

ASSISTIVE DAILY LIVING SERVICES (ADLS) WAIVER

OVERVIEW

The ADLS waiver supports individuals to live independently in a home and community-based setting in conjunction with South Dakota Medicaid services and other natural supports. Services provided under the ADLS waiver program are considered extended services that are not available under the traditional benefits of South Dakota Medicaid.

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 an institution.

The objectives of the ADLS Waiver are to:

- 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.

ELIGIBLE PROVIDERS

In order to receive payment, all eligible provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. ADLS providers are enrolled as an agency. The agency must have a current contract with the Department of Human Services, Division of Rehabilitation Services and meet following requirements:

- Experience in delivering services to individuals with severe disabilities;
- Maintain a process for gathering participant input;
- Provide available services including:
 - Personal attendant services;
 - Case management services;
 - Participant preparation services; and
 - Ancillary services;
- Assure participants a choice of providers by either employing individuals who are qualified to provide the assistive daily living services contained in a participant's case service plan or maintaining directories of qualified service providers; and
- Maintain a grievance procedure under which a participant may appeal to the provider agency any decision or action by the service provider or the provider agency that adversely affects the participant. The procedure must be in writing and the provider agency must provide the participant with a copy of the grievance procedure at the time services begin and must assist the participant in submitting a grievance, if requested. If a written document of the procedure is not an appropriate format for the participant involved, the provider agency must also provide the information to the participant in a format that is appropriate for the participant. A provider agency

may limit its assistance to referral of the participant to another agency, organization, or individual that can advocate for or represent the participant during the grievance process.

ELIGIBLE PARTICIPANTS

An individual must meet the following requirements to be eligible to receive ADLS services:

- At least 18 years old;
- 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;
- Require a nursing facility level of care;
- Have a service plan prepared under the provisions of [ARSD 67:54:06:05](#) that requires one or more of the services provided under this chapter;
- Be a participant of SSI or must qualify for Medicaid as determined by the Department of Social Services under [article 67:46](#) except for residing in a long-term care facility;
- If receiving personal attendant services, able to independently direct and manage the needed personal attendant services or have an authorized representative;
- Medically stable and free from life-threatening conditions as determined by the individual's personal physician; and
- Receive personal attendant, case management, participant preparation, or ancillary services for continued eligibility.

Providers are responsible for verifying a participant's eligibility for the ADLS waiver by reviewing the participant's eligibility through the South Dakota Medicaid [online portal](#).

COVERED SERVICES AND LIMITS

Consumer Preparation Services

Services can only be provided by trained administrative agency staff or designee. The services include instructing and supporting participants in:

- The methods of identifying personal needs and effectively communicating those needs to the personal care attendant;
- Personal health maintenance tasks;
- Managing a personal attendant, including interviewing, selecting, training, supervising, and scheduling the attendant; and
- The appropriate personal and professional relationships to be maintained by the participant and the participant's personal care attendant.

Environmental Accessibility Adaptations

Physical adaptations to the private residence of the participant, or the participant's family home, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of

the participant or that enable the participant to function at a greater independence within the home are covered. Such adaptations may include installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric or plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. The scope of modifications may include the performance of necessary assessments to determine the types of modifications that are necessary.

Adaptations or improvements to the home which are of general utility and are not a direct medical or remedial benefit to the individual, such as carpeting, roof repair, air conditioning and others are not covered. Adaptations which add to the total square footage of the home are also not covered. All services must be in accordance with applicable state or local building codes. This service is limited to \$4,000 per service plan year. If the service exceeds this limit, the service coordinator may request an exception to exceed the limit. The exception must be approved prior to service commencement.

When a participant is identified as needing environmental accessibility adaptations through the ADLS waiver as part of the assessment process, the ADLS Service Coordinator will:

- Refer the participant to a Center for Independent Living (CIL) to open an Independent Living case (IL). A list of CILs is available on the [DHS website](#). The participant must identify that they are on the ADLS waiver and need assistance coordinating home modification quotes from vendors the CIL utilizes for that service.
- The IL Specialist will work with the participant to obtain two quotes for the home modification and provide them to the ADLS Service Coordinator.
- Once the quotes are approved, the ADLS Service Coordinator will send an authorization to the CIL, along with a vendor letter.
 - If the quotes are not approved, the participant will receive a letter with appeal rights.
- The vendor will complete the home modification and the CIL will pay the vendor for the service, then bill Medicaid using the appropriate procedure code found on the authorization.

In-Home Nursing

In-home nursing is individual and continuous care provided by a nurse who holds a current license under the provisions of [SDCL chapter 36-9](#). This waiver service is only provided to individuals age 21 and over. All medically necessary in-home nursing services for individuals under age 21 are covered in the state plan pursuant to the EPSDT benefit. A physician order indicating the diagnosis, frequency and duration of services is required for in-home nursing.

Personal Attendant Services

Personal attendant services include a range of assistance to enable participants to accomplish tasks that the participant would normally do for themselves if the participant did not have a disability. Participants will not be able to access both state plan services and waiver services for personal care at the same time. Homemaker services are only available for participants living independently.

Personal attendant services provided through the ADLS Waiver differ from State Plan personal care services in scope, nature, supervision arrangements and provider type. The waiver services are based

upon participant direction. Participants utilizing personal attendant services recruit, screen, train, and direct their personal care attendants. The waiver encourages the employment of spouses, parents or adult children to provide these services. Personal attendant services covered under the ADLS waiver include

- Practicing infection control methods;
- Handling and disposing of body fluids;
- Bathing techniques including bed, tub, and shower;
- Caring for hair, including shaving;
- Maintaining oral hygiene, including brushing teeth and cleaning dentures;
- Dressing and undressing a participant;
- Assisting with toileting;
- Caring for a participant who is incontinent;
- Feeding or assisting a participant with eating, unless there is another person in the home who is able to perform the task;
- Planning and preparing meals including shopping for and purchasing food, unless there is another person in the home who is able to perform the task;
- Performing routine eye care;
- Taking a participant's temperature;
- Caring of nails and feet;
- Applying an ace wrap and anti-embolic stockings;
- Assisting the participant apply or remove a prosthesis or orthotic;
- Assisting a participant with self-administration of medications;
- Changing dressings on non-infected sores;
- Caring for skin including giving back rubs;
- Turning and positioning the participant in bed;
- Transferring the participant;
- Maintaining the participant's home in a clean and safe condition, unless there is another person in the home who is able to perform the task;
- Making a wrinkle-free bed, unless there is another person in the home who is able to perform the task;
- Laundering and mending clothes, unless there is another person in the home who is able to perform the task;
- Assisting the participant with paying bills, balancing a checkbook, and managing a home budget, unless there is another person in the home who is able to perform the task;
- Performing range of motion exercises designed for the specific participant;
- Performing routine ostomy care;
- Assisting with a bladder and bowel program;
- Assisting the participant into and out of a vehicle;
- Providing ventilator management if the personal attendant is a family member;
- Performing tracheostomy care if the personal attendant is a family member;
- Providing chest physiotherapy;
- Providing nebulizer therapy;

- Applying topical medications; and
- Caring for service animal.

Personal Emergency Response System

A personal emergency response system is an electronic device that enables participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once the "help" button is activated. The response center is staffed by trained professionals. Monitoring of the participant's device is covered under this service.

Respite Care Services

Respite care services are provided to assist participants unable to care for themselves, furnished on an intermittent, occasional or emergency basis due to the absence or need for relief of those persons normally providing the care. The cost of room and board is not covered except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite care may be provided in the following locations:

- Participant's home or place of residence;
- Adult foster home;
- Medicaid certified hospital;
- Medicaid certified ICF/IDD;
- Group home;
- A home approved in the plan of care, which may be a private residence; or
- Other community care residential facility approved by the State that is not a private residence, such as a licensed day care.

Respite care may be provided in a hospital, ICF/IDD, group home, or other community care residential facility.

Specialized Medical Equipment and Supplies

Specialized medical equipment and supplies include devices, controls or appliance that enable participants to increase their ability to perform activities of daily living; enable the participant to perceive, control, or communicate with the environment in which they live; or are necessary for life support or to address physical conditions, along with ancillary supplies and equipment necessary to the proper function of such items, are necessary to address participant's functional limitations, or are necessary medical supplies. This service includes a wide variety of adaptive positioning devices, mobility aids, adaptive equipment, as well as augmentative communication devices and services. All items shall meet applicable standards of manufacture, design and installation.

Specialized Medical Equipment and Supplies must not be available to the participant under the [South Dakota Medicaid Durable Medical Equipment and Supplies](#) benefit. If an item is not covered due to the recipients exceeding limits or not meeting medical necessity criteria for coverage under the South Dakota Medicaid Durable Medical Equipment and Supplies benefit, a copy of the denial from the DME

provider, a physician's prescription, and a certificate of medical necessity is necessary to bill the service under the ADLS waiver.

When the service coordinator identifies that a participant may benefit from specialized medical equipment or supplies the following steps must be taken:

- The service coordinator must obtain two quotes for needed items by Medicaid-enrolled durable medical equipment (DME) providers. The quote must include the model and manufacturer of the equipment and the manufacturer suggested retail price (MSRP). Delivery or shipping charges, training of the participant in the use of the equipment, and equipment set-up are not separately reimbursable and are considered included in the payment of the equipment.
- The service coordinator must send quotes (scanned) to Waiver Manager to review and approve;
- Once the quotes are approved, the service coordinator will send a vendor letter and authorization to the DME provider;
 - If the quotes are not approved, the participant will receive a letter with appeal rights.
- The DME provider must provide the item to the participant prior to billing Medicaid for the equipment or supply.

Vehicle Modifications

Vehicle modifications consist of adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle modifications must be specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. Modifications to vehicles may include adaptive driving features, such as steering and/or breaking controls, lifts or ramps, wheelchair securement/seating systems to accommodate wheelchairs, vehicle body modifications and secondary controls and safety features. The vehicle that is modified may be owned by the individual, a family member with whom the individual lives or has consistent and on-going contact, or a non-relative who provides primary long-term support to the individual and is not a paid provider under the ADLS waiver. Vehicle modifications are limited to \$20,000 every 10 years. If the service exceeds this limit, the service coordinator may request an exception to exceed the limit. The exception must be approved prior to service commencement.

The following are not covered:

- Adaptations or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the participant;
- Purchase or lease of a vehicle; and
- Regularly scheduled upkeep and maintenance of a vehicle, excluding upkeep and maintenance of modifications.

When an participant is identified as needing vehicle modifications or adaptive devices through the ADLS waiver as part of the assessment process, the ADLS Service Coordinator will:

- Complete the ADLS Vehicle Modifications and Adaptive Devices Checklist with the participant.

- If the participant will be driving, a driver assessment is required, and the participant must have the appropriate restriction on their driver's license (C-Hand Controls). The owner of the vehicle must obtain insurance to cover the cost of the vehicle and modifications and adaptive devices and provide proof of the insurance to ADLS Service Coordinator once the modification is complete.
- Refer the participant to a CIL to open an IL case.
 - The participant needs to identify that they are on the ADLS waiver and need assistance coordinating vehicle modification and adaptive devices quotes.
 - The IL Specialist will work with the participant and use the ADLS Vehicle Modifications and Adaptive Devices Vendor and Services table and vendor list to obtain two price quotes for the modifications or adaptive devices (two quotes are not needed for a driver assessment) and provide them to the Service Coordinator. The participant has the option of making an informed choice regarding the services and vendor, but if the participant's decision results in a higher cost to the ADLS program then the participant will be expected to pay for the additional cost of the service.
 - The IL Specialist will arrange for the completion of the vehicle modification or installation of the adaptive devices. The vendor will send a bill to the CIL, who will pay the vendor for the completed services. The CIL will bill Medicaid using the appropriate procedure code found on the authorization.

NON-COVERED SERVICES

Only services on the participant's approved service plan and authorized by an ADLS service coordinator are covered. The following are non-covered personal attendant services:

- Washing outside windows;
- Moving large furniture;
- Shoveling snow;
- Performing garden or yard work;
- Cleaning up before or after company or visitors;
- Washing walls;
- Caring for pets or livestock;
- Painting;
- Visiting, except while performing approved services;
- Shampooing carpets; or
- Other tasks not necessary to maintain a client in the client's home.

DOCUMENTATION REQUIREMENTS

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

ADLS Documentation

Each service provided by an ADLS provider must be documented. Services that are not documented are considered to have not occurred and are subject to recoupment of payment in the event of an audit. The following documentation must be maintained by the ADLS provider agency:

- Employee time forms and visit summaries to substantiate all claims billed;
- Type of service performed;
- The first and last name of the individual receiving the service;
- The date of the service in MM/DD/YYYY format;
- The location of service delivery;
- The individual providing the service;
- The time the service begins including the AM/PM; and
- The time the service ends.

Time forms or visit summary must be signed by the participant and the ADLS provider to verify the accuracy of the time billed.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance manual](#) for additional information.

Third-Party Liability

Medicaid participants may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability [billing instructions](#) when applicable. Providers should refer to the [General Claim Guidance manual](#) for additional information.

Reimbursement

Services are reimbursable when provided according to the participant's approved service plan and are authorized by an ADLS service coordinator. Current service unit rates are available at on the Department of Social Services [website](#).

Claim Instructions

All personal care services claims must be submitted electronically through FOCOS. For further information please contact FOCOS using one of these methods:

- FOCOS Provider Support: 1-888-448-4776
- FOCOS Fax Line: 1-877-578-5561
- FOCUS Email: support@focosinnovations.com

All non-personal care claims for ADLS Waiver services must be submitted on a CMS 1500 claim form or via an 837P electronic transaction. Detailed claim instructions are available on our [website](#).

DEFINITIONS

1. "Ancillary services," services or equipment that supplement the direct care services provided under this chapter;
2. "Assistive daily living services," services of a personal attendant, case management and participant preparation services, and ancillary services performed on behalf of and at the request of an individual with quadriplegia to allow the individual to remain in the individual's own home;
3. "Case management," services designed to monitor and assist a participant gain access to services contained in the case service plan;
4. "Client" or "participant," an individual with quadriplegia who is receiving assistance under the provisions of this chapter;
5. "Consumer preparation," services designed to train the participant in areas such as medical self-care, activities of daily living, time management, and management of a personal attendant;
6. "Emergency response device," a device that links an individual living at home to an individual who will respond in the event of an emergency;
7. "Independently direct and manage," the ability to recruit, screen, interview, select, schedule, train, supervise, arrange for emergency coverage, determine the attendant's competency to perform the needed services, direct the attendant to do the task, resolve conflict, and, if necessary, terminate the attendant if the conflict cannot be resolved, all with only a minimal amount of assistance or direction from or collaboration with the provider agency;
8. "Personal attendant," an individual who completes tasks on behalf of an individual with quadriplegia or assists an individual with quadriplegia in the completion of a task when the individual with quadriplegia is unable to do the task or to do the task would take an exceptionally long time to complete alone;
9. "Private duty nursing," temporary nursing services prescribed by a physician and provided by a nurse who holds a current license under the provisions of [SDCL chapter 36-9](#);
10. "Service Plan Year" starts the first day of the participants eligibility for the ADLS Waiver program through a full calendar year.
11. "Unit," a 15-minute measurement of time or fraction thereof; and

12. "Utilization review team" or "URT," a team employed by the Department of Human Services that consists of a registered nurse, a physician, and an employee of the Department of Human Services.

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

QUICK ANSWERS

1. **The participant will be leaving the state of South Dakota for an extended period of time. Can personal attendant services be provided while the participant is out of state?**

Yes, however, service hours are limited to activities of daily living as outlined in the approved care plan.

2. **Is driving time a billable personal care service?**

No, the exact time for loading the participant and unloading the participant are billable time. Driving time is a non-covered service. Travel to medical appointments may be eligible for [NEMT reimbursement](#).