PRIVACY

Analysis of the provider self-assessment results revealed the privacy concept area to be above the 86% threshold. However, quality assurance results indicated a need for statewide remediation in this area.

ASSESSMENT RESULTS

PROVIDER SELF-ASSESSMENT	STATE STAFF ASSESSMENT	INDIVIDUAL/GUARDIAN INTERVIEWS



ACTION STEPS

South Dakota identified bedroom door locks and shared bedrooms as areas for improvement in this concept area. The quality assurance results indicated that many individuals are unable to lock their bedroom doors in their setting. Providers also indicated that many individuals are unable to lock their bedroom doors, but health and safety risks exist or individuals have never expressed interest in locking their bedroom door. South Dakota will require all individuals to be able to lock their door or have any limits or restrictions justified and documented in the person-centered care plan. South Dakota will expect providers to begin implementing locks on or before July 1, 2016. Lock installation may be staggered, but must be completed by July 2021.

South Dakota currently offers all individuals a choice of Assisted Living providers with private and shared bedrooms. Although private bedrooms are not available in every setting or town in South Dakota, individuals are able to exercise choice in the person-centered planning process when they are determined eligible for an HCBS waiver. South Dakota will document this choice in the person-centered plan and will additionally educate providers about roommate selection. South Dakota required all providers to have a roommate choice policy in place on or before December 31, 2015.

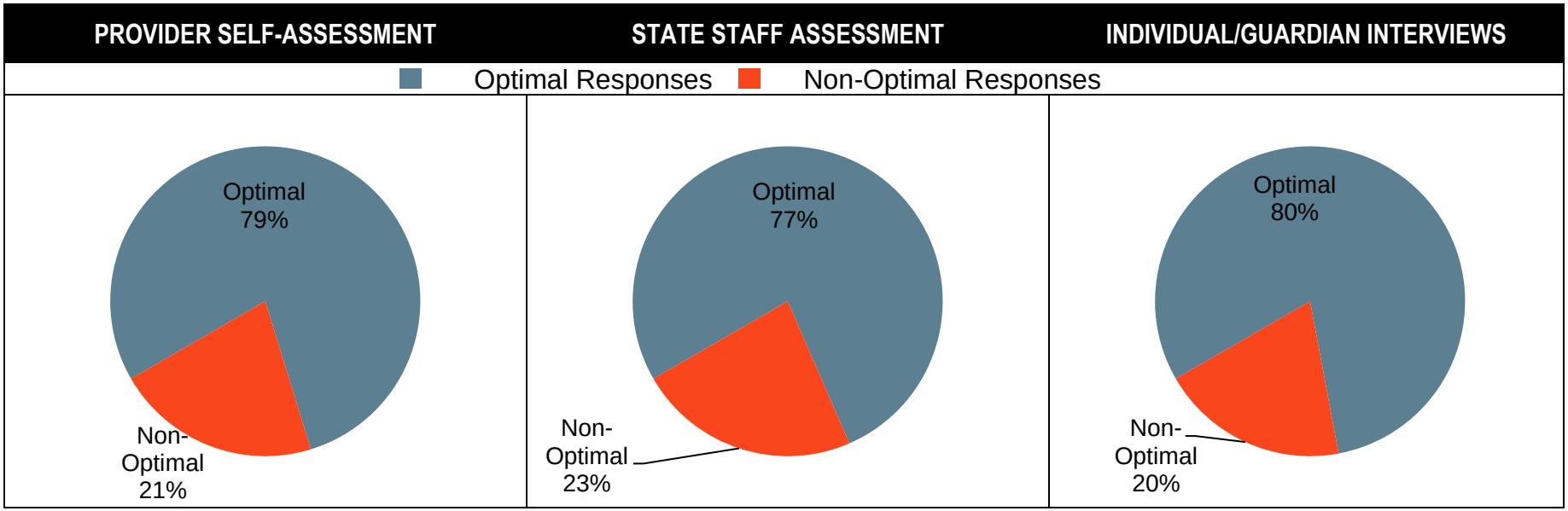
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	In provider owned or leased properties, individuals should be able to lock the door to their bedroom from non-staff if capable.	1.1 Educate providers of state and federal expectations.	Educational Webinar, Informational Bulletin	DSS	May 31, 2016
		1.2 Document health and welfare concerns in person-centered care plan.	100% compliance in quarterly plan reviews	LTSS and Assisted Living Providers	July 1, 2016

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		1.3 All provider-owned or leased settings implement locks for capable individuals.	100% compliance in annual site reviews	LTSS and Assisted Living Providers	March 17, 2018
2	Individuals will be offered a choice between setting options with private and shared bedrooms.	2.1 Document setting choice between private and shared bedrooms in person-centered care plan.	100% compliance in quarterly plan reviews	LTSS	~~July 1, 2015~~ **Complete & On-Going**
3	When an individual shares a bedroom, they will be able to choose their roommate.	3.1 Educate providers of state and federal expectations.	Educational Webinar, Informational Bulletin	DSS	~~June 30, 2015~~ **Complete**
		3.2 Providers implement a policy that allows individuals choice of roommates as available	100% compliance in annual site reviews	LTSS and Assisted Living Providers	December 31, 2015 **In-Progress**
4	Providers perform Individual Remediation	4.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		4.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	March 31, 2017
		4.3 State Assessment of Compliance	Provider Self-Assessment with evidence to support compliance.	LTSS	July 31, 2018
		4.4 Providers complete modifications for full compliance.	Provider Self-Assessment and/or Onsite Review	LTSS	July 31, 2021

LIVING ARRANGEMENTS

Analysis of the provider self-assessment results revealed the living arrangement concept area to be below the 86% threshold. Quality assurance results also indicated a need for statewide remediation in this area.

ASSESSMENT RESULTS



ACTION STEPS

South Dakota identified access to food and immediate access to the setting as areas for improvement in this concept area. Providers indicated that access to food often had limits related to meal times, set menus, and specified locations in the Assisted Living. South Dakota will work to optimize individual choice and access to food by educating providers regarding state and federal expectations. Settings must begin implementing supports on or before July 1, 2016. Implementation of supports may be staggered but all supports in this area must be implemented by July 2021.

In the provider self-assessment, South Dakota asked providers if individuals were given keys to the setting. Providers indicated that individuals may have other means of accessing the setting apart from keys, such as setting staff, a key pad, or key fob. South Dakota will require each individual to have immediate access to the setting by a key or other means by July 2021.

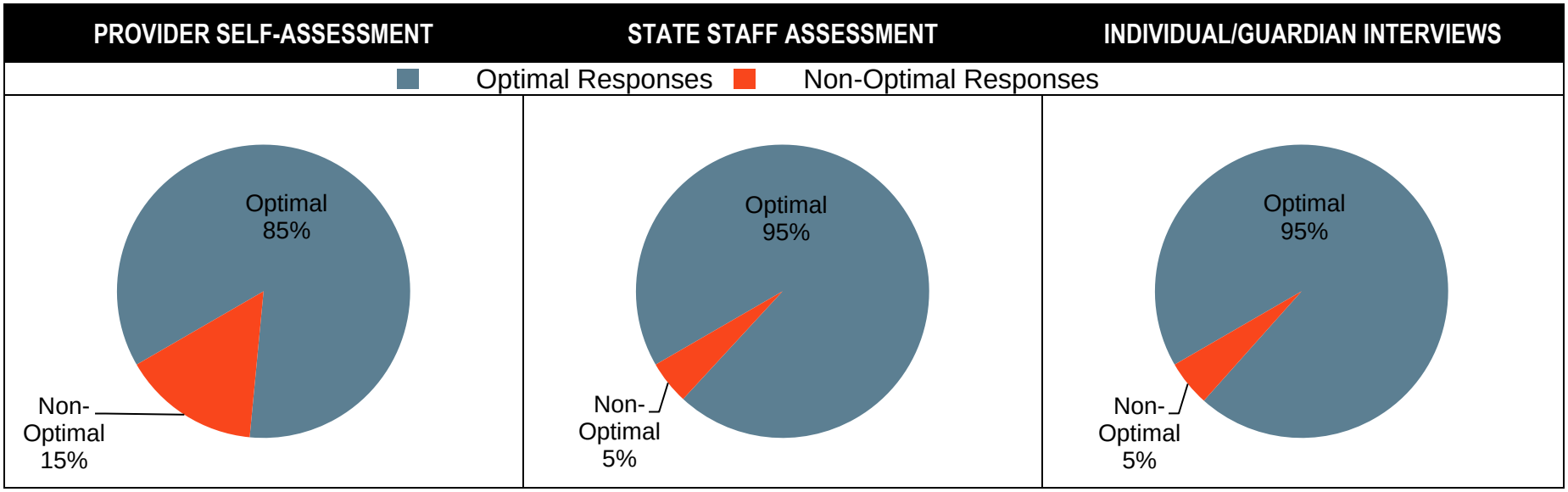
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Individuals are able to choose what time and where to eat. Individuals are able to make or request an alternative to any	1.1 Educate providers about state and federal expectations.	Educational Webinar, Informational Bulletin	DSS	April 31, 2016
		1.2 The setting offers reasonable alternative to planned meals.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2019

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
	planned meals within their resources.	1.3 Individuals are able to make an alternative meal within their resources.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2019
		1.4 All individuals can elect to eat at an alternative time.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2019
		1.5 All individuals can elect to eat in their room.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2019
2	Individuals have immediate access to the setting 24/7.	2.1 Educate providers about state and federal expectations.	Educational Webinar, Informational Bulletin	DSS	July 31, 2016
		2.2 All settings are immediately accessible to individuals 24/7 by key or other means such as setting staff, key pad/fob, etc.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2018
3	Providers perform Individual Remediation	3.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		3.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	June 30, 2017
		3.3 State Assessment of Expectations	Provider Self-Assessment with evidence to support compliance.	LTSS	July 31, 2018
		3.4 Providers complete modifications for full compliance.	Provider Self-Assessment and/or Onsite Review	LTSS	July 31, 2021

COMMUNITY INTEGRATION

Analysis of the provider self-assessment results revealed the living arrangement concept area to be below the 86% threshold. Quality assurance results indicated that South Dakota providers are already successful in this area.

ASSESSMENT RESULTS



ACTION STEPS

South Dakota identified access to community activities and events from the setting at any time and employment in an integrated setting as areas for improvement in this concept area. Access to transportation and need for supervision emerged as common barriers to individual's community access. Although providers indicated these barriers in the provider self-assessment, individual interviews showed that individuals do not experience barriers to accessing community activities and events. Further communication with providers revealed that some providers indicated limits existed any time that they were not able to be the sole source of transportation and supervision in the community, even though policy would allow recipients to leave on their own as they are able or with family or friends. South Dakota believes it would be unnecessarily burdensome to require providers to be the sole source of transportation and supervision in the community. South Dakota will work with providers to emphasize natural supports in the community. Additionally, South Dakota plans to collaborate with stakeholders, providers, and individuals to perform further analysis of community access. South Dakota plans to complete the analysis by January 31, 2019. We expect findings to drive additional action in this area, either through individual remediation or statewide action steps.

Assisted Living providers commonly indicated that individuals living in their setting do not often desire to work or volunteer because they are retired, which South Dakota anticipated due to the age of most Assisted Living residents. South Dakota's analysis of the HOPE waiver indicated that eligibility requirements for earned income may act as a disincentive for employment. South Dakota removed this disincentive in the October 2016 waiver renewal. South Dakota will educate providers regarding state and federal expectations for supports for individuals who desire to work or volunteer by March 2016. Settings must provide supports in this area on or before October 1, 2016.

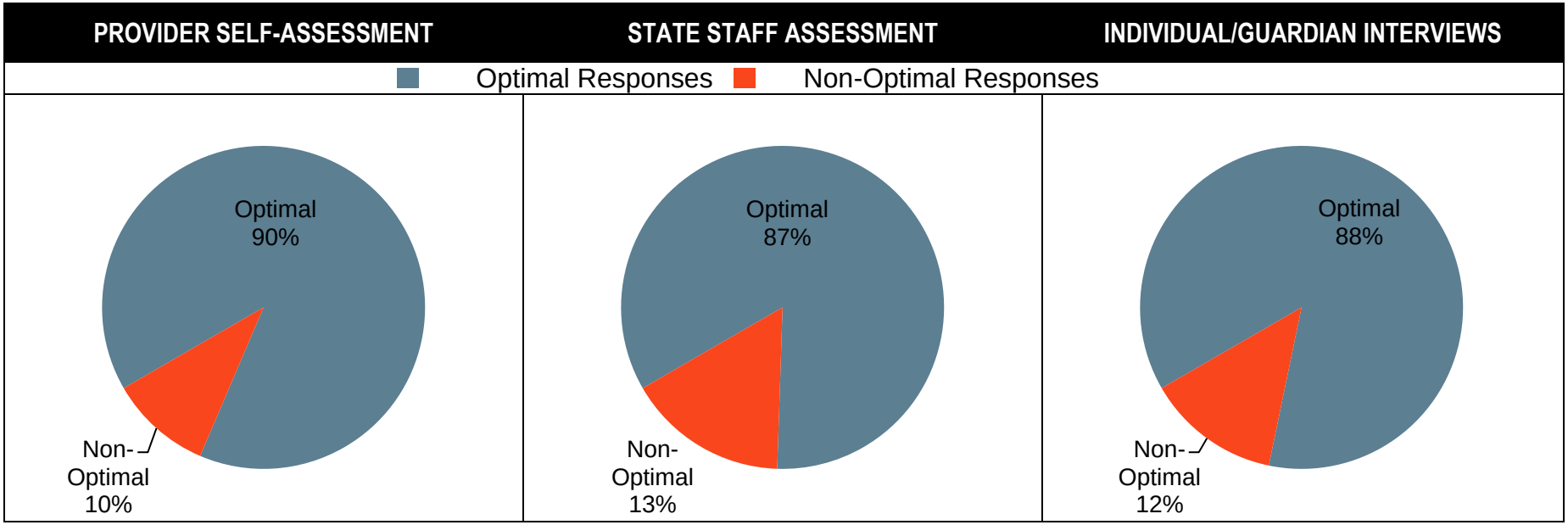
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers facilitate access to community activities and events.	1.1 Educate providers of state and federal expectations.	Statewide education; Webinars, FAQ, Annual Newsletter	DSS	July 31, 2016
		1.2 Collaborate with stakeholders and providers to perform further analysis.	Additional Actions, as needed	LTSS, Assisted Living Providers, Stakeholders	June 30, 2017
		1.3 Increase provider knowledge of use of natural supports.	Statewide education; Webinars, FAQ, Annual Newsletter	LTSS	July 31, 2016
2	Providers arrange supports for an individual to work or volunteer in an integrated setting when an individual is interested in working or volunteering.	2.1 Educate providers of state and federal expectations.	Statewide education; Webinars, FAQ, Annual Newsletter	DSS	March 31, 2016
		2.2 Change HOPE waiver eligibility requirements for earned income.	2016 Waiver Renewal	LTSS	October 1, 2016
3	Providers perform Individual Remediation	3.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		3.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	December 31, 2017
		3.3 State Assessment of Expectations	Provider Self-Assessment with evidence to support compliance	LTSS	July 31, 2018
		3.4 Providers complete modifications for full compliance.	Provider Self-Assessment and/or Onsite Review	LTSS	July 31, 2021

CHOICES RESIDENTIAL ASSESSMENT RESULTS AND ACTION ITEMS

OVERVIEW

The provider self-assessment was completed by all of South Dakota's 20 Community Support Providers for 277 HCBS residential setting sites. The Department of Human Services (DHS) Division of Developmental Disabilities (DDD) conducted a two-layer quality assurance check on proportionate random sample of provider self-assessments. This included DDD staff assessments of 215residential settings and individual/guardian interviews at each residential setting. The DHS/DDD utilized the results from the two-layer quality assurance check to validate the provider self-assessment results.

ASSESSMENT RESULTS



The following tables further delineate the pie graph information, showing discrepancies between the provider responses and the quality assurance results. South Dakota heavily weighed the quality assurance results as a check on self-reported data from providers. Using CMS's 86% quality assurance threshold, South Dakota identified strengths and areas for improvement at the systemic level for each of the following concept areas. Please reference the Individual Remediation Section in regard to the approach providers will take to come into compliance with federal regulations.

STRENGTHS

As shown in the table below, the Dignity and Respect, Autonomy, Physical Accessibility, Privacy and Location concept areas were at or above 86% compliance in both the provider assessment results and the quality assurance results. South Dakota will use individual remediation to address issues in these concept areas. These concept areas are described in the following pages.

ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Dignity and Respect	98%	96%	-2%
Autonomy	87%	87%	0%
Physical Accessibility	93%	93%	0%
Privacy	95%	88%	-7%
Location	99%	94%	-5%

AREAS FOR IMPROVEMENT

As shown in the table below, either the Provider Assessment results or the Quality Assurance Results were below 86% in the Community Integration and Living Arrangements concept areas. South Dakota will address these concept areas from a systemic perspective. South Dakota will use statewide action steps to address issues in the concept areas listed below. Actions steps are described by concept area in the following pages.

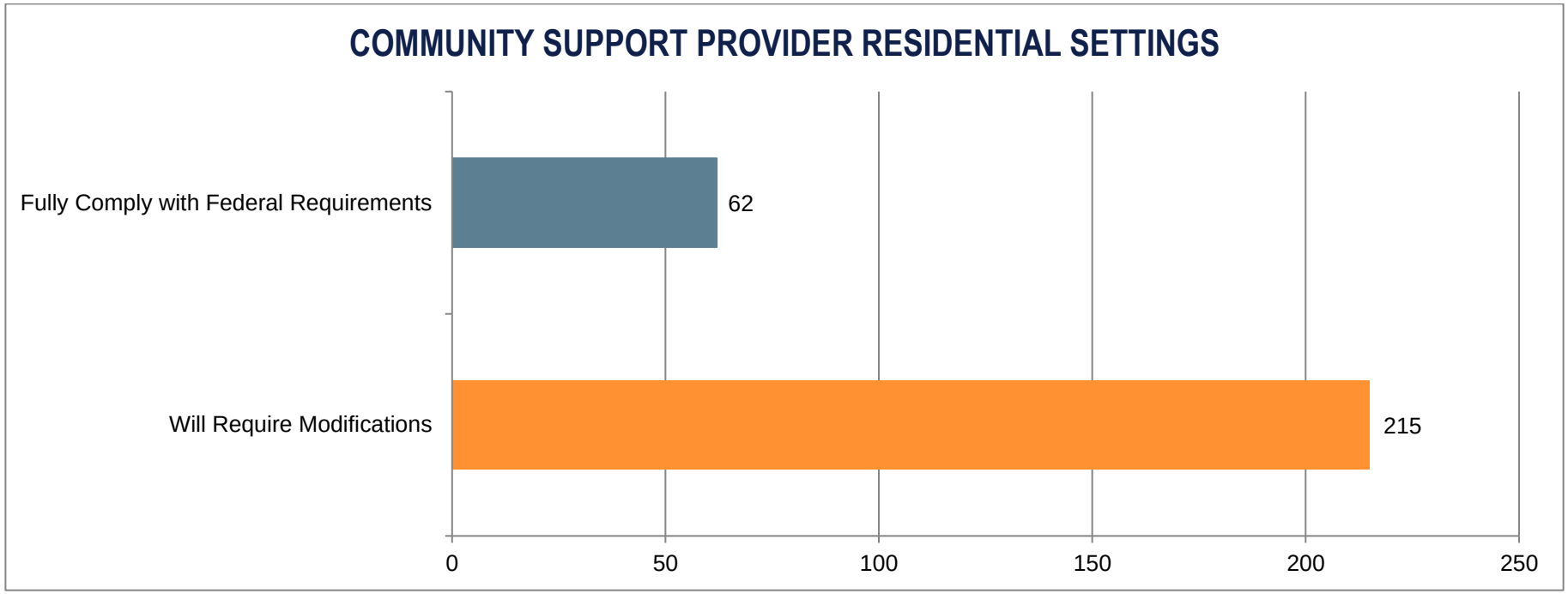
ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Community Integration	72%	79%	+7%
Living Arrangements	89%	76%	-13%

CONTINUOUS QUALITY MONITORING

DHS/DDD identified three specific practices of continuous quality improvement monitoring through the Systemic Monitoring and Reporting Technology (SMART), National Core Indicators (NCI), and the Council on Quality and Leadership (CQL). A description of the SMART, NCI, and CQL systems is described in South Dakota's Plan for Continuous Compliance. Each of the three areas have specific quality indicators or performance measures that correspond with the Home and Community Based Services (HCBS) settings federal regulation. The specific quality indicators from SMART, NCI and CQL that DHS/DDD intends to utilize for continuous quality at a systemic level are identified by concept area in the following pages. DHS/DDD will analyze SMART, NCI, and CQL data on a systemic level to ensure compliance with Home and Community Based settings requirements. The results of this data analysis will inform DHS/DDD continuous quality improvement on a systemic level. DHS/DDD will work with providers on an individual basis to remediate non-optimal findings.

From the assessment results, South Dakota determined that 62 of South Dakota Community Support Provider residential settings already fully align with federal requirements. South Dakota identified 215 other settings that will require modifications to setting

policy or practice in order to achieve the intent of the federal requirements. South Dakota has grouped settings by this methodology in the following chart. The following categories align with South Dakota's original assessment performed in fall 2014 as well as results from ongoing assessments.



For the purposes of communicating and reporting completion of action steps and milestones to CMS and future assessment results, South Dakota will categorize these settings using CMS suggested language as those settings presumed to have the qualities of an institution, those that fully comply and those that do not comply but could with modifications.

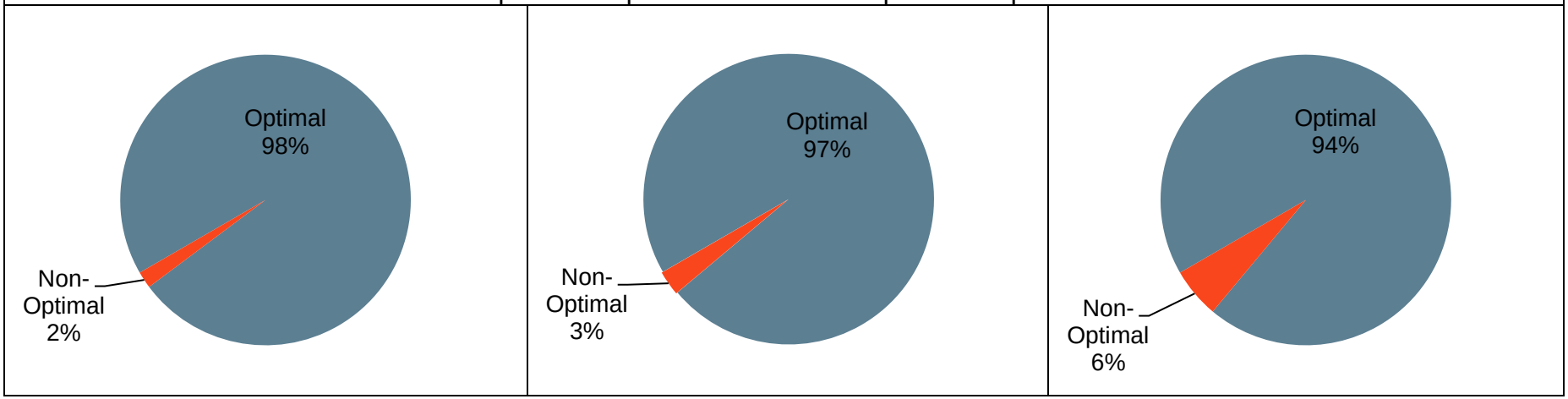
DIGNITY/RESPECT

Analysis of the assessment results revealed the dignity and respect concept area to be above the 86% threshold. DHS/DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance, education about state and federal expectations and stakeholder input.to be completed by December 31, 2021.

ASSESSMENT RESULTS

PROVIDER SELF-ASSESSMENT	STATE STAFF ASSESSMENT	INDIVIDUAL/GUARDIAN INTERVIEWS

Optimal Responses Non-Optimal Responses



CONTINUOUS QUALITY MONITORING

South Dakota closely monitors dignity and respect through DHS/DDD's SMART continuous quality assurance system, National Core Indicators (NCI), Council on Quality and Leadership (CQL) Personal Outcome Measures Performance Indicators (POM) Report and by conducting biennial recertifications and regular on-site visits.

SMART

- Rights restrictions/Due process. Restoration plans for individual restrictions.
- Individual goals are based on personal preferences.
- Critical incident report reviews

CQL

Basic Assurances®
Factor 2d - Supports and services enhance dignity and respect.
Personal Outcome Measures®
10. People choose with whom and where to live.
13. People live in integrated environments.
14. People interact with members of the community
19. People participate in life in the community.

NCI

- Individual has been treated with respect by paid providers/staff.
- Knowledge and use of how to file grievances, report abuse and neglect.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.3 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.4 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.5 Transition participants from non-compliant settings to compliant settings	CSP will use DD form/procedures to track changes as they occur	CSP	March 2022 & On-Going

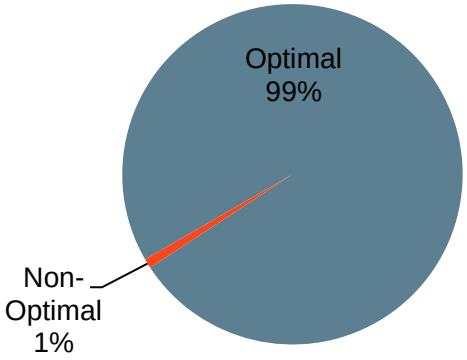
LOCATION

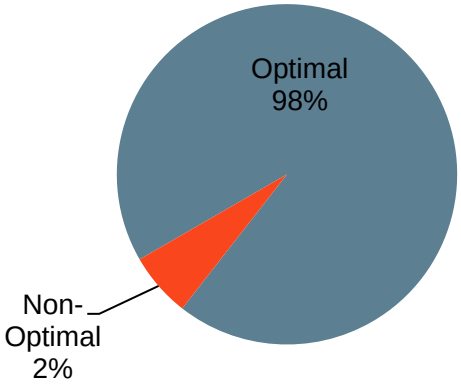
Analysis of the assessment results revealed the location concept area to be above the 86% threshold. The HCBS Settings Rule self-assessment process provided the DDD with baseline data as a starting point for ongoing remediation and quality improvement efforts. DDD will work with stakeholders and providers to remediate any settings with non-optimal results to be completed by December 31, 2021.

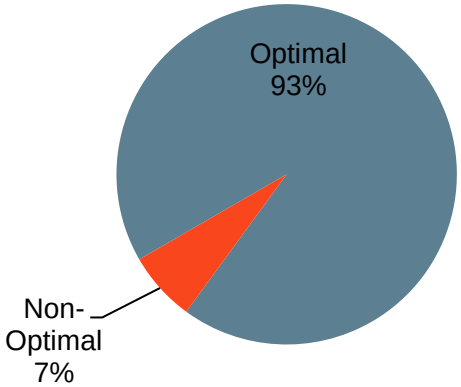
ASSESSMENT RESULTS

PROVIDER SELF-ASSESSMENT	STATE STAFF ASSESSMENT	INDIVIDUAL/GUARDIAN INTERVIEWS

Optimal Responses ■ Non-Optimal Responses







CONTINUOUS QUALITY MONITORING

SMART

- Provider Choice
- Service Choice

CQL

Basic Assurances®
Factor 2d - Supports and services enhance dignity and respect.
Factor 2b - Provider respects individual's concerns and responds accordingly.
Factor 6a - Provides individualized safety supports.
Personal Outcome Measures®
10. People choose with whom and where to live.
13. People live in integrated environments.

NCI

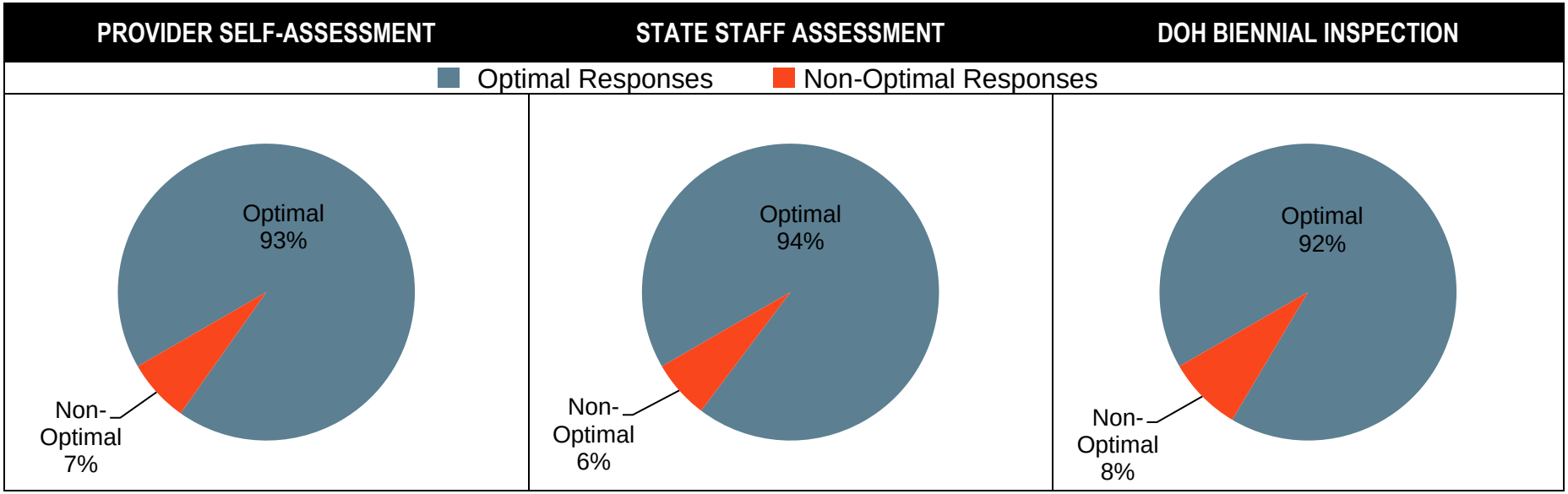
- Collects data on home type useful for aggregate examination of percent of residences that do not meet HCBS requirements.
- Identifies whether residences are provider owned/operated.
- Individuals have a right to go places they want to go.
- Individuals are supported to have visitors.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.6 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.7 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.8 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.9 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.10 Transition participants from non-compliant settings to compliant settings	CSP will use DD form/procedures to track changes as they occur	CSP	March 2022 & On-Going

PHYSICAL ACCESSIBILITY

Analysis of the assessment results revealed the physical accessibility concept area to be above the 86% threshold. The DHS/DDD will work with the South Dakota Department of Health (DOH) and providers on an individual basis to remediate any non-optimal findings to be completed by December 31, 2021.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

South Dakota closely monitors health, safety and sanitation through DHS/DDD's biennial quality assurance review in cooperation with DOH. Additionally, the CQL provides ongoing monitoring and technical assistance in relation to physical accessibility.

SMART

- Assistive Technology Assessment
- Safety
- Critical Incident Report
- SD DOH Safety and Sanitation Review

CQL

Basic Assurances®
Factor 6a - Individualized safety supports.
Factor 6b - The physical environment promotes individual's health, safety and welfare.
Personal Outcome Measures®
12. Individuals use their environments

NCI

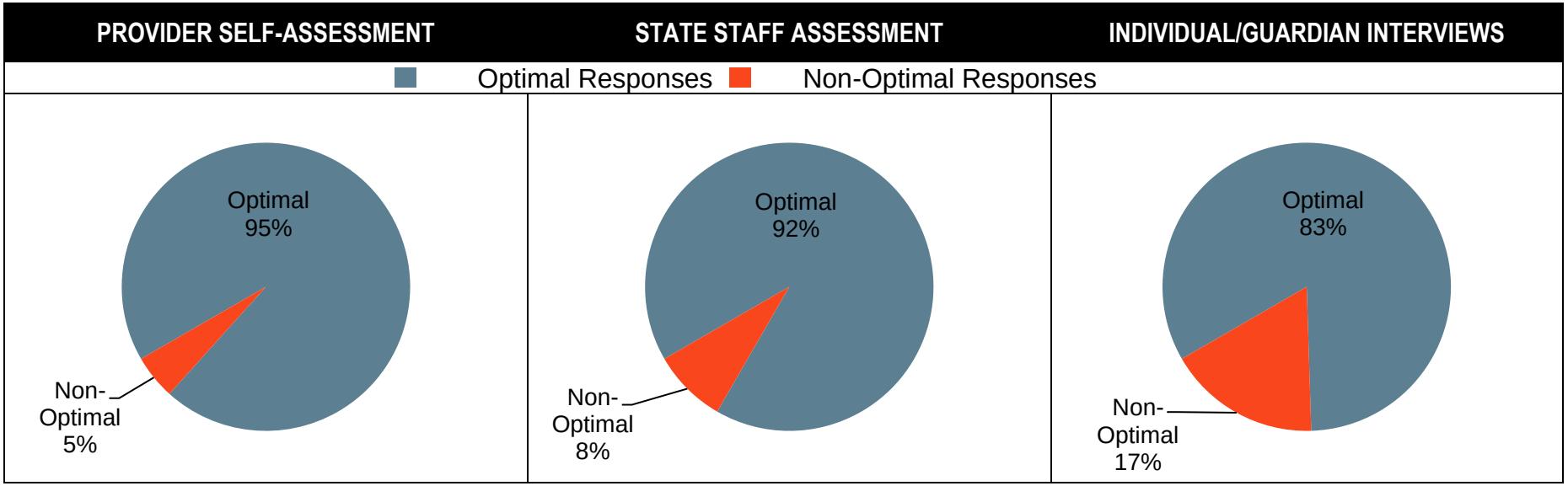
- Individual is able to move around freely without aid, with aid, or is not ambulatory even with aid.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.11 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.12 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.13 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.14 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.15 Transition participants from non-compliant settings to compliant settings	CSP will use DD form/procedures to track changes as they occur	CSP	March 2022 & On-Going

PRIVACY

Analysis of the assessment results revealed the privacy concept area to be above the 86% threshold. The DHS/DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be completed by December 31, 2021.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

South Dakota closely monitors individual rights through DHS/DDD's SMART continuous quality assurance system, NCI, and the CQL Personal Outcome Measures Performance Indicators (POM) Report.

SMART

- Personal Outcome Assessments
- Goals and Preferences

CQL

Basic Assurances®
Factor 2c - Individuals have privacy
Personal Outcome Measures®
10. Individuals choose with whom and where they live.

NCI

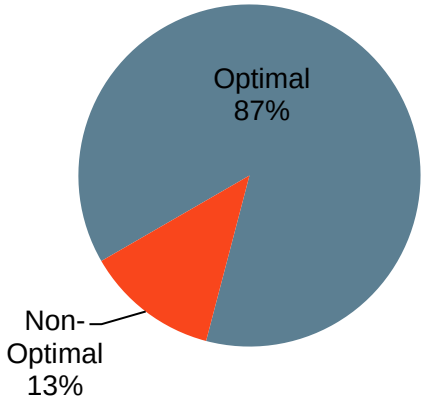
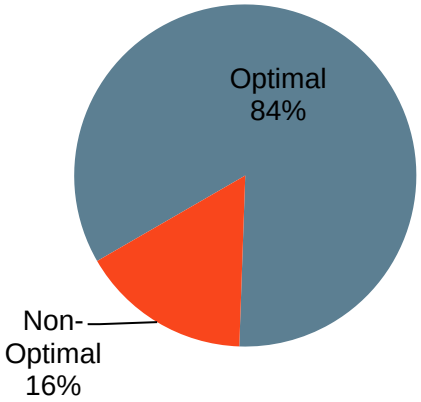
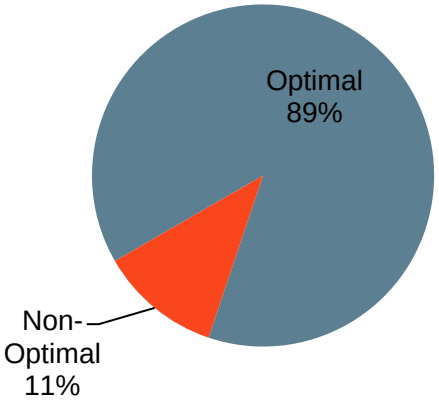
- Individual has privacy.
- Individual can be alone with guests.
- Individual can use phone/internet without restriction.
- Provider staff ask permission before entering individual's home or bedroom.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.16 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.17 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.18 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.19 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.20 Transition participants from non-compliant settings to compliant settings	CSP will use DD form/procedures to track changes as they occur	CSP	March 2022 & On-Going

AUTONOMY

Analysis of the assessment results revealed the autonomy concept area to be above the 86% threshold. DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be completed by December 31, 2021.

ASSESSMENT RESULTS

PROVIDER SELF-ASSESSMENT	STATE STAFF ASSESSMENT	INDIVIDUAL/GUARDIAN INTERVIEWS
Optimal Responses / Non-Optimal Responses		
		

CONTINUOUS QUALITY MONITORING

South Dakota closely monitors individual rights through DHS/DDD's SMART continuous quality assurance system, NCI, and CQL Personal Outcome Measures Performance Indicators (POM) Report. Additionally, DHS/DDD is collaborating with self-advocates, families, and providers to establish self-direction opportunities.

SMART

- Provider Choice
- Service Choice
- Goals and Preferences
- Grievance Requests
- Rights Restrictions/Due Process

CQL

Basic Assurances®
Factor 2d - Supports and services enhance dignity and respect.
Factor 1e - Decision-making supports are provided to individuals as needed.
Personal Outcome Measures®
5. People exercise rights.
16. Individuals choose services.

NCI

- Individuals make decisions.
- Self-direction queries suggest decision making competence building.
- Choice of support workers.
- Individual helps develop support plan.

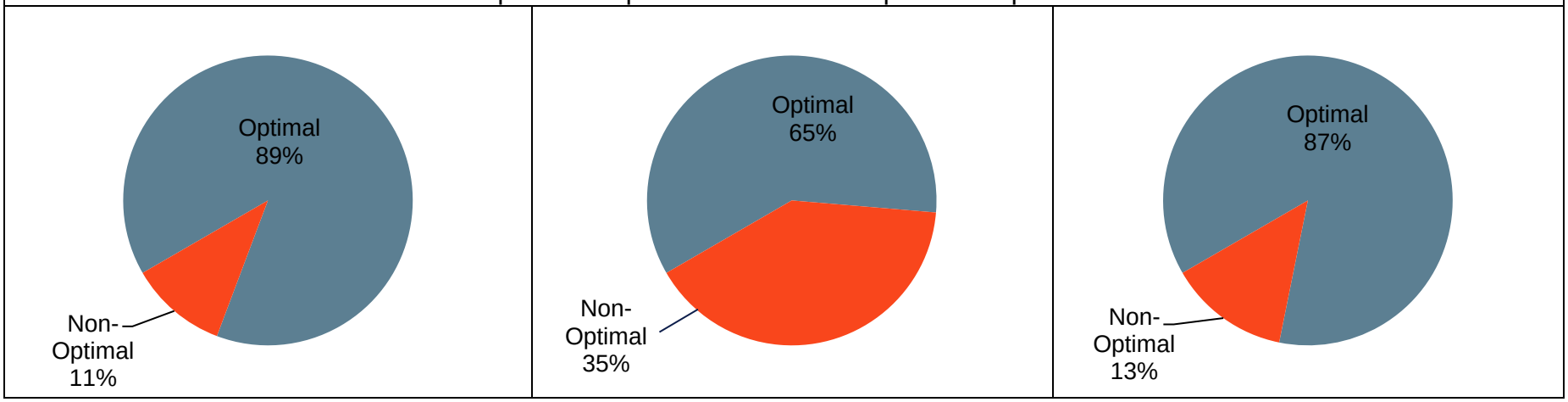
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.21 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.22 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.23 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.24 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.25 Transition participants from non-compliant settings to compliant settings	CSP will use DD form/procedures to track changes as they occur	CSP	March 2022 & On-Going

LIVING ARRANGEMENTS

ASSESSMENT RESULTS

PROVIDER SELF-ASSESSMENT	STATE STAFF ASSESSMENT	INDIVIDUAL/GUARDIAN INTERVIEWS

Optimal Responses ■ Non-Optimal Responses



CONTINUOUS QUALITY MONITORING

South Dakota closely monitors living arrangements through DHS/DDD's SMART continuous quality assurance system, National Core Indicators (NCI), Council on Quality and Leadership (CQL) Personal Outcome Measures Performance Indicators (POM) Report and by conducting biennial recertifications and regular on-site visits.

SMART

- Provider Choice
- Service Choice
- Goals and Preferences

CQL

Basic Assurances®
Factor 2d - Supports and services enhance dignity and respect.
Factor 2c - People have privacy
Personal Outcome Measures®
10. People choose where and with whom they live
16. Individuals choose services.

NCI

- Individuals make decisions.
- Self-direction queries suggest decision making competence building.
- Choice of support workers.
- Individual helps develop support plan.

ACTION STEPS

Provider self-assessments indicated grievance information is posted in obvious locations. State staff assessments indicated grievance information is not posted in obvious locations. Further discussion with providers revealed conflicting interpretations between state staff and providers regarding obvious locations. South Dakota will continue to collaborate with stakeholders on this issue and provide ongoing training.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Individuals have the same responsibilities and protections from eviction available to other tenants under South Dakota tenant/landlord laws.	1.1 Promulgate Administrative Rules of South Dakota (ARSD) requiring qualified providers to comply with expectation.	Draft Rules	DHS/South Dakota Medicaid	May 31, 2016
			Public Input		
			Legislative Approval		
		1.2 Update SMART System to include promulgated ARSD.	DHS/DDD updates SMART monitoring elements and internal review policy	DHS/DDD	June 30, 2016
		1.3 Train qualified providers on promulgated ARSD and compliance review processes.	DHS/DDD hosts training for qualified providers	DHS/DDD	October 31, 2016
		1.4 Biennial qualified provider reviews will include a review of the setting.	DHS/DDD will update the SMART review process to include monitoring elements pertaining to setting compliance	DHS/DDD	March 31, 2020, & On-Going
2	Settings are not identifiable as settings for individuals with ID/DD.	2.1 Biennial qualified provider reviews will include a review of the setting.	DHS/DDD will update the SMART review process to include monitoring elements pertaining to setting compliance	DHS/DDD	March 31, 2020, & On-Going
3	Individuals choose when, where and what to eat.	3.1 CQL will monitor individual access to food.	DHS/DDD will review accreditation results pertaining to Factor 9c and POM 5.	DHS/DDD	On-going

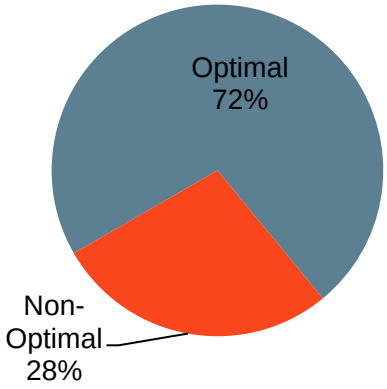
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		3.2 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to food.	DHS/DDD will update the SMART review process to include monitoring due process and adequate documentation of individual choice regarding access to food.	DHS/DDD	May 31, 2016, & On-Going
		3.3 Train qualified providers on due process and adequate documentation of individual choice regarding access to food.	DHS/DDD will host training for qualified providers	DHSD/DDD	October 4, 2016
4	Grievance information is posted in obvious locations. Individuals are able to make anonymous complaints.	4.1 Biennial qualified provider reviews will include a review of the setting.	DHS/DDD will update the SMART system to include monitoring elements pertaining to setting compliance	DHS/DDD	March 31, 2020, & On-Going
5	Individuals have access to keys to the setting or due process is afforded otherwise.	5.1 Biennial qualified provider reviews will be updated to include a review of the setting.	DHS/DDD will update the SMART review process to include review of elements pertaining to keys to settings	DHS/DDD	March 31, 2020, & On-Going
6	Providers perform Individual Remediation	6.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		6.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		6.3 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, update SMART	DDD	May 31, 2020
		6.4 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021 & On-Going
		6.5 Transition participants from non-compliant settings to compliant settings	CSP will use DD form/procedures to track changes as they occur	CSP	March 2022 & On-Going

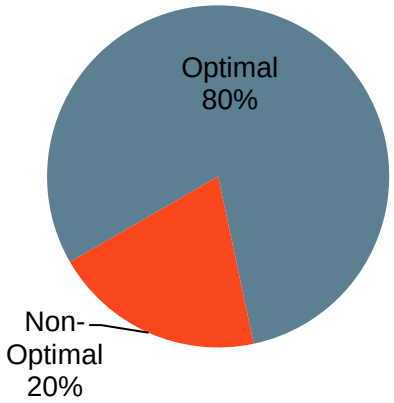
COMMUNITY INTEGRATION

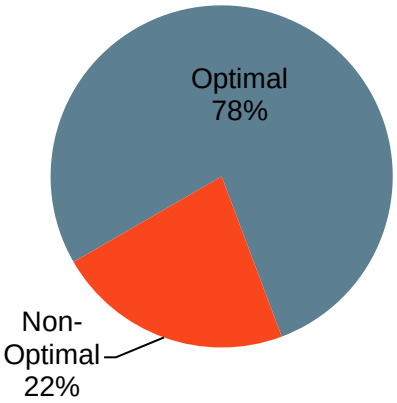
ASSESSMENT RESULTS

PROVIDER SELF-ASSESSMENT	STATE STAFF ASSESSMENT	INDIVIDUAL/GUARDIAN INTERVIEWS

Optimal Responses Non-Optimal Responses







CONTINUOUS QUALITY MONITORING

SMART

- Goals and Preferences
- Rights Restrictions
- Due Process/Restorations Plans for Restrictions.
- Safety

CQL

Basic Assurances®
Factor 2d - Supports and services enhance dignity and respect.
Factor 1e - Decision-making supports are provided to individuals as needed.
Personal Outcome Measures®
13. People live in integrated environments.
14. People interact with other members of the community.
19. People participate in life in the community.

NCI

- People do certain activities in the community: shopping, religious practice, entertainment, vacations, meetings.
- Social capital within the community.
- Individual is employed in the community.

ACTION STEPS

Further communication with providers revealed that providers indicated limits existed any time that they were not able to be the sole source of transportation and supervision in the community, even though policy would allow individuals to leave on their own as they are able or with family or friends. State staff assessments did not interpret availability of staffing and transportation as non-optimal responses. South Dakota will provide training that emphasizes using natural supports to facilitate community access.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Individuals have access to the community: ▪ When they want; and ▪ Ability to come and go at any time.	1.1 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to the community.	DHS/DDD will update the SMART review process to include monitoring due process and adequate documentation of individual choice regarding access to the community.	DHS/DDD	May 31, 2016
		1.2 Train qualified providers on due process and adequate documentation of individual choice regarding access to the community.	DHS/DDD will provide training to qualified providers as well as DDD staff regarding individual choice	DHS/DDD	October 4, 2016
		1.3 CQL will monitor individual access to the community.	DHS/DDD will review accreditation results pertaining to Factor 9c and POM 5.	DHS/DDD	On-going
		1.4 DHS/DDD will emphasize using natural supports (friends, family, etc.) to facilitate community access.	DHS/DDD will provide technical assistance to qualified providers, self-advocates, families, other partners as well as DDD staff regarding social capital	DHS/DDD	On-going
2	Individuals have access to community activities, including: ▪ Access to information; and	2.1 NCI interviews will assess extent to which people do certain activities in the community.	DHS/DDD will monitor successful outcomes by reviewing NCI interview results. *Note: UCEDD will begin individual interviews in January 2015. The analysis will then become on-going.*	DHS/DDD	~~January 31, 2015~~ Complete & On-going

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
	▪ Activities not coordinated by qualified provider.	2.2 CQL will monitor access to the community.	DHS/DDD will review accreditation results pertaining to POM 19 and Factor 2e.	DHS/DDD	On-going
		2.3 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to community activities.	DHS/DDD will update the SMART review process to include monitoring due process and adequate documentation of individual choice regarding access to community activities	DHS/DDD	March 31, 2020
		2.4 Train qualified providers on due process and adequate documentation of individual choice regarding access to the community.	DHS/DDD will provide technical assistance to qualified providers as well as DDD staff regarding individual choice	DHS/DDD	October 04, 2016
3	Individuals work in integrated community settings.	3.1 Update employment service definitions to promote competitive employment opportunities.	Draft updated service definitions. Financial Work Group and Stakeholder Input ARSD Promulgation Waiver Amendment Individual and Qualified Provider Training	DHS/DDD	June 30, 2018
		3.2 Collaborate with Division of Rehabilitation Services/Vocational Rehabilitation to expand supported employment services for individuals supported in segregated settings or age 24 or younger with limited employment experience.	Expand opportunities for individuals to work in integrated community settings.	DHS/DRS DHS/DDD	March 17, 2018, & Ongoing

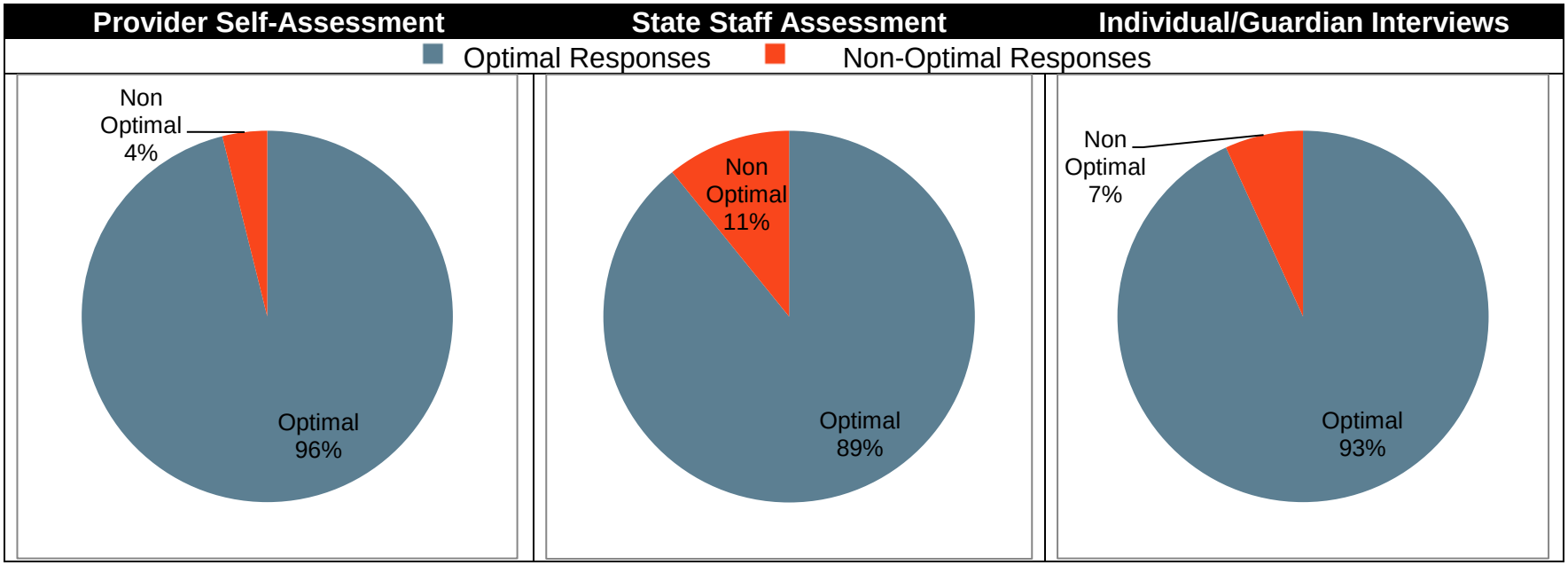
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		3.3 NCI interviews will assess extent to which people are competitively employed and their satisfaction with employment.	DHS/DDD will monitor successful outcomes by reviewing NCI interview results. *Note: UCEDD will begin individual interviews in January 2015. The analysis will then become on-going.*	DHS/DDD	~~January 31, 2015~~ Complete & On-going
		3.4 Continue participation in State Employment Leadership Network (SELN) collaborative of the National Association of State Directors of Developmental Disability Services (NASDDDS).	Expand opportunities for individuals to work in integrated community settings.	DHS/DDD	On-going
		3.5 CQL will monitor integrated community employment.	DHS/DDD will review accreditation results pertaining to POM 11 and Factor 2e and 3b.	DHS/DDD	On-going
4	Providers perform Individual Remediation	4.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		4.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		4.3 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, update SMART	DDD	May 31, 2020
		4.4 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		4.5 Transition participants from non-compliant settings to compliant settings	CSP will use DD form/procedures to track changes as they occur	CSP	March 2022 & On-Going

CHOICES NON-RESIDENTIAL ASSESSMENT RESULTS AND ACTION ITEMS

OVERVIEW

The provider self-assessment was completed by all of South Dakota's 20 Community Support Providers for 173HCBS non-residential setting sites. The Department of Human Services (DHS) Division of Developmental Disabilities (DDD) conducted a two-layer quality assurance check on all of the provider self-assessments. This included DDD staff assessments of all non-residential settings and individual/guardian interviews at each non-residential setting. The DHS/DDD utilized the results from the two-layer quality assurance check to validate the provider self-assessment results.

ASSESSMENTS



South Dakota heavily weighed the quality assurance results as a check on self-reported data from providers. Using CMS's 86% quality assurance threshold, South Dakota identified strengths and areas for improvement at the systemic level for each of the following concept areas. Please reference the Individual Remediation Section in regard to the approach providers will take to come into compliance with federal regulations.

STRENGTHS

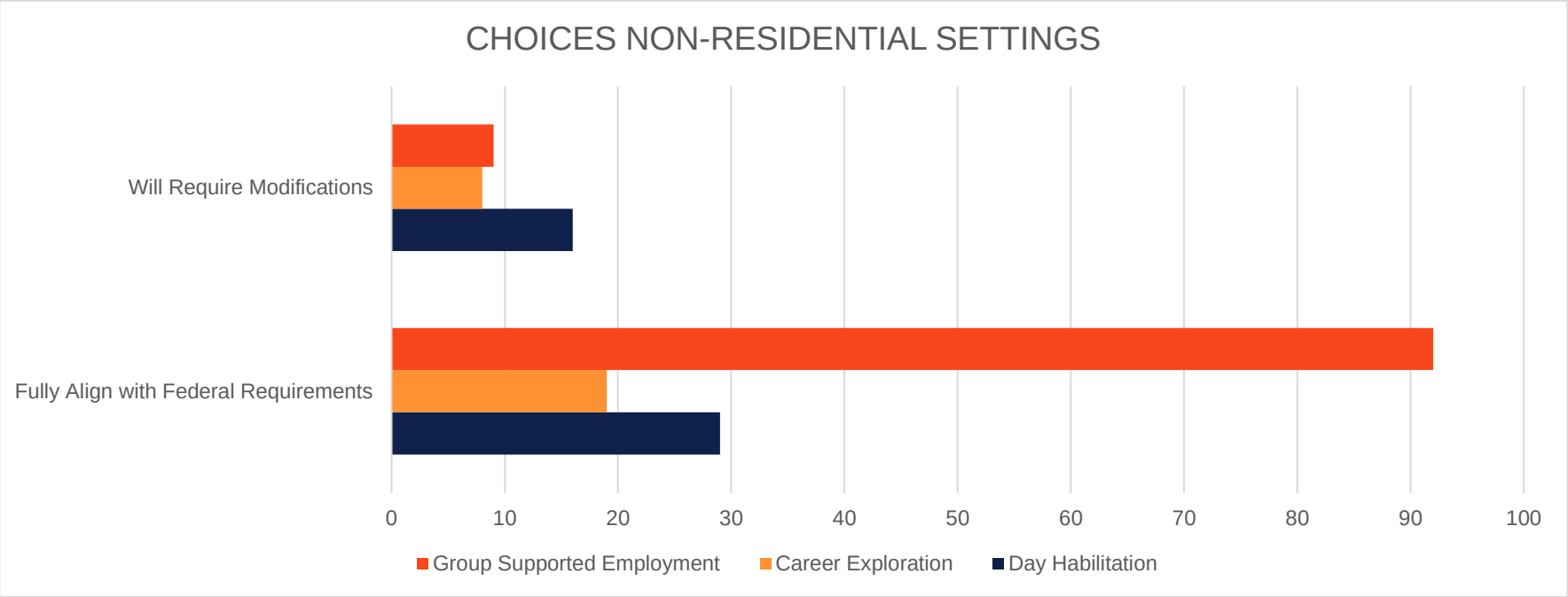
As shown in the table below, the Dignity and Respect, Autonomy, Physical Accessibility, Privacy, Location, and Community Integration concept areas were at or above 86% compliance in both the provider assessment results and the quality assurance results. South Dakota will use individual remediation to address issues in these concept areas. These concept areas are described in the following pages.

ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Dignity and Respect	97%	97%	0%
Autonomy	96%	86%	-10%
Physical Accessibility	95%	93%	-2%
Privacy	95%	97%	2%
Location	94%	88%	-6%
Community Integration	100%	89%	-11%

CONTINUOUS QUALITY MONITORING

DHS/DDD identified three specific practices of continuous quality improvement monitoring through the Systemic Monitoring and Reporting Technology (SMART), National Core Indicators (NCI), and the Council on Quality and Leadership (CQL). A description of the SMART, NCI, and CQL systems is described in South Dakota's Plan for Continuous Compliance. Each of the three areas have specific quality indicators or performance measures that correspond with the Home and Community Based Services (HCBS) settings federal regulation. The specific quality indicators from SMART, NCI and CQL that DHS/DDD intends to utilize for continuous quality at a systemic level are identified by concept areas in the following pages. DHS/DDD will analyze SMART, NCI, and CQL data on a systemic level to ensure compliance with Home and Community Based settings requirements. The results of this data analysis will inform DHS/DDD continuous quality improvement on a systemic level. DHS/DDD will work with providers on an individual basis to remediate non-optimal findings.

From the assessment results, South Dakota determined that 140 South Dakota Community Support Provider non-residential settings already fully align with federal requirements. South Dakota identified 33 other settings that will require modifications to setting policy or practice in order to achieve the intent of the federal requirements. South Dakota has grouped these settings by this methodology in the following chart.

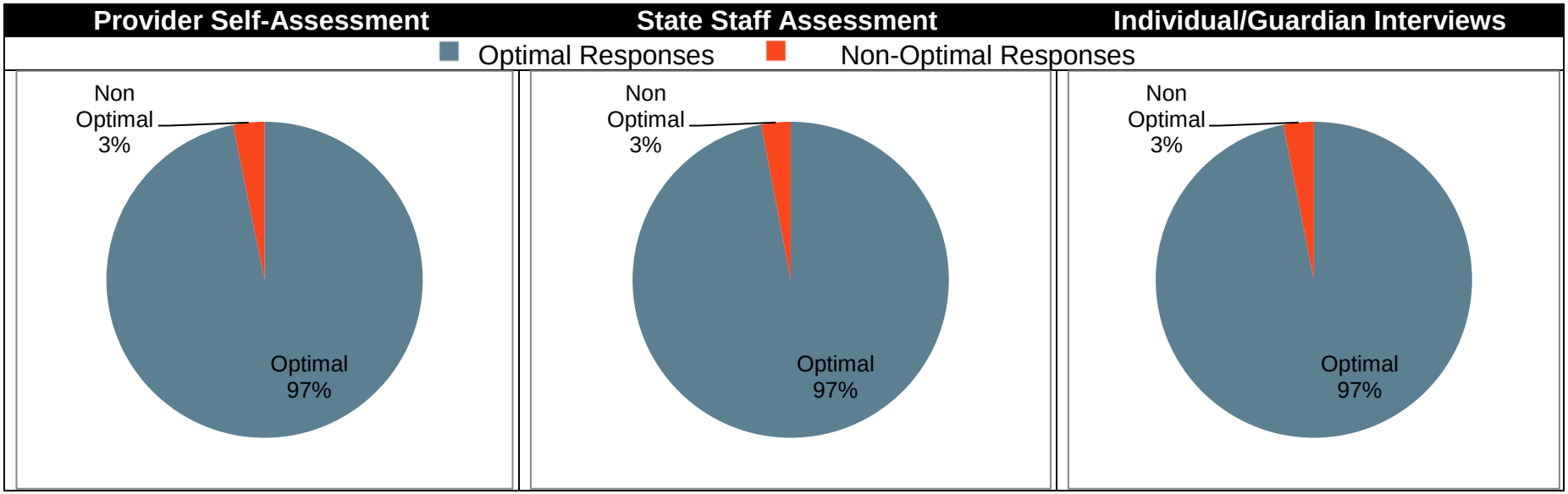


For the purposes of communicating and reporting completion of action steps and milestones to CMS and future assessment results, South Dakota will categorize these settings using CMS suggested language as those settings that fully comply; are not currently in full compliance but could comply with modification; are settings that are presumed to have the qualities of an institution; or are not able to come into compliance.

DIGNITY/RESPECT

Analysis of the assessment results revealed the dignity and respect concept area to be above the 86% threshold. DHS/DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be completed by December 31, 2021.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

South Dakota closely monitors dignity and respect through DHS/DDD's SMART continuous quality assurance system, National Core Indicators (NCI), Council on Quality and Leadership (CQL) Personal Outcome Measures Performance Indicators (POM) Report.

SMART	CQL	NCI
▪ Rights restrictions/Due process. Restoration plans for individual restrictions. ▪ Individual goals are based on personal preferences. ▪ Critical incident report reviews	**Basic Assurances®** Factor 2d - Supports and services enhance dignity and respect. **Personal Outcome Measures®** 10. People choose with whom and where to live. 13. People live in integrated environments. 14. People interact with members of the community 19. People participate in life in the community.	▪ Individual has been treated with respect by paid providers/staff. ▪ Knowledge and use of how to file grievances, report abuse and neglect.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.26 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.27 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.28 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.29 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.30 Transition participants from non-compliant settings to compliant settings		CSP	March 2022 & On-Going

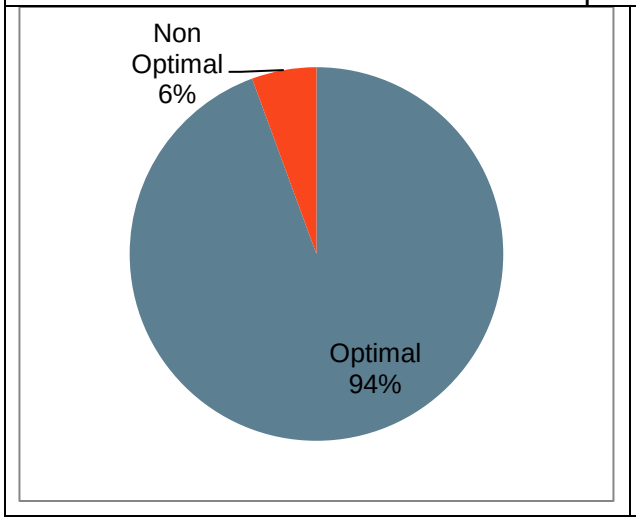
LOCATION

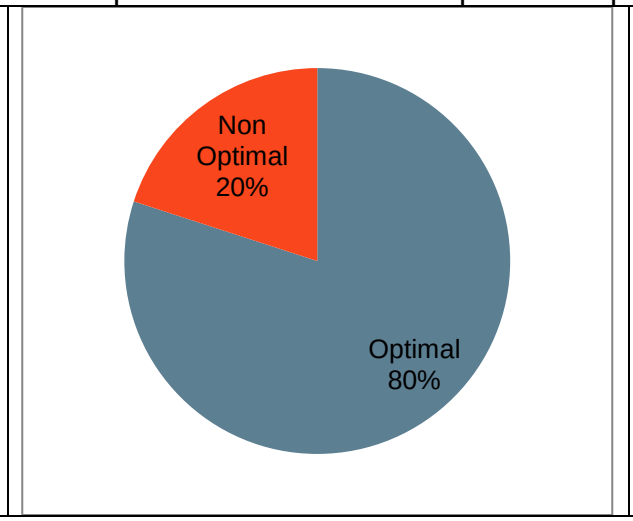
Analysis of the assessment results revealed the location concept area to be above the 86% threshold. The HCBS Settings Rule self-assessment process provided the DDD with baseline data as a starting point for ongoing remediation and quality improvement efforts. DDD will work with stakeholders and providers to remediate any settings with non-optimal results to be completed by December 31, 2021.

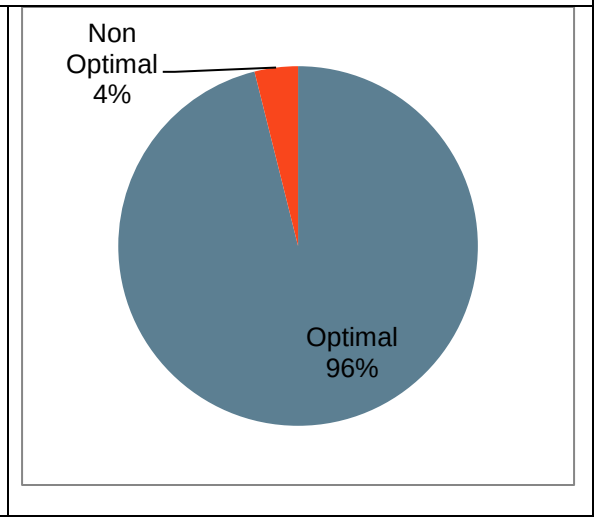
ASSESSMENT RESULTS

Provider Self-Assessment	State Staff Assessment	Individual/Guardian Interviews

Optimal Responses Non-Optimal Responses







CONTINUOUS QUALITY MONITORING

SMART

- Provider Choice
- Service Choice

CQL

Basic Assurances®
Factor 2d - Supports and services enhance dignity and respect.
Factor 2b - Provider respects individual's concerns and responds accordingly.
Factor 6a - Provides individualized safety supports.
Personal Outcome Measures®
10. People choose with whom and where to live.
13. People live in integrated environments.

NCI

- Collects data on home type useful for aggregate examination of percent of residences that do not meet HCBS requirements.
- Identifies whether residences are provider owned/operated.
- Individuals have a right to go places they want to go.
- Individuals are supported to have visitors.

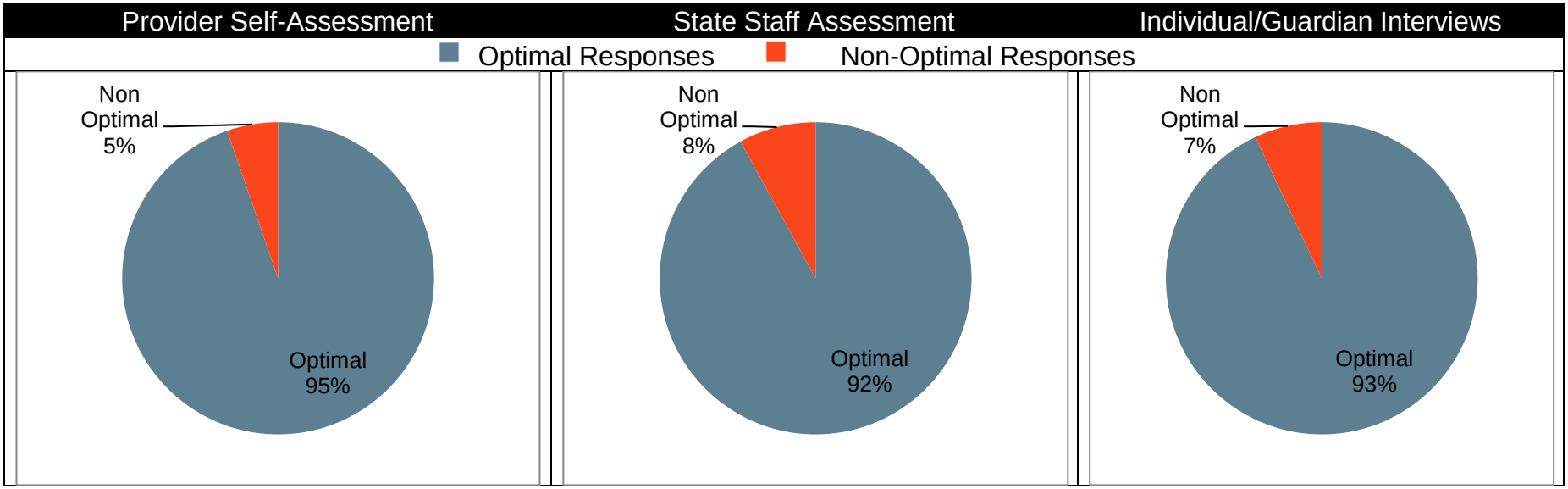
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.3 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.4 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.5 Transition participants from non-compliant settings to compliant settings		CSP	March 2022 & On-Going

PHYSICAL ACCESSIBILITY

Analysis of the assessment results revealed the physical accessibility concept area to be above the 86% threshold. The DHS/DDD will work with the South Dakota Department of Health (DOH) and providers on an individual basis to remediate any non-optimal findings to be completed by December 31, 2021.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

South Dakota closely monitors health, safety and sanitation through DHS/DDD's biennial quality assurance review in cooperation with DOH. Additionally, the CQL provides ongoing monitoring and technical assistance in relation to physical accessibility.

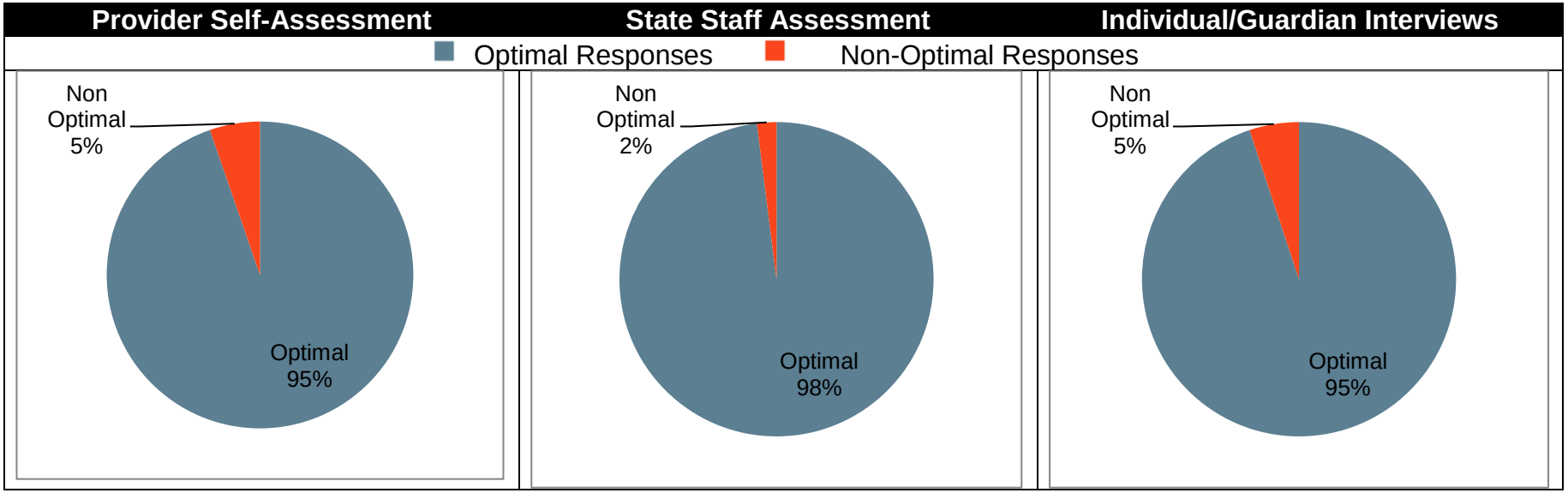
SMART	CQL	NCI
▪ Assistive Technology Assessment ▪ Safety ▪ Critical Incident Report ▪ SD DOH Safety and Sanitation Review	**Basic Assurances®** Factor 6a - Individualized safety supports. Factor 6b - The physical environment promotes individual's health, safety and welfare. **Personal Outcome Measures®** 12. Individuals use their environments	▪ Individual is able to move around freely without aid, with aid, or is not ambulatory even with aid.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.3 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.4 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.5 Transition participants from non-compliant settings to compliant settings		CSP	March 2022 & On-Going

PRIVACY

Analysis of the assessment results revealed the privacy concept area to be above the 86% threshold. The DHS/DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be completed by December 31, 2021.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

South Dakota closely monitors individual rights through DHS/DDD's SMART continuous quality assurance system, NCI, and the CQL Personal Outcome Measures Performance Indicators (POM) Report.

SMART	CQL	NCI
▪ Personal Outcome Assessments ▪ Goals and Preferences	**Basic Assurances®** Factor 2c - Individuals have privacy **Personal Outcome Measures®** 10. Individuals choose with whom and where they live.	▪ Individual has privacy. ▪ Individual can be alone with guests. ▪ Individual can use phone/internet without restriction.

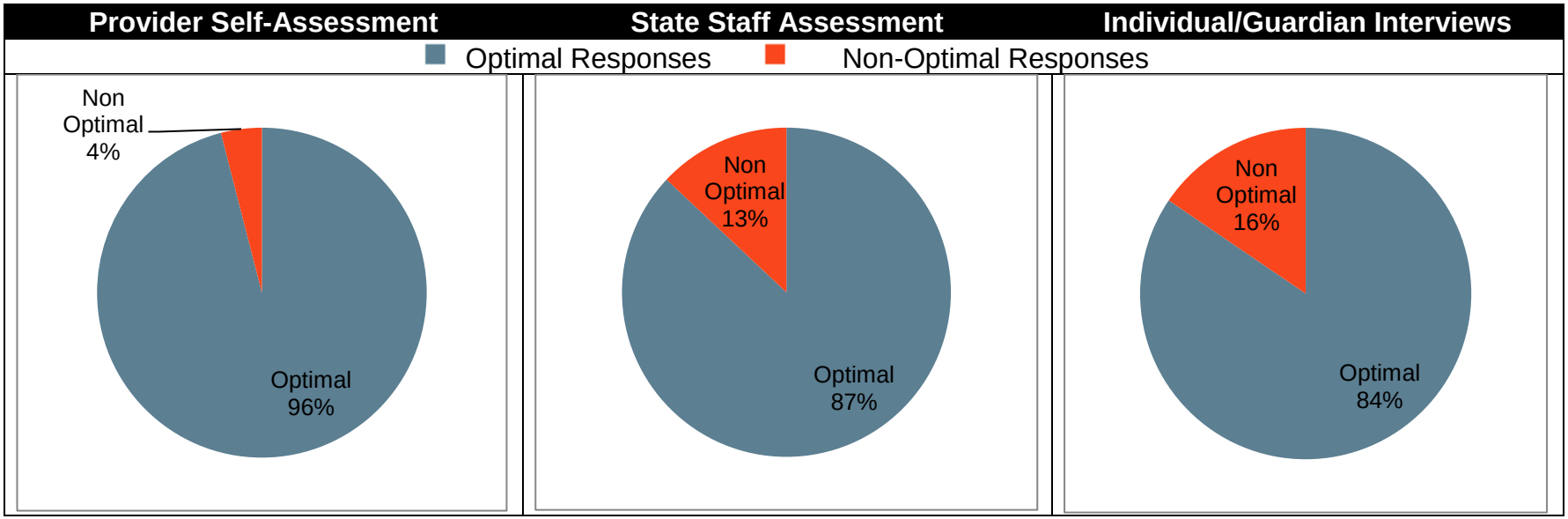
		▪ Provider staff ask permission before entering individual's home or bedroom.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.3 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.4 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.5Transition participants from non-compliant settings to compliant settings		CSP	March 2022 & On-Going

AUTONOMY

Analysis of the assessment results revealed the autonomy concept area to be above the 86% threshold. DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be completed by December 31, 2021.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

South Dakota closely monitors individual rights through DHS/DDD's SMART continuous quality assurance system, NCI, and CQL Personal Outcome Measures Performance Indicators (POM) Report. Additionally, DHS/DDD is collaborating with self-advocates, families, and providers to establish more self-direction opportunities.

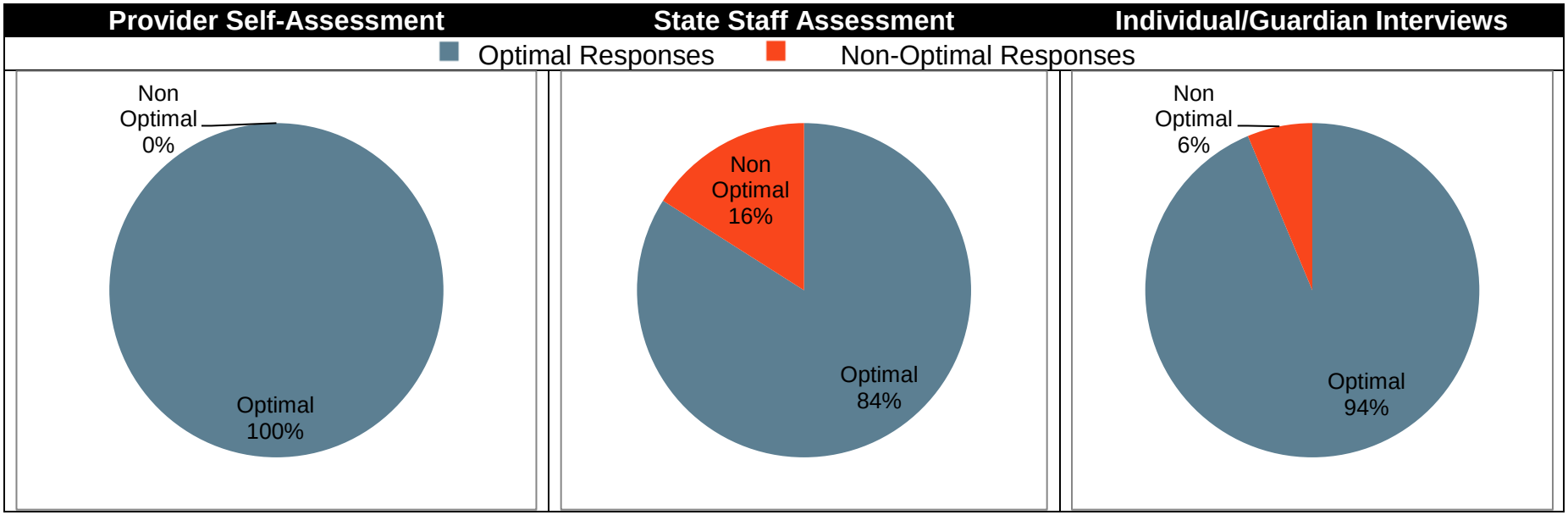
SMART	CQL	NCI
▪ Provider Choice ▪ Service Choice ▪ Goals and Preferences ▪ Grievance Requests ▪ Rights Restrictions/Due Process	**Basic Assurances®** Factor 2d - Supports and services enhance dignity and respect. Factor 1e - Decision-making supports are provided to individuals as needed. **Personal Outcome Measures®** 5. People exercise rights. 16. Individuals choose services.	▪ Individuals make decisions. ▪ Self-direction queries suggest decision making competence building. ▪ Choice of support workers. ▪ Individual helps develop support plan.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.3 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.4 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.5 Transition participants from non-compliant settings to compliant settings		CSP	March 2022 & On-Going

COMMUNITY INTEGRATION

Analysis of the assessment results revealed that the community integration concept area to be above the 86% threshold. DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be completed by December 31, 2021.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

SMART	CQL	NCI
▪ Goals and Preferences ▪ Rights Restrictions ▪ Due Process/Restorations Plans for Restrictions. ▪ Safety	**Basic Assurances®** Factor 2d - Supports and services enhance dignity and respect. Factor 1e - Decision-making supports are provided to individuals as needed. **Personal Outcome Measures®** 13. People live in integrated environments. 14. People interact with other members of the community. 19. People participate in life in the community.	▪ People do certain activities in the community: shopping, religious practice, entertainment, vacations, meetings. ▪ Social capital within the community. ▪ Individual is employed in the community.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	March 31, 2019
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2020
		1.3 State Reassesses its continuous Quality Improvement Strategies	Update ARSD, policies, provide training, updating SMART	DDD	May 31, 2020
		1.4 State Assessment of Expectations	On-Site Review	DDD	Dec 31, 2021, & On-Going
		1.5 Transition participants from non-compliant settings to compliant settings		CSP	March 2022 & On-Going

PLAN FOR CONTINUOUS COMPLIANCE AFTER THE TRANSITION PLAN PERIOD

South Dakota will ensure providers maintain compliance with the federal regulations for each 1915(c) waiver following the end of the transition plan. South Dakota will ensure compliance through a variety of mechanisms including ombudsman visits, on-site provider reviews and care planning activities. South Dakota will incorporate the federal regulations into existing review mechanisms, grievance procedures, and annual education during care planning meetings. In addition to these activities, each waiver identified specific activities to ensure on-going compliance.

ASSISTIVE DAILY LIVING SERVICES (ADLS) WAIVER

Services in the ADLS waiver are currently provided only to individuals living in their own home or the family home and are intended to maximize independence and safety and support full community access and integration. At each waiver renewal, the ADLS waiver will evaluate services and service providers to determine if any services may be subject to the settings requirements in the federal regulations.

CHOICES WAIVER

The Department of Human Services Division of Developmental Disabilities (DHS/DDD) identified three specific practices of continuous quality improvement monitoring, as described below. Each of the three areas have specific quality improvement indicators that correspond with the Home and Community Based Services (HCBS) federal regulation. The DHS/DDD will collect and analyze monitoring information and share the results with stakeholders on a quarterly basis to assist with systemic quality improvements. Specific indicators are specified by concept area in the CHOICES Assessment Results and Action Items section. Indicators were selected based on their applicability to the final rule. The way indicators are used on a per facility basis is described below. The South Dakota Department of Health (DOH) conducts biennial physical facility standards compliance reviews for all settings owned or leased by qualified providers.

SYSTEMIC MONITORING AND REPORTING TECHNOLOGY (SMART) – As specified in Appendix H of South Dakota's approved waiver, SMART is an online review system to compile and calculate Health & Welfare performance measures for the CHOICES waiver. SMART facilitates DHS/DDD review of compliance with Health & Welfare requirements including all critical incident reporting, medication management and administration and the use of highly restrictive procedures. SMART aligns existing quality assurance and

improvement processes with federal reporting requirements while concurrently producing meaningful information for systemic improvement. SMART engages qualified providers in the remediation of problems discovered and systemic improvement of their certification requirements. It is also available to DHS/DDD staff, the SSMA and qualified providers as a tool to generate qualified provider specific reports to monitor and trend improvement progress.

NATIONAL CORE INDICATORS (NCI) - NCI is a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). The purpose of the program is to gather a standard set of performance and outcome measures that can be used to track performance and satisfaction over time, to compare results across states, and to establish national benchmarks. Over time, NCI has become an integral component of over half the states' quality management systems and aligns with basic requirements for assuring quality in HCBS waivers. South Dakota has participated in NCI since 2002. DDD has recently partnered with the University of South Dakota Center for Disabilities, South Dakota's University Center for Excellence in Developmental Disabilities (UCEDD), to conduct the face-to-face interviews of 350 waiver participants. NCI data additionally has been used as the basis of data briefs on specific areas of interest such as employment, dual diagnosis, self-directed services, autism spectrum disorders, and home and community based services.

THE COUNCIL ON QUALITY AND LEADERSHIP (CQL) – DHS/DDD qualified providers are accredited by CQL. CQL ensures accountabilities for health safety and welfare through provider compliance reviews of licensing and certification standards. CQL's Basic Assurances® compile systems and practices data from providers to identify trends and gaps requiring systemic improvement. Data can be analyzed at the provider level as well as statewide and nationally. CQL's Personal Outcome Measures® is a tool used to evaluate individual's quality of life. Data is gathered and analyzed to identify trends and opportunities for improvement. The data is used to assist providers to identify priorities in Person Centered Excellence® and focus their efforts towards quality assurances and systemic improvements to ensure people are achieving personal outcomes.

HOPE WAIVER

The Department of Human Services Division of Long Term Services and Supports (LTSS) will require each enrolled setting to sign an Addendum to the SD Medicaid Provider Agreement attesting to compliance with the requirements of the federal regulations. LTSS will implement an Addendum for Assisted Living providers starting in State Fiscal year 2017. Compliance with the Addendum will be evaluated during annual on-site reviews of the setting. When non-compliance is identified in a setting, LTSS will develop

recommendations for the provider and work individually with the provider to identify remedial actions. LTSS will incorporate the requirements of the final rule into the on-site provider reviews and the annual care planning process.

FAMILY SUPPORT 360 WAIVER

Services in the Family Support 360 waiver are currently provided only to individuals who are children living with natural, adopted, step-families or relatives who act in a parental capacity; adults living independently in the community; or adults living with a family member, legal guardian, or advocate. The services are intended to maximize independence and safety and supports community access and integration. At each waiver renewal, the Family Support 360 waiver will evaluate services and service providers to determine if any services may be subject to the settings requirements in the federal regulation.

IMPLEMENTATION MILESTONES

Year 1: March 2014 – March 2015

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
CHOICES	Living Arrangements (Residential)	3.1 CQL will monitor individual access to food.	On-Going
CHOICES	Community Integration (Residential)	1.3 CQL will monitor individual access to the community.	On-Going
CHOICES	Community Integration (Residential)	1.4 DHS/DDD will emphasize using natural supports (friends, family, etc.) to facilitate community access	On-Going
CHOICES	Community Integration (Residential)	2.1 NCI interviews will assess extent to which people do certain activities in the community	~~January 31, 2015~~ Complete and On-Going
CHOICES	Community Integration (Residential)	2.2 CQL will monitor access to community activities.	On-Going
CHOICES	Community Integration (Residential)	3.3 NCI interviews will assess extent to which people are competitively employed and their satisfaction with employment	~~January 31, 2015~~ Complete and On-Going
CHOICES	Community Integration (Residential)	3.4 Continue participation in State Employment Leadership Network (SELN) collaborative of the National Association of State Directors of Developmental Disability Services (NASDDDS)	On-Going
CHOICES	Community Integration (Residential)	3.5 CQL will monitor integrated community employment.	On-Going

Year 2: March 2015 – March 2016

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HOPE	Privacy	3.1 Educate providers of state and federal expectations.	~~June 30, 2015~~ Complete
HOPE	Privacy	2.1 Document setting choice between private and shared bedrooms in person-centered care plan.	~~July 1, 2015~~ Complete
HOPE	Privacy	3.2 Providers implement a policy that allows individuals choice of roommates as available	~~December 31, 2015~~ Complete

Year 3: March 2016 – March 2017

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HOPE	Living Arrangements	1.1 Educate providers about state and federal expectations.	~~April 31, 2016~~ Complete
HOPE	All Concept Areas	Educate providers about state and federal expectations for Individual Remediation.	~~May 31, 2016~~ Complete
HOPE	Privacy	1.1 Educate providers of state and federal expectations.	~~May 31, 2016~~ Complete
HOPE	Community Integration	2.1 Educate providers of state and federal expectations.	~~May 31, 2016~~ Complete
CHOICES	Living Arrangements (Residential)	1.1 Promulgate Administrative Rules of South Dakota (ARSD) requiring qualified providers to comply with expectation	~~May 31, 2016~~ Complete
CHOICES	Living Arrangements (Residential)	3.2 Through the SMART internal preview process DHS/DDD will require due process and adequate documentation regarding access to food	~~May 31, 2016~~ On-going
CHOICES	Living Arrangements (Residential)	3.3 Train qualified providers on due process and adequate documentation of individual choice regarding access to food	~~May 31, 2016~~ Complete
CHOICES	Community Integration (Residential)	1.1 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to the community	~~May 31, 2016~~ On-going
CHOICES	Community Integration (Residential)	1.2 Train qualified providers on due process and adequate documentation of individual choice regarding access to the community	~~May 31, 2016~~ Complete
CHOICES	Living Arrangements (Residential)	1.2 Update SMART System to include promulgated ARSD	~~June 30, 2016~~ Complete
HOPE	Privacy	1.2 Document health and welfare concerns in person-centered care plan.	~~July 1, 2016~~ Complete
HOPE	Living Arrangements	2.1 Educate providers about state and federal expectations.	~~July 31, 2016~~ Complete
HOPE	Community Integration	1.1 Educate providers of state and federal expectations.	~~July 31, 2016~~ Complete
HOPE	Community Integration	1.3 Increase provider knowledge of natural supports.	~~July 31, 2016~~ Complete
CHOICES	Community Integration (Residential)	2.4 Train qualified providers on due process and adequate documentation of individual choice regarding access to the community	~~September 30, 2016~~ Complete

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
CHOICES	Living Arrangements (Residential)	6.4 State Assessment of Expectation	December 31, 2021 & On-Going
HOPE	Community Integration	2.2 Change HOPE waiver eligibility requirements for earned income.	~~October 1, 2016~~ Complete
CHOICES	Living Arrangements (Residential)	1.3 Train qualified providers on new tenant ARSD and compliance review process	Complete
HOPE	Dignity & Respect	1.2 Providers Re-Assess Compliance	~~December 31, 2016~~ Complete
HOPE	Dignity & Respect	1.3 State Assessment of progress with compliance	July 31, 2018
HOPE	Dignity & Respect	1.4 Providers complete modifications for full compliance	July 31, 2021

Year 4: March 2017 – March 2018

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HOPE	Location	1.2 Providers Re-Assess Compliance	~~March 30, 2017~~ Complete
HOPE	Location	1.3 State Assessment of progress with compliance	July 31, 2018
HOPE	Location	1.4 Providers complete modifications for full compliance.	July 31, 2021
HOPE	Community Integration	1.2 Collaborate with stakeholders and providers to perform further analysis.	January 31, 2019
HOPE	Physical Accessibility	1.2 Providers Re-Assess Compliance	~~June 30, 2017~~ Complete
HOPE	Physical Accessibility	1.3 State Assessment of progress with compliance	July 31, 2018
HOPE	Physical Accessibility	1.4 Providers complete modifications for full compliance.	July 31, 2021
HOPE	Autonomy	1.2 Providers Re-Assess Compliance	Complete
HOPE	Autonomy	1.3 State Assessment of progress with compliance	July 31, 2018
HOPE	Autonomy	1.4 Providers complete modifications for full compliance.	July 31, 2021
HOPE	Community Integration	3.2 Providers Re-Assess Compliance	Complete
HOPE	Community Integration	3.3 State Assessment of progress with compliance	July 31, 2018
HOPE	Community Integration	3.4 Providers complete modifications for full compliance.	July 31, 2021

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
CHOICES	Community Integration (Residential)	4.4 State Assessment of Expectation	Dec 31, 2021 & On-Going

Year 5: March 2018 – March 2019

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HOPE	Privacy	1.3 All provider-owned or leased settings implement locks for capable individuals.	July 31, 2021
HOPE	Living Arrangements	2.2 All settings are immediately accessible to individuals 24/7 by key or other means such as setting staff, key pad/fob, etc.	July 31, 2021
HOPE	Privacy	4.2 Providers Re-Assess Compliance	Complete
CHOICES	All Concept Areas	1.2 Provider Re-Assess Compliance	March 31, 2020
CHOICES	All Concept Areas	1.3 State Reassesses its continuous Quality Improvement Strategies	May 31, 2020
CHOICES	All Concept Areas	1.4 State Assessment of Expectation	December 31, 2021 & On-Going
CHOICES	All Concept Areas	1.5 Transition participants from non-compliant settings to compliant settings	March 2022 & On-Going
CHOICES	All Concept Areas	1.1 Educate Providers of state and federal expectations	March 31, 2019
HOPE	Privacy	4.3 State Assessment of progress with compliance	July 31, 2018
HOPE	Privacy	4.4 Providers complete modifications for full compliance.	July 31, 2021
CHOICES	Community Integration (Residential)	3.1 Update employment service definitions to promote competitive employment opportunities.	~~June 30, 2018~~ Complete
CHOICES	Community Integration (Residential)	3.2 Collaborate with Division of Rehabilitation Services/Vocational Rehabilitation to expand supported employment services for individuals supported in segregated settings or age 24 or younger with limited employment experience	~~March 17, 2018~~ Complete & Ongoing
HOPE	Living Arrangements	3.2 Providers Re-Assess Compliance	Complete
HOPE	Living Arrangements	3.3 State Assessment of progress with compliance	July 31, 2018

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HOPE	Living Arrangements	3.4 Providers complete modifications for full compliance.	July 31, 2021
CHOICES	Living Arrangements (Residential)	1.4 Biennial qualified provider reviews will include a review of the setting	~~March 31, 2020~~ Started & On-Going
CHOICES	Living Arrangements (Residential)	2.1 Biennial qualified provider reviews will include a review of the setting	~~March 31, 2020~~ Started & On-Going
CHOICES	Living Arrangements (Residential)	4.1 Biennial qualified provider reviews will include a review of the setting	~~March 31, 2020~~ Started & On-Going
CHOICES	Living Arrangements (Residential)	5.1 Biennial qualified provider reviews will be updated to include a review of the setting	~~March 31, 2020~~ Started & On-Going
CHOICES	Community Integration (Residential)	2.3 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to community activities	~~March 17, 2019~~ Complete and on-going
CHOICES	Community Integration (Residential)	3.1 Update employment service definitions to promote competitive employment opportunities	June 30, 2018
HOPE	Living Arrangements	1.2 The setting offers reasonable alternative to planned meals.	July 31, 2021
HOPE	Living Arrangements	1.3 Individuals are able to make an alternative meal within their resources.	July 31, 2021
HOPE	Living Arrangements	1.4 All individuals can elect to eat at an alternative time.	July 31, 2021
HOPE	Living Arrangements	1.5 All individuals can elect to eat in their room.	July 31, 2021
CHOICES	All Concept Areas	1.1 Educate Providers of State and Federal Expectations	March 31, 2019

FEBRUARY 2015 PUBLIC INPUT AND PUBLIC NOTICE

PUBLIC INPUT OPPORTUNITIES FOR PLAN SUBMITTED 3/12/2015

In addition to the formal public notice period required by CFR, South Dakota engaged providers, individuals, and stakeholders throughout the transition plan assessment and preparation process. All mailings and slides and recordings of webinars are available online at: http://dss.sd.gov/medicaid/hcbs.aspx

FINAL RULE EDUCATION ACTIVITIES

- Provider Final Rule Educational Mailing: August 25, 2014
- Provider Final Rule Overview Webinar: August 29, 2014 and September 2, 2014
- Tribal Consultation Final Rule Overview Presentation: October 9, 2014
- Stakeholder Educational Mailing: November 14, 2014

ASSESSMENT PUBLIC INPUT ACTIVITIES

- Assessment Provider Pilot Group: August 29, 2014 to September 11, 2014
- Provider Assessment Education Mailing: September 12, 2014
- Provider Assessment Education Webinar: September 23, 2014 and September 24, 2014

ASSESSMENT RESULTS AND DRAFT TRANSITION PLAN PUBLIC INPUT ACTIVITIES

- HOPE Waiver Provider & Stakeholder Webinars:
  - January 4, 2015
  - January 5, 2015
  - January 12, 2015
- Tribal Consultation Presentation: January 8, 2015
- CHOICES Core Stakeholder Presentation: January 5, 2015
- DHS Community Support Providers Presentation: January 14, 2015

FORMAL PUBLIC NOTICE PERIOD

South Dakota's Formal Public Notice Period began on February 2, 2015 and ended on March 4, 2015. South Dakota engaged providers, individuals, and stakeholders during the Public Notice Process. All mailings and notification materials are available online at: http://dss.sd.gov/medicaid/hcbs.aspx.

South Dakota offered four ways to make a comment on the transition plan:

1) **E-Mail:**
   South Dakota created an e-mail address specifically for comments and questions regarding the transition plan. The e-mail address is hcbs@state.sd.us.
2) **Mail:**
   South Dakota accepted written comments via mail to South Dakota Medicaid.
3) **Phone:**
   South Dakota accepted comments and questions made by phone. Contact information was listed for the HOPE Waiver, CHOICES Waiver, ADLS Waiver, Family Support 360 Waiver and South Dakota Medicaid.
4) **Public Forums and Town Hall Conference Calls:**
   The Department of Human Services offered three in-person meetings and one town hall conference call to accept public comments and questions. The Department of Social Services offered two Town Hall conference calls to accept public comments and questions.
   - Public Forums:
     - February 9, 2015: Watertown, SD 9:00 am – 10:30 am CST
     - February 9, 2015: Sioux Falls, SD 1:00 pm – 2:30 pm CST
     - February 10, 2015: Rapid City, SD 9:00 am – 10:30 am MST
   - Town Hall Conference Calls:
     - February 12, 2015: Webinar 9:00 am – 10:30 am CST
     - February 18, 2015: Conference Call 9:00 am – 10:00 am CST
     - February 19, 2015: Conference Call 4:00 pm – 5:00 pm CST

South Dakota performed the following activities related to public notice:

TRIBAL CONSULTATION

South Dakota distributed the draft transition plan to all of South Dakota's nine tribes via e-mail on February 2, 2015. The e-mail contained a letter describing the transition plan, how the plan affects Native Americans in South Dakota, and how to make a comment on the plan. The e-mail also contained a direct link to where the transition plan could be viewed online and PDF of the transition plan.

South Dakota provided an in-depth presentation of the draft transition plan in advance of the Public Notice period at the January 8, 2015 Medicaid Tribal Consultation Meeting. South Dakota Medicaid meets with members of South Dakota's nine tribes each quarter.

PROVIDER, STAKEHOLDER, AND PUBLIC NOTIFICATION

South Dakota made the draft transition plan available on the Department of Social Services' website on February 2, 2015. The draft transition plan may be viewed online: http://dss.sd.gov/medicaid/hcbs.aspx. South Dakota made written copies of the transition plan available to individuals who contacted South Dakota Medicaid for assistance. Notice of the transition plan was also given on the Department of Human Service's website.

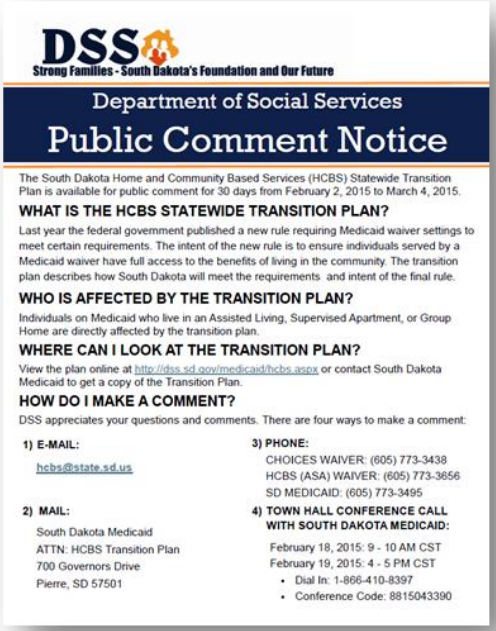
South Dakota engaged providers, stakeholders, individuals, and the public during the Public Notice Period. South Dakota distributed the transition plan via e-mail to providers, stakeholders, and others via e-mail on February 2, 2015. A copy of the letter sent to providers is available online: http://dss.sd.gov/medicaid/hcbs.aspx. Additional notice of the transition plan and how to make a comment was sent to stakeholders by the waiver managers of each of South Dakota's four Medicaid waivers.

South Dakota published notice of the transition plan and comment period in the South Dakota Legislative Research Council *Register*. Notice was provided every week during the public notice period:

- February 2, 2015: http://legis.sd.gov/docs/rules/Register/02022015.pdf
- February 9, 2015: http://legis.sd.gov/docs/rules/Register/02092015.pdf
- February 17, 2015: http://legis.sd.gov/docs/rules/Register/02172015.pdf
- February 23, 2015: http://legis.sd.gov/docs/rules/Register/02232015.pdf
- March 2, 2015: http://legis.sd.gov/docs/rules/Register/03022015.pdf

Notice of the transition plan was also published in three newspapers around the state. On February 4, 2015, notice was published in the *Watertown Public Opinion* and *the Rapid City Journal*. On February 5, 2015, notice was published in the Sioux Falls *Argus Leader*.

The Department of Social Services and the Department of Human Services created posters advertising the transition plan and providing information on how to make a comment. The posters were hung in all 63 DSS local offices. DSS and DHS additionally requested providers hang the posters in a public place in their setting. Examples of the posters are shown below.



DSS
Strong Families - South Dakota's Foundation and Our Future

Department of Social Services

Public Comment Notice

The South Dakota Home and Community Based Services (HCBS) Statewide Transition Plan is available for public comment for 30 days from February 2, 2015 to March 4, 2015.

WHAT IS THE HCBS STATEWIDE TRANSITION PLAN?

Last year the federal government published a new rule requiring Medicaid waiver settings to meet certain requirements. The intent of the new rule is to ensure individuals served by a Medicaid waiver have full access to the benefits of living in the community. The transition plan describes how South Dakota will meet the requirements and intent of the final rule.

WHO IS AFFECTED BY THE TRANSITION PLAN?

Individuals on Medicaid who live in an Assisted Living, Supervised Apartment, or Group Home are directly affected by the transition plan.

WHERE CAN I LOOK AT THE TRANSITION PLAN?

View the plan online at http://dss.sd.gov/medicaid/hcbs.aspx or contact South Dakota Medicaid to get a copy of the Transition Plan.

HOW DO I MAKE A COMMENT?

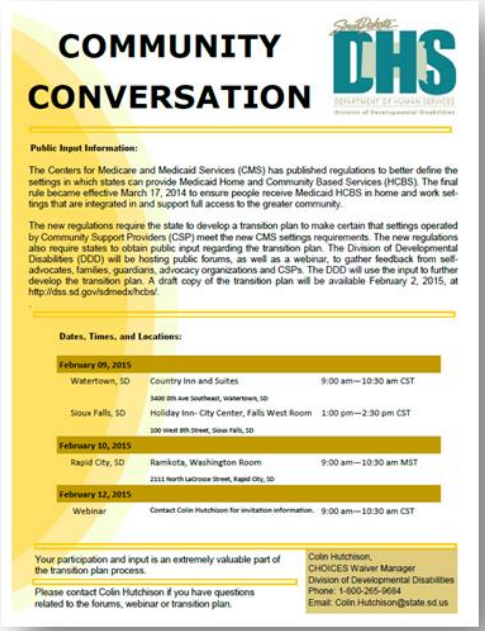
DSS appreciates your questions and comments. There are four ways to make a comment:

1) E-MAIL:
hcbs@state.sd.us

2) MAIL:
South Dakota Medicaid
ATTN: HCBS Transition Plan
700 Governors Drive
Pierre, SD 57501

3) PHONE:
CHOICES WAIVER: (605) 773-3438
HCBS (ASA) WAIVER: (605) 773-3656
SD MEDICAID: (605) 773-3495

4) TOWN HALL CONFERENCE CALL WITH SOUTH DAKOTA MEDICAID:
February 18, 2015: 9 - 10 AM CST
February 19, 2015: 4 - 5 PM CST
- Dial In: 1-866-410-8397
- Conference Code: 8815043390



COMMUNITY CONVERSATION

South Dakota DHS
DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities

Public Input Information:

The Centers for Medicare and Medicaid Services (CMS) has published regulations to better define the settings in which states can provide Medicaid Home and Community Based Services (HCBS). The final rule became effective March 17, 2014 to ensure people receive Medicaid HCBS in home and work settings that are integrated in and support full access to the greater community.

The new regulations require the state to develop a transition plan to make certain that settings operated by Community Support Providers (CSP) meet the new CMS settings requirements. The new regulations also require states to obtain public input regarding the transition plan. The Division of Developmental Disabilities (DDD) will be hosting public forums, as well as a webinar, to gather feedback from self-advocates, families, guardians, advocacy organizations and CSPs. The DDD will use the input to further develop the transition plan. A draft copy of the transition plan will be available February 2, 2015, at http://dss.sd.gov/sdmedx/hcbs/.

Dates, Times, and Locations:

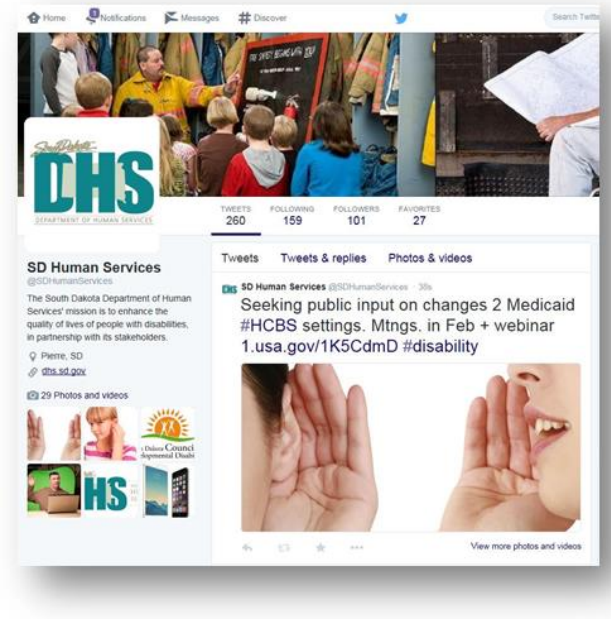
February 09, 2015		
Watertown, SD	Country Inn and Suites 3400 8th Ave Southeast, Watertown, SD	9:00 am—10:30 am CST
Sioux Falls, SD	Holiday Inn- City Center, Falls West Room 100 West 8th Street, Sioux Falls, SD	1:00 pm—2:30 pm CST
February 10, 2015		
Rapid City, SD	Ramkota, Washington Room 2111 North LaCrosse Street, Rapid City, SD	9:00 am—10:30 am MST
February 12, 2015		
Webinar	Contact Colin Hutchison for invitation information.	9:00 am—10:30 am CST

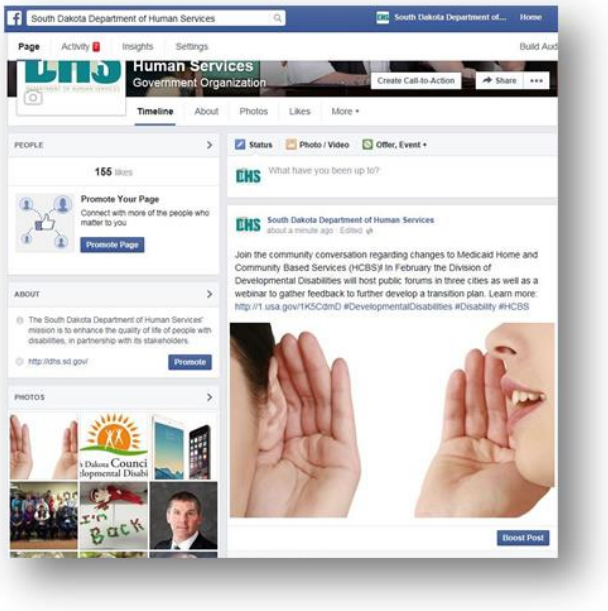
Your participation and input is an extremely valuable part of the transition plan process.

Please contact Colin Hutchison if you have questions related to the forums, webinar or transition plan.

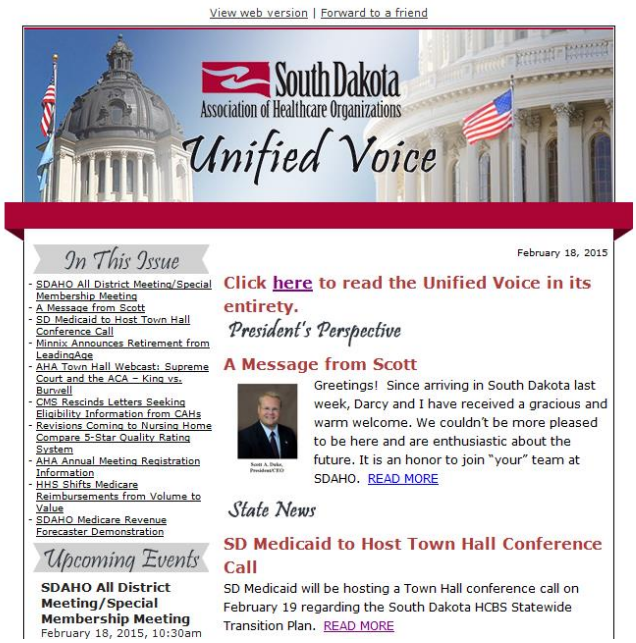
Colin Hutchison,
CHOICES Waiver Manager
Division of Developmental Disabilities
Phone: 1-800-265-9684
Email: Colin.Hutchison@state.sd.us

The Department of Human Services also provided information about the plan and opportunities to make a comment via social media. Information about opportunities to make a comment and how to view the plan were distributed on the Department's Facebook page and Twitter feed as shown below:





Notice of the transition plan was also distributed in stakeholder newsletters such as the South Dakota Association of Healthcare Organizations *Unified Voice* as shown below:



PUBLIC COMMENTS FOR PLAN SUBMITTED 3/12/2015

South Dakota responded to all comments received during the formal public notice period. As a result of comments received, South Dakota added additional narration to the CHOICES section of the transition plan. No other changes were made to the transition plan. South Dakota received favorable feedback from Tribal Consultation and letters of support from multiple provider and stakeholder groups. Comments are summarized by subject area; similar comments are summarized together.

SETTINGS SUBJECT TO HEIGHTENED SCRUTINY

Several stakeholders commented on the necessity of settings that are also long term care facilities located in rural locations or towns. Commenters offered anecdotal evidence of the need in their communities and questioned how they can relay the information to the State and CMS during the heightened scrutiny review process. A few stakeholders commented that more flexibility regarding the classification of beds is needed for settings in remote areas where skilled nursing facilities are located but no Assisted Living options exist.

> *South Dakota agrees that these facilities are necessary and exist to fill a need in rural and remote communities. South Dakota will work closely with providers prior to the 2016 HOPE Waiver renewal to document justification of these settings.*

PRIVACY

Several stakeholders commented on the requirement for facilities to provide locking doors. Commenters questioned how they should implement this requirement for individuals who may not be capable of locking a door. Commenters questioned what documentation would be required in a care plan when an individual was not capable of locking a door.

> *South Dakota responded that all individuals should be able to lock their door. South Dakota explained that modifications to this requirement will be allowed when there is a specific and assessed need. The Department of Social Services will provide more detailed information about state expectations for care plan documentation through education outlined in the action steps in the transition plan.*

Several stakeholders commented that they do not offer private rooms in their facility and were concerned they would be required to offer private rooms.

> *The federal rules require an individual to have a choice among setting options with private and shared bedrooms. South Dakota will ensure this requirement is met from a state perspective as stated in the transition plan.*

PHYSICAL ACCESSIBILITY

One stakeholder commented that physical accessibility in homes in the community can be an issue in the CHOICES waiver; more individuals could move from larger settings if more homes were accessible.

> *South Dakota agrees and supports opportunities for smaller home sizes through the activities of the DHS Financial Workgroup as well as DHS's continuous quality improvement strategies.*

One stakeholder commented that there should be regular maintenance and upgrades made to CSP facilities.

> *South Dakota agrees; the Department of Human Services will continue to partner with the South Dakota Department of Health and providers to review facilities.*

LIVING ARRANGEMENTS

Several stakeholders commented on the requirements related to access to food. Commenters were concerned that some individuals may choose to eat exclusively in their rooms and will miss out on benefits from movement and social interaction in the shared dining experience. Other stakeholders expressed concern about the new requirements and individuals who may have dietary restrictions.

> *South Dakota agrees that meal times are a valuable opportunity for social interaction and mobility, especially for individuals living in Assisted Livings; however, residential settings should reflect a home-like atmosphere which includes the opportunity to eat alone if the individual chooses. South Dakota will expect dietary restrictions to appear in a care plan as a modification. South Dakota will provide more detailed guidance to providers about state and federal expectations when this action step is implemented.*

Several stakeholders commented that requiring a posted grievance policy is not conducive to a home-like environment. One commenter suggested that individuals should be educated regarding grievance procedures and their right to have an advocate file a grievance on their behalf.

> *South Dakota agrees that posted grievance policies do not reflect a typical home environment. The Department of Human Services currently requires all individuals to receive notification about how to make a complaint during the annual care plan meeting with the individual. South Dakota will continue to seek guidance from CMS about how to meet this requirement and maintain a home-like environment.*

Several stakeholders commented that HUD signs are required to be posted in front of homes and are identifiable as homes for individuals with disabilities.

South Dakota agrees. South Dakota will continue to seek guidance from CMS about how to meet this requirement and maintain a home-like environment.

Several stakeholders commented that they would like to see more options for integrated living opportunities in the CHOICES waiver, including individuals living with more typical peers.

South Dakota asked for clarification in regards to what was meant by "typical peers." Stakeholders responded that they meant individuals with similar disabilities living together. The Department of Human Services supports integrated living environments that are determined through informed choice and person-centered planning.

One stakeholder would like to see more technology utilized in homes.

South Dakota agrees that technology promotes integrated living opportunities. DHS explained to stakeholders the implementation of a technology pilot that is currently in the planning phase.

One stakeholder requested language in a lease contain simple and understandable terms for guardians and self-advocates. The commenter also suggested CSP facilitated education regarding South Dakota tenant/landlord laws for individuals.

South Dakota agrees that individuals should have access to lease requirements in terms that are simple and understandable. South Dakota supports education for individuals regarding their rights. These concerns will be addresses through action steps identified in the transition plan.

One stakeholder questioned if a formal lease was necessary.

South Dakota believes that individuals served by an HCBS wavier must have the same protections afforded to individuals under South Dakota's tenant/landlord laws.

One stakeholder commented that individuals' lives could be improved if individuals were aware of their ability to request rights restrictions be lifted and were provided supports to challenge rights restrictions decisions.

South Dakota agrees that individuals benefit from living in the least restrictive environment. During the annual care planning process, self-advocates and their families are educated about how to submit a grievance to the provider or the Division of Developmental Disabilities.

COMMUNITY INTEGRATION

Several stakeholders commented on the challenges associated with transportation, especially in rural areas. Stakeholders noted that public transit is not always immediately available. Stakeholders noted transportation needs limit community involvement.

> *South Dakota agrees that finding transportation to meet individuals' immediate needs can be challenging. South Dakota encourages providers to connect individuals with community organizations and emphasize natural supports to meet transportation needs. The Department of Social Services plans to perform further analysis in this area as stated in the transition plan.*

Several stakeholders commented on increasing the use of natural supports to engage individuals in the community. Commenters suggested using more community resources and volunteer opportunities to increase community involvement.

> *South Dakota agrees and encourages providers to find ways to utilize natural supports to support community integration and involvement. South Dakota will provide education to Assisted Living and Community Support Providers on best practices and strategies for increasing the use of natural supports as stated in the transition plan. South Dakota also supports the use of existing community resources to support community integration.*

Several stakeholders commented about the need to engage individuals and families early about opportunities for employment and connection to other community resources.

> *South Dakota agrees that families benefit from early engagement regarding opportunities for employment and connection to other resources in the community.*

One stakeholder commented that self-care is important and that providers should help individuals be clean and find appropriate clothing to wear in the community.

> *South Dakota agrees that education and supports related to self-care is important, but also emphasizes individual choice in apparel and appearance.*

Several commenters expressed the need to work with more employers and job coaches to find more opportunities to employ individuals with disabilities. Commenters expressed the need for more creative thinking.

> *South Dakota is already pursuing action in this area through the Employment Works Initiative. South Dakota will continue to work on this area throughout the transition plan period.*

One commenter expressed concern that individuals with disabilities will lose opportunities for employment if a sub-minimum wage is revoked.

South Dakota responded that that conversation is happening at the federal level and is outside the scope of the transition plan.

One stakeholder commented that requirements to pursue employment before day programs may be too much and that some individuals may not be employable.

South Dakota responded that federal regulation requires states to pursue vocational rehab prior to accessing supports within a segregated workshop.

STAFFING AND FUNDING CONSIDERATIONS

Several stakeholders commented that the new requirements may make it more time intensive for staff to care for individuals. Commenters expressed the need for more staff and that there are challenges associated with funding limitations. Several commenters expressed the need for the state and federal government to make more funding available for staffing.

South Dakota discussed opportunities for utilizing natural supports and shared living to address individuals' needs in the community and reduce reliance on paid staff. South Dakota will address natural supports through action steps in the transition plan.

One stakeholder commented that Community Support Providers need oversight to ensure proper training is being provided to all workers who support individuals with disabilities.

South Dakota provides oversight of CSPs to ensure that pre-service, in-service, and continuing education requirements are met.

Several stakeholders commented about high staff turnover in Community Support Providers.

South Dakota discussed opportunities for utilizing natural supports, shared living, and technology as ways to reduce reliance on paid staff.

MISCELLANEOUS COMMENTS

Several stakeholders commented that they would like to see increased communication between providers across the state to share best practices, connections, and to promote more consistency between providers serving the CHOICES waiver.

The Department of Human Services is developing a secure platform within the DHS website for providers to exchange best practices, communication, and connections. DHS invited providers to raise best practices on the monthly webinar series.

One stakeholder commented that although individuals seem satisfied with current services, individuals may benefit from increased exposure to new experiences.

> *South Dakota agrees and will implement this through action steps in the transition plan.*

Several stakeholders requested additional clarification in the CHOICES waiver section regarding assessment results.

> *South Dakota added additional narrative in the CHOICES waiver section in response to questions about assessment results.*

One commenter requested that results include a comparison of community support provider agencies.

> *South Dakota is not releasing individual provider information at this time.*

One stakeholder questioned if assessments were applicable to real living environments.

> *South Dakota developed the assessments based on guidance from the CMS Toolkit prepared for the federal regulations.*

Several stakeholders questioned where conflict-free case management fits into the transition plan.

> *South Dakota responded that although conflict-free case management is a requirement of the federal regulation it is not a requirement of the transition plan.*

STATEMENTS OF SUPPORT

Stakeholders and individuals expressed satisfaction with the assessment and the transition plan process. Individuals expressed satisfaction with the work of the state and providers; commenters said that results appear to be an accurate reflection of services.

> *South Dakota appreciates the statements of support.*

Community Support Providers of South Dakota, South Dakota Association of Healthcare Organizations, South Dakota Advocacy Services, South Dakota Health Care Association, and South Dakota Coalition of Citizens with Disabilities submitted statements of support for South Dakota's Statewide HCBS Transition Plan. Associations indicated that they were pleased with actions by the Department of Social Services and Department of Human Services that engaged providers, stakeholders, and individuals throughout the transition plan process.

> *South Dakota appreciates the statements of support.*

MARCH 2016 PUBLIC INPUT AND PUBLIC NOTICE

South Dakota's Formal Public Notice Period began on February 29, 2016 and ended on March 30, 2016. South Dakota engaged providers, individuals, and stakeholders during the Public Notice Process. All mailings and notification materials are available online at: http://dss.sd.gov/medicaid/hcbs.aspx.

South Dakota offered four ways to make a comment on the transition plan:

5) **E-Mail:**
   South Dakota used the e-mail address created specifically for comments and questions regarding the transition plan. The e-mail address is hcbs@state.sd.us.
6) **Mail:**
   South Dakota accepted written comments via mail to South Dakota Medicaid.
7) **Phone:**
   South Dakota accepted comments and questions made by phone. Contact information was listed for the HOPE Waiver, CHOICES Waiver, ADLS Waiver, Family Support 360 Waiver and South Dakota Medicaid.
8) **Public Forums and Town Hall Conference Calls:**
   . The Department of Social Services offered two Town Hall conference calls to accept public comments and questions.
   - Town Hall Conference Calls:
     - March 9, 2016: 9:00 – 10:00 am CST
     - March 10, 2016: 4:00 – 5:00 pm CST

South Dakota performed the following activities related to public notice:

TRIBAL CONSULTATION

South Dakota distributed the draft transition plan to all of South Dakota's nine tribes via e-mail on February 29, 2016. The e-mail contained a letter describing the transition plan, how the plan affects Native Americans in South Dakota, an overview of the changes to the transition plan and how to make a comment on the plan. The e-mail also contained a direct link to where the transition plan could be viewed online and a PDF of the transition plan.

South Dakota provided a presentation on the changes to the transition plan in advance of the Public Notice period at the January 12, 2016 Medicaid Tribal Consultation Meeting. South Dakota Medicaid meets with members of South Dakota's nine tribes each quarter.

PROVIDER, STAKEHOLDER, AND PUBLIC NOTIFICATION

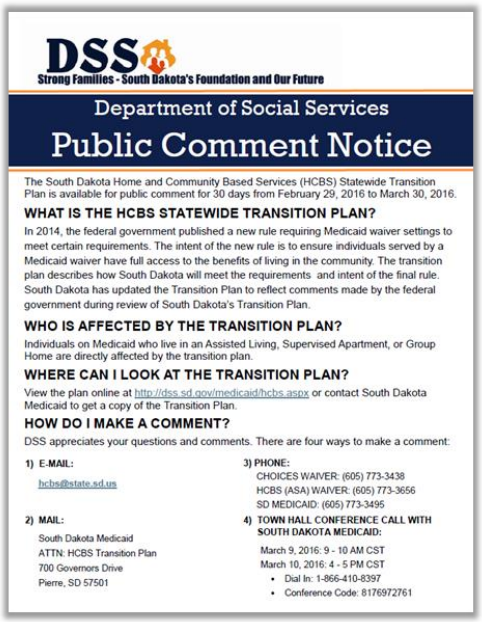
South Dakota made the draft transition plan and a document describing the changes to the transition plan available on the Department of Social Services' website on February

29, 2016. The draft transition plan may be viewed online: http://dss.sd.gov/medicaid/hcbs.aspx. South Dakota made written copies of the transition plan available to individuals who contacted South Dakota Medicaid for assistance. Notice of the transition plan was also given on the Department of Human Service's website.

South Dakota engaged providers, stakeholders, individuals, and the public during the Public Notice Period. South Dakota distributed the transition plan and an overview of the changes to the plan via e-mail to providers, stakeholders, and others on February 29, 2016. A copy of the letter sent to providers is available online: http://dss.sd.gov/medicaid/hcbs.aspx. Additional notice of the transition plan and how to make a comment was sent to stakeholders by the waiver managers of South Dakota's four Medicaid waivers.

South Dakota published notice of the transition plan and comment period in the South Dakota Legislative Research Council *Register* on February 29, 2016: http://legis.sd.gov/docs/rules/Register/02292016.pdf

The Department of Social Services created posters advertising the transition plan and providing information on how to make a comment. The posters were hung in all 63 DSS local offices. DSS and DHS additionally requested providers hang the posters in a public place in provider owned and operated settings. An example of the poster is shown below. The Department of Human Services also provided information about the plan and opportunities to make a comment via social media. Information about opportunities to make a comment and how to view the plan were distributed on the Department's Facebook page.



DSS
Strong Families - South Dakota's Foundation and Our Future

Department of Social Services

Public Comment Notice

The South Dakota Home and Community Based Services (HCBS) Statewide Transition Plan is available for public comment for 30 days from February 29, 2016 to March 30, 2016.

WHAT IS THE HCBS STATEWIDE TRANSITION PLAN?

In 2014, the federal government published a new rule requiring Medicaid waiver settings to meet certain requirements. The intent of the new rule is to ensure individuals served by a Medicaid waiver have full access to the benefits of living in the community. The transition plan describes how South Dakota will meet the requirements and intent of the final rule. South Dakota has updated the Transition Plan to reflect comments made by the federal government during review of South Dakota's Transition Plan.

WHO IS AFFECTED BY THE TRANSITION PLAN?

Individuals on Medicaid who live in an Assisted Living, Supervised Apartment, or Group Home are directly affected by the transition plan.

WHERE CAN I LOOK AT THE TRANSITION PLAN?

View the plan online at http://dss.sd.gov/medicaid/hcbs.aspx or contact South Dakota Medicaid to get a copy of the Transition Plan.

HOW DO I MAKE A COMMENT?

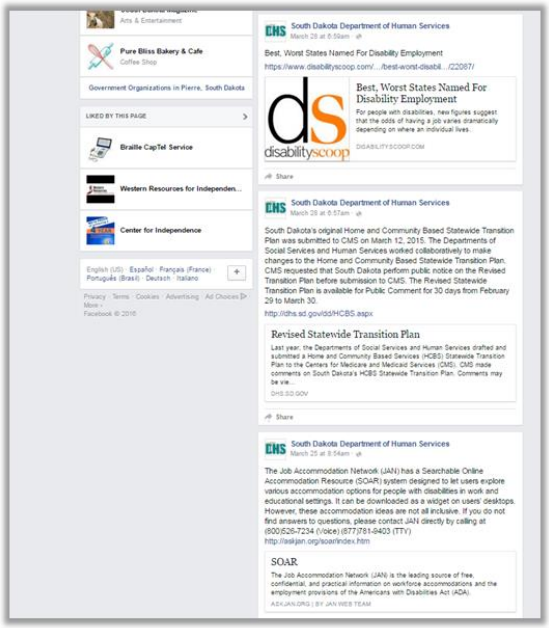
DSS appreciates your questions and comments. There are four ways to make a comment:

1) **E-MAIL:**
hcbs@state.sd.us

2) **MAIL:**
South Dakota Medicaid
ATTN: HCBS Transition Plan
700 Governors Drive
Pierre, SD 57501

3) **PHONE:**
CHOICES WAIVER: (605) 773-3438
HCBS (ASA) WAIVER: (605) 773-3656
SD MEDICAID: (605) 773-3495

4) **TOWN HALL CONFERENCE CALL WITH SOUTH DAKOTA MEDICAID:**
March 9, 2016: 9 - 10 AM CST
March 10, 2016: 4 - 5 PM CST
- Dial In: 1-866-410-8397
- Conference Code: 8176972761



PUBLIC COMMENTS FOR PLAN SUBMITTED 4/6/2016

South Dakota responded to all comments received during the formal public notice period. As a result of additional clarifying information from CMS during the Public Notice Period, South Dakota revised the number of setting subject to heightened scrutiny review to not include settings adjacent to private institutions. Based on comments received, DSS and DHS added information about future opportunities for comment, direct links to lists of providers; and additional information about the individual interviews performed by DSS and DHS during the validation process. No other changes were made to the transition plan. South Dakota received favorable feedback from Tribal Consultation and providers. Comments are summarized by subject area; similar comments are summarized together.

Conflict Free Case Management

Several stakeholders asked if the Transition Plan was related to Conflict Free Case Management.

> *South Dakota explained that Conflict Free Case Management is a component of the Final Rule, but is separate from the HCBS Transition Plan. South Dakota directed stakeholders to Conflict Free Case Management information for the CHOICES and ADLS waivers.*

Next Steps

Several stakeholders requested information on next steps for the action steps in the transition plan and heightened scrutiny.

> *South Dakota explained that the revised transition plan will be submitted to CMS and South Dakota will continue to work on the action items in the timeframes specified in the transition plan. DSS will work to gather additional information relative to heightened scrutiny over the next several months. Once the state has completed analysis of those settings, the state will hold a public comment period on the settings before submission of the heightened scrutiny settings to CMS.*

Statewide Transition Plan and Waiver Programs in South Dakota

Several commenters asked how the transition plan would change waiver programs in South Dakota and how the transition plan affected each waiver.

> *South Dakota gave an overview of the final rule and the intent to ensure individuals receiving HCBS have full access to the benefits of living in the community. South Dakota explained that the transition plan applies to all four HCBS waivers, but many of the provisions are specific to provider owned and operated settings, so*

many of the actions steps are focused on settings in the CHOICES and HCBS(ASA) waivers.

Several stakeholders expressed concern that the HCBS regulations would negatively affect the care of waiver recipients currently receive. One commenter expressed concern that the regulations were made by individuals far removed from the hands-on work of providing care and that providers and provider staff are already doing the best they can for individuals with disabilities.

South Dakota understands the concerns raised by the stakeholders. DSS and DHS are working with providers to continue to provide quality services for individuals while ensuring compliance with the final rule.

Several commenters requested additional information about the differences between South Dakota's four Home and Community Based Services Waivers.

South Dakota gave a brief explanation of the differences and connected the commenters with the waiver managers for additional information and clarifying questions.

Settings in South Dakota

One commenter requested that DSS/DHS provide information about which settings will be assessed under the review process.

South Dakota updated the transition plan with hyperlinks to websites where individuals and stakeholders may obtain a list of Assisted Livings Providers, Adult Day Providers and Community Support Providers.

Setting Classification and Provider

One commenter suggested that the process and associated public comment periods be more clearly explained in an effort to facilitate better understanding about timelines and the comment process associated with steps in the transition process.

South Dakota added additional information regarding future opportunities for comment and information about waiver specific transition plans and the opportunity for individuals to comment on a waiver specific transition plan. South Dakota also added information about how the federal regulations are a requirement for any new provider and that all providers will be expected to be fully compliant with the federal regulations at the end of the transition plan period in March 2019.

Provider Compliance

One commenter suggested that the state provide additional information about the timeline for providers to come into compliance with the federal regulations.

> *South Dakota will follow the timelines outlined in the Implementation Milestones section of this Transition Plan. All providers will be expected to be 100% compliant by the end of the transition plan period in March 2019.*

Provider Self-Assessments & State Staff Assessments

One commenter requested information about additional assessment steps after the initial provider self-assessment and staff assessment.

> *South Dakota will assess provider compliance with the action steps outlined in the this transition plan. Additionally, South Dakota will incorporate the federal requirements into on-going reviews of settings, including but not limited to ombudsman visits, on-site reviews, and annual care plan meetings with individuals. All providers must be fully compliant at the end of the transition plan period in March 2019.*

Transportation

One commenter noted that transportation can often be a barrier to accessing the community and requested that the state work to ensure providers are planning and promoting community integration by providing, planning, or facilitating transportation opportunities.

> *South Dakota will address transportation through action steps outlined in this plan.*

DECEMBER 2018 PUBLIC NOTICE

South Dakota's Formal Public Notice Period begins on December 10, 2018 and ends on January 8, 2019. All mailings and notification materials are available online at: http://dss.sd.gov/medicaid/hcbs.aspx.

There are four ways to make a comment on the transition plan:

1) **E-Mail:**
   Send comments via email to hcbs@state.sd.us.
2) **Mail:**
   Send written comments via mail to:

   South Dakota Medicaid
   ATTN: HCBS Transition Plan
   700 Governors Drive
   Pierre, SD 57501

3) **Phone:**
   Comments may be made via phone by calling 605-773-6604.
4) **Public Forums and Town Hall Conference Calls:**
   The Department of Social Services will hold two Town Hall conference calls to accept public comments and questions. The calls will be held at the following dates and times:
   - December 19, 2018: 1:00 - 2:00 PM CST
   - December 20, 2018: 1:00 - 2:00 PM CST

   Please use the following call in information to join the conference call:

   - Dial In: 1-866-410-8397
   - Conference Code: 6256779181