
South Dakota Department of Human Services

Community Support Provider (CSP) and Intermediate Care Facility (ICF)

South Dakota Department of Social Services

Division of Child Protection, Division of Behavioral Health (Mental Health,
Substance Use Disorder, Prevention)

Cost Report Instructions

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1. INTRODUCTION

A. OVERVIEW

All providers will complete a cost report using the prescribed format for a twelve-month period. The purpose of the cost report is to define the cost of each service-by-service center. The cost report “Cost and statistical data” worksheet is comprised of three sections: Expenses and Units on top, Revenues in the middle, and Staffing Information on the bottom. The horizontal axis of the cost report depicts all service centers as well as the “Total” and “Adjustment” columns. The vertical axis represents various accounts. The cost report must be completed on an accrual basis of accounting.

Information to complete the cost report may come from various sources depending on each provider’s method of tracking costs. Personnel, payroll, provider expense records, and activity logs are examples of tools that may be used to compile information to complete the cost report.

B. GENERAL GUIDELINES

1. Deadline: The deadline for returning the required annual cost report to the Department(s) is four months after the provider’s fiscal year-end. If your fiscal year ends June 30th, the cost report and audit are due November 1st. If your fiscal year ends December 31st, the cost report and audit are due May 1st.
2. Name: On the top left of the cost report, make sure to list the provider name, reporting period, and preparer’s name and email.
3. Contents: The cost report will cover the provider’s twelve-month fiscal year.
4. Method of Submission: The cost report shall be included in the annual entity wide audit as prescribed in Sections 3 and 4 and submitted in Excel format directly to the Department of Social Services DSSFinancePRA@state.sd.us and/or Department of Human Services DHSFinance@state.sd.us as applicable via email. The cost report needs to be submitted in an Excel format. The blank cost report template can be found here for [Department of Social Services](#) and [Department of Human Services](#).
5. Use of columns: A separate column shall be used for each service center. Select the applicable service center heading from the dropdown box in Row 6 in the appropriate section for DHS services. For DSS services, please use the appropriate pre-labeled columns under each division.
6. Use of lines: Report expenses and revenues on the appropriate line based upon the nature of the item.

Supporting Documentation: All expenses and revenues reflected on these forms must be supported by the provider’s general ledger. Worksheets or an explanation that

reasonably justifies the entry must support adjusting journal entries. All records and worksheets used in preparing the reports must be readily available for audit.

7. Rounding: All costs reported on Schedule A are to be gross costs and rounded to the nearest whole dollar; **no cents** should be reported.
8. Adjustments: The Adjustment Column may be used to report items included in the audited Financial Statements that may not be allowable expenses or reportable revenues to service centers.

C. FINANCIAL REPORTING REQUIREMENTS

1. Records

- a. The provider shall maintain on the premises the required service records and financial information sufficient to provide for a proper audit or review, including documentation to support the rationale for direct assignment to specific service centers or the allocation to numerous service centers. Sufficient data must be available as of the audit date to fully support any item being claimed on the cost report.
- b. Accounting or financial information regarding related organizations must be readily available to substantiate cost. Actual costs incurred by the related party are all that are allowable.
- c. Records must be retained for six years following the submission of the cost report. Records relating to unresolved audits must be retained until final resolution of the audit. Records must be available upon reasonable demand to representatives of the Department(s) and/or Attorney General's Medicaid Fraud Unit and/or to the US Secretary of Health and Human Services or representatives thereof.

2. Accounting and Reporting Requirements

- a. The accrual basis of accounting must be used for reporting purposes.
- b. The accounting system must be structured so that cost accounts are grouped by service center and traceable to the cost report.
- c. Generally Accepted Accounting Principles must be followed unless the Department(s) specify an alternative methodology.
- d. Costs reported must include all actual costs and adjustments for non-allowable costs. The Department(s) will forward all items identified as fraudulent or abusive to the Attorney General's Medicaid Fraud Unit.

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- e. Building depreciation shall be limited to 3% on masonry and 4% on frame buildings and shall be calculated on the straight-line method. Generally Accepted Accounting Principles (GAAP) will be used in determining the life of any addition(s) to primary structures.
 - f. Depreciation on fixed equipment shall be calculated on the straight-line method, following the American Hospital Association (AHA) Guidelines.

Depreciation on major movable equipment, furniture, automobiles, and specialized equipment shall be calculated on the straight-line method, following the AHA Guidelines for any item purchased. Deviations from AHA Guidelines may be granted in those instances in which providers can furnish the Department(s) with documented historical proof of useful life.

- g. Funded Depreciation Accounts
 - 1. A funded depreciation account can be established for the replacement of capital assets and can be funded at a rate not greater than current annual depreciation.
 - 2. The establishment of the fund and the procedures governing the fund must be specifically approved by the provider's board of directors.
 - 3. The approved procedures must stipulate the rate by which the account will be funded and shall delineate the items to be purchased with the fund.
 - 4. Providers must use the account for the purchase of capital items as defined by their internal procedures. Transfers from the funded depreciation reserve account will be allowed for necessary cash flow purposes.
 - 5. Providers with funded depreciation accounts shall use the following format for their annual audited financial statements:
 - a. In the Assets section under the heading "Designated for Capital Asset Replacement". The amount may appear in various places in the Assets section depending on whether the money is in a checking account, Money Market fund, CD's , Time Deposits, etc.
OR
 - b. In the Unrestricted Net Assets section under the heading "Designated for Capital Asset Replacement".

h. No reimbursement shall be allowed for additional costs related to sub-leases.

3. Auditing

If applicable, the provider shall have an annual entity-wide independent audit covering the same reporting period as the cost report. Worksheet entries reconciling the cost report to the audit shall be prepared either by the provider or the auditor and shall be included with the cost report (see Page 25, Notes & Comments worksheet). The audit shall be submitted to the Department of Human Services and/or the Department of Social Services.

Single Audit:

If applicable, audits shall be conducted in accordance with Uniform Guidance 2 CFR 200 subpart F by an auditor approved by the Auditor General to perform the audit.

Approval may be obtained by forwarding a copy of the audit engagement letter to:

Department of Legislative Audit
Single Audit Coordinator
427 South Chapelle
c/o 500 East Capitol
Pierre, SD 57501-5070

On continuing audit engagements, the Auditor General's approval should be obtained annually. Audits shall be completed and filed with the Department of Legislative Audit by the end of four months following the end of the fiscal year being audited. Failure to complete audits as required will result in the disallowance of audit costs as direct or indirect charges to programs. Additionally, a percentage of awards may be withheld until the audit is completed satisfactorily, overhead costs may be disallowed, and/or awards may be suspended until the audit is completed and submitted.

4. Submission of Audit:

- a. A copy of the completed audit report shall be provided to the Department(s) electronically by the end of four months following the end of the fiscal year being audited.
- b. The cost report shall be tested by an independent auditor and a statement indicating such should be included in the audit report. Testing should be conducted using industry standards to ensure allocation methods are fair and proper.
- c. The reviewed Cost Report shall be included in the Supplementary section of the audit report, and shall be submitted to the Department(s)

electronically via email.

5. Filing Extensions

- a. No automatic extensions for filing of the annual cost report or audit report will be made. All requests **must** be in writing and **must** be received by the Department(s) at least **10 working days prior to the due date**.
- b. Requests must clearly explain the reason for the extension and identify the date on which the report will be submitted.
- c. Approval of extensions will be granted for good cause at the sole discretion of the Department(s). The provider will be notified in writing of the approval or denial. A "good cause" is one that supplies a substantial reason, affords a legal excuse for the delay, or an intervening action beyond the provider's control. The following are not considered "good cause": ignorance of the rule, inconvenience, and/or the provider's cost report preparer and/or independent public accountant is engaged in other work.
- d. Amendments to reported costs will not be allowed after the cost reports have been used to determine rates.
- e. Providers should work with the appropriate funding agency(s) when requesting an extension for filing the cost report.

6. Recording of Service Units

The provider must maintain a record of all service units as required by the Department(s). Depending on the program requirements, the duration of service units may vary from 15 minutes units to a daily session unit.

7. Allowable Costs and Limitations

Any questions regarding allowable costs and limitations will be governed by Title XIX of the Social Security Act unless further limited by these guidelines and/or the agreement signed by the provider and the Department(s).

8. Cost Principles – General Provisions for Allowability of Selected Items of Cost

ICFs:

The allowability of specific items is governed by CMS Pub. 15-1, the Provider Reimbursement Manual. CMS Pub 15-1 is publicly available from the CMS website at:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021929>.

Community-Based Providers:

(CSPs, programs funded through the Division of Child Protection and Division of Behavioral Health)

The allowability of specific items is governed by 2 CFR 200, in particular by subpart E.

2 CFR 200 is publicly available from the National Archives at:
<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

Per the Federal Register, the following index of 2 CFR 200 is current as of 02/18/2022:

<u>Title 2</u>	Grants and Agreements Part / Section
<u>Subtitle A</u>	Office of Management and Budget Guidance for Grants and Agreements 1 – 299
<u>Chapter I</u>	Office of Management and Budget Governmentwide Guidance for Grants and Agreements
<u>Chapter II</u>	Office of Management and Budget Guidance 200 – 299
<u>Part 200</u>	Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 200.0 – 200.521
<u>Subpart E</u>	Cost Principles 200.400 – 200.476
General Provisions	200.400 – 200.401
§ 200.400	Policy guide.
§ 200.401	Application.
Basic Considerations	200.402 – 200.411
Direct and Indirect (F&A) Costs	200.412 – 200.415
§ 200.412	Classification of costs.
§ 200.413	Direct costs.
§ 200.414	Indirect (F&A) costs.
§ 200.415	Required certifications.
Special Considerations for States, Local Governments and Indian Tribes	200.416 – 200.417
§ 200.416	Cost allocation plans and indirect cost proposals.
§ 200.417	Interagency service.
Special Considerations for Institutions of Higher Education	200.418 – 200.419
§ 200.418	Costs incurred by states and local governments.
§ 200.419	Cost accounting standards and disclosure statement.
General Provisions for Selected Items of Cost	

§ 200.420	Considerations for selected items of cost.
§ 200.421	Advertising and public relations.
§ 200.422	Advisory councils.
§ 200.423	Alcoholic beverages.
§ 200.424	Alumni/ae activities.
§ 200.425	Audit services.
§ 200.426	Bad debts.
§ 200.427	Bonding costs.
§ 200.428	Collections of improper payments.
§ 200.429	Commencement and convocation costs.
§ 200.430	Compensation - personal services.
§ 200.431	Compensation - fringe benefits.
§ 200.432	Conferences.
§ 200.433	Contingency provisions.
§ 200.434	Contributions and donations.
§ 200.435	Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringements.
§ 200.436	Depreciation.
§ 200.437	Employee health and welfare costs.
§ 200.438	Entertainment costs.
§ 200.439	Equipment and other capital expenditures.
§ 200.440	Exchange rates.
§ 200.441	Fines, penalties, damages and other settlements.
§ 200.442	Fund raising and investment management costs.
§ 200.443	Gains and losses on disposition of depreciable assets.
§ 200.444	General costs of government.
§ 200.445	Goods or services for personal use.
§ 200.446	Idle facilities and idle capacity.
§ 200.447	Insurance and indemnification.
§ 200.448	Intellectual property.
§ 200.449	Interest.
§ 200.450	Lobbying.
§ 200.451	Losses on other awards or contracts.
§ 200.452	Maintenance and repair costs.
§ 200.453	Materials and supplies costs, including costs of computing devices.
§ 200.454	Memberships, subscriptions, and professional activity costs.
§ 200.455	Organization costs.
§ 200.456	Participant support costs.
§ 200.457	Plant and security costs.
§ 200.458	Pre-award costs.
§ 200.459	Professional service costs.
§ 200.460	Proposal costs.
§ 200.461	Publication and printing costs.
§ 200.462	Rearrangement and reconversion costs.
§ 200.463	Recruiting costs.
§ 200.464	Relocation costs of employees.
§ 200.465	Rental costs of real property and equipment.
§ 200.466	Scholarships and student aid costs.
§ 200.467	Selling and marketing costs.
§ 200.468	Specialized service facilities.
§ 200.469	Student activity costs.
§ 200.470	Taxes (including Value Added Tax).
§ 200.471	Telecommunication costs and video surveillance costs.
§ 200.472	Termination costs.

§ 200.473	Training and education costs.
§ 200.474	Transportation costs.
§ 200.475	Travel costs.
§ 200.476	Trustees.

9. Parent-Subsidiary/Related Organizations (Specify in Cost Report Notes & Comments Worksheet)

- a. Costs applicable to services, facilities, and supplies furnished to a provider by a parent-subsidiary/related organization, shall not exceed the lower of the cost to the parent-subsidiary/related organization or the price of comparable services, facilities, or supplies purchased elsewhere, primarily in the local market. Providers must identify such parent-subsidiary/related organizations and costs in the cost report and include an appropriate statement of costs and allocations with the cost report. Umbrella or chain organizations are also considered parent-subsidiary/related organizations. Management fees will be considered administrative costs for cost reporting purposes.
- b. Home offices of parent-subsidiary/related organizations vary greatly in size, number of locations, staff, and services furnished to their member facilities. Although the home office is normally not a provider in itself, it may furnish to the individual provider central administration or other services, such as centralized accounting, purchasing, personnel, or management services. Only the home office's actual cost of providing such services may be included in the provider's allowable costs under the program. In order to be considered an allowable cost, the home office costs must be directly related to those services performed for individual providers and relate to consumer services. Documentation as to the time spent, the services provided, the hourly valuation of services, and the allocation method used, must be available to substantiate the reasonableness of the cost. Any services provided by the home office which are included in costs as payments to an outside provider, will be considered a duplication of costs and not be allowed.
- c. Rental expense for buildings and equipment that do not exceed actual cost for these items and that are necessary to provide program services to recipients, are an allowable expense.

10. Gifts and Income from Endowments

- a. Unrestricted gifts and income from endowments will not be deducted from operating costs in computing reimbursable cost. Gifts or endowment income designated by a donor for paying specific operating costs incurred in providing contract services will be deducted from the particular program operating cost or group of costs.
- b. The terms of the contribution may specifically state the period of time

during which the funds are to be applied. When specific periods of time are not provided, restricted contributions are deemed to be used in the reporting period in which the gift is received to the extent that applicable costs are incurred after the date of the gift. Generally, the donor of a restricted contribution intends that the provider use the funds for the purpose for which they were given; therefore, the above order of application is in accord with the purposes of the gift. Restricted contributions not used in the reporting period in which they were received are carried over into the following period, or periods, and used for the designated purpose.

As an example, assume that a provider incurred \$10,000 cost for transportation services during a calendar year reporting period. On July 1, they received a contribution of \$10,000 which was designated by the donor to be used to provide transportation services for all consumers. Examination of the costs of these services indicates that costs of \$4,000 were incurred after July 1. Under the principles of reimbursement, allowable costs shall be computed as follows:

Total costs of transportation services for the period	\$10,000
Portion of costs incurred after date of gift (July 1)	<u>4,000</u>
Allowable costs for the reporting period	\$ 6,000

The amount of restricted contribution would be adjusted as follows:

Contribution as of July 1	\$10,000
Appropriate costs incurred subsequent to date of gift	<u>4,000</u>
Balance of restricted contribution at end of reporting period.	\$ 6,000

The balance would be applied to the costs incurred for transportation services during the subsequent reporting period(s).

11. 200.470 – Taxes

- a. This section in 2 CFR is presented in three sections.
 1. Section (a) applies to states, local governments and Indian tribes.
 - a. Generally allowable. See detailed rules for exceptions.
 2. Section (b) applies to nonprofit organizations and IHEs.
 - a. Generally allowable. See detailed rules for exceptions.
 3. Section (c) applies to non-Federal entities paying foreign Value Added Tax.
 - a. Generally allowable. See detailed rules for exceptions.

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- b. Taxes assessed against the provider, in accordance with the levying enactments of several states and lower levels of government and for which the provider is liable for payment, are allowable costs. State provider taxes for ICF's are an allowable expense.
 - c. The following taxes are not allowable as costs:
 - 1. Federal income and excess profit taxes, including any interest or penalties paid.
 - 2. State or local income and excess profit taxes.
 - 3. Taxes in connection with financing, refinancing, or refunding operations, such as taxes in the issuance of bonds, property transfers, issuance or transfer of stocks, etc. Generally, these costs are either amortized over the life of the securities or depreciated over the life of the asset. They are not recognized as tax expense.
 - 4. Taxes from which exemptions are available to the provider.
 - 5. Special assessments on land which represent capital improvements, such as sewers, water and pavement should be capitalized and may be depreciated.
 - 6. Taxes on property which is not used in the provision of covered services.
 - 7. Tax expense may not include fines or penalties.
 - 8. Self-employment taxes.

2. COST REPORT: EXPENSES and UNITS

Columns and rows highlighted in gray (on the templates) are completed by Department staff.

A. HORIZONTAL AXIS: TOTAL AND ADJUSTMENT COLUMNS/SERVICE CENTERS

The horizontal axis contains the Total, Adjustments, Administration and Support, Fund Raising and Total of All Services columns as well as the program services.

A list of the program services for the Divisions of Developmental Disabilities and Rehabilitation Services is provided in Appendices A and B, and for the Division of Child Protection Services and the Division of Behavioral Health in Appendix C.

Following is a list of definitions for the horizontal axis columns mentioned in the paragraph above:

Total: This column represents the total expenses from the operating statement of the provider for the reporting period. The total of the expenses must reconcile to the independently audited financial statements for providers that are required to have an audit.

Adjustments: This column represents additions or deletions from the total column for costs that do not represent a cost to a service center or are considered unallowable (see instruction items 7. Allowable Costs and Limitations and 8. Cost Principles – General Provisions for Allowability of Selected Items of Cost under C. Financial Reporting Requirements, above).

Provide an explanation of any amounts reported in this column in the Notes & Comments worksheet.

Administration and Support: This column represents expenditures for the overall direction of the organization, general record keeping, business management, budgeting, general board activities, and related purposes. Direct supervision of program services and of fund raising should be charged to those functions. Overall direction will usually include the salaries and expenses of the chief officer of the organization and their staff. If they spend a portion of their time directly supervising fund-raising or program services and activities, such salaries and expenses should be prorated among those functions.

Fund Raising: Expenditures normally charged to this function include costs of transmitting appeals to the public (including postage, addressing, maintenance of mailing lists and other fund drive records) and the salaries of staff members connected with fund raising for the agency, capital campaigns, foundations, etc. An appropriate portion of the salaries of regular staff members who devote time to record keeping for fund raising should be allocated to fund raising expenses.

Total of All Services: This column represents the total costs to be allocated to each of the

program services.

Program Services: DHS and DSS-specific service or program columns as provided.

Other Services:

Use these columns for reporting programs not related to the Departments of Social Services or Human Services.

Note: Do not put funding sources (i.e., Medicaid) in Row 6. Specify Units by Payor Source in Row 61 – 67.

Note: Do not include special program (special rate) expenditures in this column. These costs should be included under the appropriate service center with the regular costs.

B. VERTICAL AXIS - CHART OF ACCOUNTS

Costs should be allocated by direct assignment to Administration and Support or the benefiting service center based on time studies or activity logging unless otherwise indicated.

1000 – PERSONNEL SERVICES

1010 – Administrative: Personnel who manage/direct the overall or specific programs of the provider, make policy decisions, provide training and do not spend more than 10% of their time providing direct service. If an individual spends more than 10% of their time providing direct service, they should be listed under 1020 – Professional/Program Staff.

Examples:

Business/Office Manager/Bookkeeper
Executive Director
Administrator/Assistant Administrator

Finance Director
President/CEO
Human Resources

1020 – Professional/Program Staff: Personnel who may be certified or licensed to provide services related to their profession and are necessary to provide basic program services.

Examples:

Child Care Worker/Supervisor
Counselor (CCDC, MH, DD, Rehab, etc.)
Direct Support Professional
Job Coach
Licensed Practical Nurse
Physician
Program Manager

Registered Nurse/PA/CNP
Residential Instructors/Aids
Social Worker/Foster Parent
Staff Development
Supported Living Instructors
Teacher/Assistant/Aide
Therapist/Case Manager

1040 – Support Staff: Personnel who do not provide direct service to individuals served but support the daily operations of the agency.

Examples:

Adaptive Equipment Specialist
Custodial/Housekeeping Staff
Dietary Staff

Nursing Secretaries
Office Staff (Admin. & Support)
Maintenance Staff

1050 – Consumer Wages: Wages paid to consumers for work performed in or for the facility (report as direct assignment to Production or benefiting service center). *Note: Hours and wages for these individuals should not be reported on staffing information worksheet.*

Example: Wages paid for in-house janitorial work would be reported under the appropriate service center based on square footage.

1100 – PERSONNEL BENEFITS AND TAXES

1110 – Retirement Plans: The cost of agency contributions to employee retirement plans.

1120 – Insurance Benefits: The cost of items such as health, life, disability and dental insurance coverage for agency staff.

1130 – Other Benefits: The cost of employee benefits which are not included above. Examples include childcare, educational benefits, staff appreciation (other than wages), employee physicals, Hepatitis B and TB testing.
Provide an explanation of any amounts reported in this account in the Notes & Comments.

1140 – FICA Taxes: Represents the FICA tax expense to the agency. Should include Medicare amount.

1150 – Unemployment Insurance: The cost of State and/or Federal unemployment insurance.

1160 – Worker's Compensation Insurance: Represents the agency's Worker's Compensation Insurance premium.

1170 – Professional Liability Insurance: Represents the cost of liability insurance premiums related to coverage for actions/omissions of employees and/or board members (protection against fraudulent or dishonest acts by officers or employees).

1190 – Other: If the amount reported in the total column for this account equals or exceeds **5%** of the provider's total expenses, the provider must attach a breakdown of expenses by type and cost in the Notes & Comments worksheet.

1200 – PROFESSIONAL FEES & CONTRACTUAL SERVICES

Services obtained from non-provider professionals in each of the following areas. Providers may elect to report contract expenses under "EXPENSES and UNITS – 1000 PERSONNEL SERVICES" if the position is commonly employed by similar providers. For example, if the programmatic needs require nursing and the provider elects to fill this need with a contracted

service rather than hiring the position, the cost related to the contract may be reported in the “EXPENSES and UNITS – 1000 PERSONNEL SERVICES” cell range of the cost report.

1210 – Administrative/Financial: Represents the costs of financial, accounting or data processing professionals, including software support agreements. Includes the following:

Audit Services: Represents the cost of an independent audit of the provider. *Report directly in the Admin. & Support column.*

Legal Services: Represents the cost of attorney or legal services. *Report directly in the Admin. & Support column for personnel or property; otherwise report as direct assignment to benefiting service center.*

Advertising/Public Relations: Represents the costs associated with allowable advertising and public relations.

Registration Fees: Represents the registration costs of conventions, conferences and meetings.

1220 – Habilitation/Rehabilitation: Costs associated with services obtained from non-provider professionals such as special education teachers, certified vocational evaluators, psychologists, recreational therapists and social workers.

1231 – Other Medical: Costs associated with services obtained from non-provider professionals for the following: dental, dietary, occupational therapy, physical therapy, optometric, pharmacy, speech pathology and audiological services.

1237 – Physician/Nursing Services: Costs associated with physician and nursing services obtained from non-provider professionals (including the cost of lab reports).

1238 – Psychiatric Services: Costs associated with psychiatric services obtained from non-provider professionals.

1290 – Other Professional Services: Costs for services obtained from non-provider professionals not identified in accounts 1210 through 1238. Examples include architectural or engineering services, agency evaluations, training, license renewals, costs incurred for outside speakers, meals, motels, fees, etc.

Note: If the amount reported in the total column for this account equals or exceeds **20%** of the agency’s total expenses, the agency must attach a breakdown of expenses by type and cost the Notes & Comments worksheet.

1300 – TRAVEL/TRANSPORTATION

1390 – Other: Represents the cost of mileage payments to staff, consumers (tokens/tickets), board members, volunteers, transportation providers and others, and the cost of repairs, maintenance, insurance, lodging, meals and other travel costs. Examples include short-term rentals for automobiles, parking fees, airfare, bus or taxi fares, and mass transit. Report principal payments related to the purchase of vehicles and lease payments meeting capitalization guidelines in the 1700 series.

Note: If the amount reported in the total column for this account equals or exceeds **10%** of

the provider's total expenses, the provider must attach a breakdown of expenses by type and cost in the Notes & Comments worksheet.

1400 – SUPPLIES

1440 – Food: Represents all costs associated with the purchase of consumable foods and related dietary items such as nutritional supplements. This includes the value of commodities. Report nutritional supplements under the **Medical Equipment and Drugs service center**. *Report as direct assignment to Food Service or benefiting service center.*

1490 – Other: Represents other supply costs such as office, program/instructional, resources for clients, medical, postage and shipping, and production.

Note: If the amount reported in the total column for this account equals or exceeds **10%** of the provider's total expenses, the provider must attach a breakdown of expenses by type and cost in the Notes & Comments worksheet.

1500 – OCCUPANCY

1510 – Rent of Space: Cost of rental payments for land, buildings, office, or residential space used for the operations of the provider. *Report as direct assignment to benefiting service center based on square feet*

1520 – Utilities & Telephone: The cost of public utility services, unless the cost is included in rent. Utilities include heat, lights, water, gas, electricity, waste removal, and cable TV (*report as direct assignment to the benefiting service center based on square feet*). Telephone includes the cost of monthly service and long-distance fees (*report as direct assignment to the benefiting service center for monthly service and long distance per phone*).

1590 – Other: The costs associated with mortgage interest, insurance, taxes, buildings and grounds, maintenance, and other occupancy costs.

Note: If the amount reported in the total column for this account equals or exceeds **10%** of the provider's total expenses, the provider must attach a breakdown of expenses by type and cost in the Notes & Comments worksheet.

Note for DDD Providers only: *Day Services: Recognition of additional occupancy costs (Accounts 1510-1590) and Depreciation costs (Account 1710).*

An adjustment is necessary to transfer a portion of the occupancy costs within the Production center to Day Services. The process is as follows:

- a. Determine the Percent of Norm for each consumer and the average of the total for all consumers being trained in a production area within the provider.*
- b. Multiply the Inverse Percent of Norm for all consumers (determined in "a" above) by the total occupancy costs for the Production center.*
- c. The amount of occupancy costs identified in "b" (above) is reduced from*

the Production occupancy costs and added to the Day Services occupancy costs.

1600 – EQUIPMENT

1600 – Purchase, Rental, Lease and Maintenance: The cost of equipment acquired with a per-unit cost of less than \$5,000, rental payments for equipment/vehicles used for the operations of the provider and costs associated with the repair or maintenance of provider equipment.

1700 – DEPRECIATION

1710 – Building: Annual costs associated with the depreciation of provider office, program or residential facilities pursuant to American Hospital Association (AHA) Guidelines. *Report as direct assignment to benefiting service center based on square feet.*

1720 – Equipment: Item cost acquired at a per-unit cost greater than or equal to \$5,000, associated with the depreciation of agency capital equipment and furnishings pursuant to AHA Guidelines.
Examples include vehicles, computers, furniture, appliances and production equipment.

1800 – MISCELLANEOUS

1810 – Clothing: Costs of clothing purchased for consumers by the provider. *Report in the benefiting service center.*

1860 – Bad Debt: Costs associated with uncollectable amounts.
Bad debts associated with Program Services should be directly assigned to the Adjustments Column.
Bad debts associated with Production should be reported under Production.

1890 – Other: Miscellaneous costs such as those associated with personal needs, recreation and leisure, interest on installment contracts, and interest on operating loans.

Note: If the amount reported in the total column for this account equals or exceeds 20% of the provider's total expenses, the provider must attach a breakdown of expenses by type and cost in the Notes & Comments worksheet.

Note: The sum of the Admin & Support (Cell D55) should be allocated across all the programs in Row 56, utilizing a statistically sound and auditable method. Please explain the methodology used to allocate or assign the Admin & Support in the Notes and Comments tab. If the provider chooses not to complete the allocation, the Department(s) will allocate the total Admin & Support costs across the programs based on the accumulated costs by program.

TOTAL EXPENDITURES will be displayed automatically. **These cells are protected;** the formulas cannot be changed.

C. Units (for Child Protection Providers, please see CPS schedule)

TOTAL UNITS BY PAYOR SOURCE must be reported for all services. For CPS (Child Protection Services) services, report the units on the Child Protection Providers (CPS) Schedule. Please provide an explanation on the Notes & Comments worksheet if per-unit costs for a specific service increase more than 20% from the previous year. Cost Per Unit will be automatically calculated.

3. COST REPORT REVENUES

Columns and rows highlighted in gray (on the templates) are completed by Department staff.

A. HORIZONTAL AXIS: TOTAL AND ADJUSTMENT COLUMNS/SERVICE CENTERS

The horizontal axis of the REVENUES section is comprised of the following:

Total: This column represents the total revenue for the reporting period from the operating statement of the organization. The total revenues must reconcile to the independently audited financial statements.

Adjustments: This column represents additions or deletions from the total column. Provide an explanation of any amounts reported in this column on the Notes & Comments worksheet.

Administration and Support: Revenue from administration and support services.

Fund Raising: Revenue from fund raising activities.

DHS Services:

DDD Program Services: Revenue, regardless of the funding source, used to fund services identified in Appendix A.

DRS Program Services: Revenue, regardless of the funding source, used to fund services identified in Appendix B.

Housing Services: Revenue from housing services. This should include the “room” portion of Room and Board. This service center may also include any amounts paid by the consumer (Client Pay) for Housing Services.

Food Services: Revenue from the delivery of food services. This should include the “board” portion of Room and Board. This service center may also include any amounts paid by the consumer (Client Pay) for Food Services.

Production: Revenue from production activities.

Other DHS Program Services: Revenue received for DHS Program Services other than those identified in the appendices as DDD Program Services or DRS Program.

DSS Services:

Child Protection Program Services: Revenue, regardless of funding source, used to fund each individual service type.

Behavioral Health Program Services: Revenue, regardless of funding source, used to fund each individual service type.

Services. Examples include monies received for Family Support (DDD) programs.

Provide an explanation of any amounts reported in this column on the Notes & Comments worksheet.

Non-DSS/DHS Program Services: Revenue received for services other than DSS and/or DHS Program Services. This includes services that do not appear in the appendices and for which DSS and/or DHS does not participate in the cost.

Provide an explanation of any amounts reported in this column on the Notes & Comments worksheet.

B. VERTICAL AXIS - CHART OF ACCOUNTS

2000 - FEES

Dollars received for services provided to consumers.

2020 – Title XIX: Dollars received from DHS, DOC & DSS for services provided to consumers within the scope of South Dakota's approved Title XIX State Plan/Waiver for consumers.

2025 – Title VII, Chapter 1 Part B (*Independent Living Services*)

2030 – Title VII, Chapter 1 Part C (*Centers for Independent Living*)

2045 – SD Department of Education: Dollars received from SD Department of Education for services provided to consumers under 21 years of age, when not participating with ICF/MR or HCBS.

2050 – SD Department of Corrections: Dollars received from SD Department of Corrections for services (This should not include Title XIX funds or pass-through grant funds).

2055 – Client Pay: Dollars received from clients as payment for services.

2060 – Insurance: Dollars received from insurance companies as payment for services.

2065 – Other States: Dollars received from other States for services provided to consumers.

2070 – Room and Board: Dollars received for room and board.

2075 – Bureau of Indian Affairs: Dollars received for services provided to Native American consumers, when not participating with ICF/MR or HCBS.

2080 – Department of Human Services: Dollars received from DHS contract funds (This should not include Title XIX funds or pass-through grant funds).

2085 – Department of Social Services: Dollars received from DSS contract funds (This should not include Title XIX funds or pass-through grant funds).

2090 – Other: Dollars received from other sources (such as other Government Agencies/Departments and Local School Districts as payment for services provided to consumers. An explanation of any dollars reported in this account should be included in the Notes & Comments worksheet.

2100 – GRANTS

Dollars received from City, County, State or Federal Governments or other sources when expenses relating to a specific grant are incurred. Dollars received are for specific consumer(s), position(s) or project(s). Dollars can also be received from other sources for services provided to clients.

2110 – Grants used for capital expenditures

2120 – Grants used for non-capital expenditures

2200 – CONTRIBUTIONS

Dollars donated or restricted for a specific service(s); report under the appropriate service(s). Documentation supporting the restriction must be available for review by Department staff.

2210 – Contributions used for capital expenditures

2220 – Contributions used for non-capital expenditures

2300 – OTHER INCOME

2310 – Commodities, Food Stamps, National School Lunch: The value of commodities and food stamps received and the amount of National School Lunch revenue.

2340 – FmHA Rent Subsidy: The amount of subsidy from FmHA.

2341 – Section 8 Assistance: The amount of Section 8 Assistance.

2350 – Transportation: Includes, but is not limited to, reimbursement from the Department of Human Services, Office of Adult Services and Aging.

2360 – Production: Revenue from production activities.

2370 – Investment Income/Interest: Investment income/interest.

2380 – County Per Capita: An explanation of any dollars reported in this account must be included in the Notes & Comments worksheet.

2390 – Other: Dollars received from other sources for services provided to clients.
An explanation of any dollars reported in this account must be included in the Notes & Comments worksheet.

TOTAL REVENUES will be displayed automatically. These cells are protected; the formulas cannot be changed.

4. STAFFING INFORMATION

Providers shall report all staff for whom costs were reported in the EXPENSES and UNITS section.

Of FTEs: 1 FTE equals 2080 hours per year. The Department(s) will calculate an FTE based on the number of hours that are reported.

Staff Type: Select from the drop-down menu.

Position Type: Select from the drop-down menu (must select “Staff Type” first).

Job Title: This column can be used by the preparer to identify the job title of the person(s) assigned by the provider organization.

Total Hours Paid: Enter the total number of hours for employees under each position title worked in each service center.

Note: When reporting ‘on-call’ hours, report only the hours actually worked while on call. For example, if the on-call person spent four hours responding to emergency calls, the four hours are reported in Total Hours Paid column and allocated to the appropriate service center. The total dollars paid are included in the Total Wages Paid column.

Total Wages Paid: Enter the total wages for that position for hours worked during the reporting period.

5. NOTES & COMMENTS WORKSHEET

Providers must include an explanation if they have used any of the following items:

- Adjustment column items.
- Breakdown of expenses by type and amount for those accounts exceeding the percentage limits.
- Breakdown of revenue by type and amount for other accounts (2090 and 2390).

Any other notes the provider may want to include.

The Additional Notes tab is provided for any additional information or support that does not fit the format of the Notes & Comments tab.

6. Child Protection Service (CPS) Providers Schedule

Only Child Protection Providers for the Department of Social Services are required to complete and submit the Child Protection Providers Schedule.

Census information must be provided by the program. It must include:

- A count of all days when a client is physically present at the provider.
- Leave days based on the distinction of being paid leave days.
- Unpaid leave days.
- Any other types of days a provider may need to report.

Columns will be automatically totaled.

7. APPENDICIES

APPENDIX A

Division of Developmental Disabilities Program Services (Horizontal Axis)

For all Developmental Disabilities Program Services, activities such as orientation, staff training, personnel management, staff supervision, paperwork, and quality assurance are to be included in the cost of providing services. The cost report will accommodate the recording of these and other similar activities that are a necessary part of providing the following waiver services.

Summary of Covered CHOICES Waiver Services:

CHOICES Waiver Services Summary			
<i>Service Type</i>	<i>Service Category</i>	<i>Service Sub-Category</i>	<i>Service</i>
Statutory	Case Management	Case Management	Case Management
Statutory	Round-the-Clock Services	Group Living, Residential Habilitation	Residential Habilitation
Statutory	Day Services	Day Habilitation	Day Services
Statutory	Supported Employment	Ongoing Supported Employment, Individual	Individual Supported Employment
Statutory	Day Services	Pre-Vocational Services	Career Exploration
Other	Equipment, Technology, and Modifications	Equipment/Technology, Supplies, Personal Emergency Response System (PERS)	Specialized Medical Equipment and Drugs
Other	Round-the-Clock Services	Shared Living Residential Habilitation	Shared Living Residential Habilitation
Other	Other Services	Other	Small Group Vocational Support
Other	Equipment, Technology, and Modifications	Equipment and Technology	Assistive Technology
Other	Supported Employment	Ongoing Supported Employment, Group	Group Supported Employment

Statutory Service: Case Management-

Case Management Services require the facilitation and development of a comprehensive person-centered individualized support plan (ISP) written by the case manager and reviewed by the state. Case managers provide ongoing monitoring of the participant's provision of services, health, welfare, and monitor the implementation of the participant's ISP at least quarterly.

- Case managers initiate a comprehensive assessment and periodic reassessment of individual needs to develop, revise, and update the participant's ISP as well as advocate for the participant to exercise individual choice and independence.
- Case management services require the development of a 24-hour individual back-up plan with paid and natural supports.

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- Case managers provide transition case management services to assist participants to transition from institutional settings to community settings by identifying needed waiver services, state plan services, as well as medical, social, housing, educational, non-paid natural supports, and other needed services, regardless of funding source.
 - The costs of such services are incurred and billable when the person leaves the institutional setting and enters the waiver.
 - The individual must be reasonably expected to be eligible for and to enroll in the waiver.
 - If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition), transitional services may be billed to Medicaid as an administrative cost.
 - Transition case management services are limited to 60 days prior to the participant's transition to the CHOICES waiver from an institutional setting, unless otherwise agreed upon within the provisional plan of care approved by the DHS.
 - Case Management services cannot be delivered by the same provider of other waiver services.

Statutory Service: Day Services-

Day services shall be intended to assist the person to gain opportunities for meaningful life experiences in coordination with the person's personal goals and supports and agreed upon by the ISP team. Individuals in this service may not be paid a wage for activities in which they participate. Activities and environments are designed to:

- Build positive social relationships, interpersonal competence, greater independence and personal choice;
 - Foster the acquisition of skills;
 - Assist in maintaining skills and functioning and preventing or slowing regression for those with degenerative conditions;
 - Empower the person to attain or maintain their highest level of self-determination;
 - Occur in coordination with any physical, occupational, or speech therapies listed in the person-centered ISP;
 - Include personal care/assistance, but these supports may not comprise the entirety of the service.
- Day Services may be provided in integrated, community-based settings to promote volunteer activities that include acquiring, retaining, and improving self-help, socialization, and adaptive skills. Day Services settings may also be provided in fixed site facilities or in certain circumstances, virtually. Day Services does not include compensation or the production of goods or services. Meals provided as part of Day Services shall not constitute a full nutritional regimen.
 - Transportation between the participant's place of residence and the Day Services site is provided as a component of Day Services and the cost of this transportation is included in this rate. Participants may choose not to use the transportation provided by the Day Services location. In that event, however, the participant's choice to use public transportation must be documented in the participant's care plan. Charges associated with the alternative transportation method are the responsibility of the participant.
 - Delivery of Facility-Based Day Services is largely based on individual participant to staff

ratios and are generally based on each individual's Inventory for Client and Agency Planning (ICAP) Assessment score. Each participant's staffing level will fall into one of three levels: Basic, Intermediate and Enhanced. The Day Services support level for each participant will be outlined in the participant's ISP after a team discussion involving the Case Manager, Day Service Provider and the participant. Support Level is subject to DHS review and approval.

- The primary difference across support levels is the number of staff required to support a participant as outlined above. The services are generally the same across all Day Service Support Levels.
- Community Support encourages integrating participants into activities in a community-based setting. The increased staffing support level (1:4 or 1:2) allows for appropriate supervision of participants while in the community depending on the needs of the participant. Any participant can receive Community Support Day Services while they are receiving Day Services outside of the facility property and in support of the participant's goals. The level of support required will be identified through the ISP process.
- In addition to Facility-Based and Community Support Day Services may be rendered at times through the use of the remote service delivery option. Day Services in these additional settings may only be billed under specific circumstances and should be included in the participant's ISP.
- The remote delivery option is reserved for outstanding circumstances that restrict a participant's access to Facility and/or Community Support Day Services. It is not intended for daily use.
- The remote service delivery methodology is accepted by the state's HIPAA compliance officer and promotes community integrations by allowing participant to engage with their communities when they otherwise would not be able to do so due to illness, transportation issues, pandemics or other personal reasons. Cameras are never permitted in bedrooms and bathrooms. Remote service delivery is not be used for the convenience of providers/caregivers and should not be used to replace staff assistance for participants who need hands on assistance or physical assistance to complete tasks. A person has a right to refuse, stop or suspend the use of remote service delivery at any time. The providers utilizing the remote service delivery option will provide initial and ongoing training to the participant on the use of the technology. To ensure health and safety, all providers are required to have a policy that outlines the response time in the case of an emergency where provider staff can be onsite at the location within minutes. Behavioral Support Day Services are reserved for participants who have a demonstrated behavioral need or diagnosis, identified through the ICAP and/or Functional Needs Assessment, and cannot safely participate in Day Services without this additional support. The participant must also have a Behavior Support plan in place prior to receiving Behavioral Support Day Services.
- Behavioral Support Day Services are reserved for participants who have a demonstrated behavioral need or diagnosis, identified through the ICAP and/or Functional Needs Assessment, and cannot safely participate in Day Services without this additional support. The participant must also have a Behavior Support plan in place prior to receiving Behavioral Support Day Services.
- Providers of Day Services will maintain thorough and timely documentation of services demonstrating full compliance with all programmatic and contractual requirements of the South Dakota Administrative Rule and Department of Social Services policy.
- Documentation is maintained in the file of each participant receiving this service that the

service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Day Service Sub-Category: Career Exploration-

Services are based on the belief that all individuals with developmental disabilities can work in integrated, competitive employment and that individuals of working age should be provided the supports necessary not only to gain and maintain employment but to advance in their chosen fields and explore new employment options as their skills, interests, and needs change. The outcome of the service is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

- Career Exploration services are designed to assist participants in identifying and developing skills to prepare them for integrated competitive jobs and compensation at or above minimum wage, but not less than customary wage and level of benefits paid by the employer for similar work performed by employees without disabilities.
- Primarily focusing on the development of competitive worker traits through a trial-work training model, Career Exploration services can be furnished in a variety of community settings and is not limited to fixed-site facilities. Participant training will include learning the expectations of a competitive work environment, problem solving skills and strategies, and general workplace safety and mobility training.
- Career Exploration includes occupational training to teach participants skills for the competitive labor market, and personal training designed to develop appropriate worker traits. Occupational training through this service will include teaching concepts such as following directions, attendance, task completion, problem solving, and workplace safety.
- Further Career Exploration components will include training participants on benefits management, the financial information needed by participants when they enter employment in the general workforce, and the use of work-related evaluations which involve the use of planned activities, systematic observation, job shadowing, internships, and work trials to accomplish a formal assessment of the participant skills and interests, including identification of service needs and identification of employment objectives.
- Career Exploration services are limited to an 18-month delivery window, with a maximum of two three-month extensions available with DHS approval. Upon culmination of Career Exploration, a participant has identified and is prepared to pursue additional career goals through other Employment-related Services.
- The DHS/DDD will preauthorize participant access to Career Exploration as well as requests for extension. Access and requests for extension must include ISP team determination of the person's interest in employment, existing work readiness skills and the length of time likely needed to transition successfully to competitive, integrated employment. The DHS/DDD will determine through the preauthorization process if the supports identified by the ISP team are prevocational rather than vocational in nature.
- Participants receiving career exploration services must have an outcome to sustain competitive, integrated, paid employment at or above minimum wage in an integrated setting in the general workforce in a job that meets personal and career goals included in their person-centered ISP. The service must be reviewed at least annually or more frequently as needed to assess the need for the service and progress on the employment outcome.
- Transportation between the participant's place of residence and the Career Exploration

site is provided as a component of Career Exploration and the cost of this transportation is included in this rate. Participants may choose not to use the transportation provided by the Career Exploration location. In that event, however, the participant's choice to use public transportation must be documented in the participant's care plan. Charges associated with the alternative transportation method are the responsibility of the participant.

- Providers of Career Exploration will maintain thorough and timely documentation of services demonstrating full compliance with all programmatic and contractual requirements, the Administrative Rules of South Dakota, and all Department of Human Services and Department of Social Services policies.
- Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).
- Career exploration services are limited to 18 months, with a maximum of two three-month extensions with approval by DHS/DDD. Career exploration services cannot occur in a residential setting.

Statutory Service: Residential Habilitation-

Residential Habilitation services are provided to participants living in their own home, which may include a group home or supervised apartment. Residential Habilitation services shall provide the participant with the opportunity to live as independently as possible, with the supports needed to maintain their safety. Services may include, but are not limited to, assistance in acquiring, retaining, and improving skills related to activities of daily living, such as oral and personal hygiene, bathing, toileting, dressing, personal grooming and cleanliness, bed making, dusting, vacuuming, cleaning, laundry and housekeeping chores, simple home maintenance tasks, eating, cooking and the preparation of food, shopping, money management, budgeting, safety and self-help, recreation and socialization, and adaptive skills necessary for the person's health and welfare.

- Payments for Residential Habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of participants, or to meet the requirements of the applicable life safety code. Payments will not be made for the routine care and supervision which would be expected to be provided by a family (i.e., activities that would be performed ordinarily for an individual without a disability and/or chronic illness of the same age) or for activities or supervision for which a payment is made by a source other than Medicaid.
- 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.
- Group home participants receive services and supports from a setting staffed 24 hours daily. When necessary, the provider will accompany participants and facilitate their participation in visits for medical care, therapies, personal shopping, recreation and other community activities.
- Supervised Living: 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. Supervised Living model assumes that residential staff are not needed during nighttime hours as well as daytime hours when residents are employed outside the home or participating in day services.

- Supported Living: Residential settings offering services that support a person in his or her home, shared family home, or apartment, when the provider furnishes services intermittently to the individual. These services can be provided in other community settings, but are primarily furnished in a person's home or apartment. This service may include supervision, socialization, and assistance for a participant to maintain safety in the home and community, and to enhance independence. This service may be provided remotely through telehealth as determined necessary by the State to ensure services are delivered while considering individual choice, cost effectiveness and compliance with CMS requirements.
- Assistive technology may be utilized by participants of community residential services as approved in their person-centered service plan. Assistive technology may be utilized to ensure health, safety, and other support needs when the method of support is appropriate, chosen and preferred by the person. The use of assistive technology must be individualized for every participant. Assistive technology is not used for the convenience of providers/caregivers and should not be used to replace staff assistance for participants who need hands on assistance or physical assistance to complete tasks. A person has a right to refuse, stop or suspend the use of assistive technology at any time. Providers will be required to provide initial and ongoing training to the participant on the use of the technology. Providers are required to have a policy that outlines the response time in the case of an emergency where provider staff can be onsite at the location within minutes. DHS/DDD expects that regular onsite visits are conducted to any setting where assistive technology is used and additionally the case manager is responsible for quarterly service observations.
- The desired outcome of supports provided via technologies is that more participants live in their own homes, with fewer roommates and less dependence on a physical staff presence. Natural support networks may be bolstered and further reduce dependence on paid supports at home and in the community. The use of technologies can benefit participants who possess the skills to live independently but experience challenges that necessitate varying levels of staff supports.
- Transportation between the participant's place of residence and other service sites or places in the community is provided as a component of Residential Habilitation services and the cost of this transportation is included in the rate. Participants may choose not to use the transportation provided by the group home. In that event, however, the participant's choice to use public transportation must be documented in the participant's care plan. Charges associated with the alternative transportation method are the responsibility of the participant. Travel throughout a typical day is included within residential services.
- Transportation to/from Day Services, Employment-related Services is included in the rate for those services.

Statutory Service: Individual Supported Employment-

Services are based on the belief that all individuals with developmental disabilities can work in integrated, competitive employment and that individuals of working age should be provided the supports necessary not only to gain and maintain employment but to advance in their chosen fields and explore new employment options as their skills, interests, and needs change.

Supported Employment services are supports to a participant to obtain and maintain a job in integrated competitive employment, customized employment, or self-employment. Services include job coaching, job support, retention, and follow along. Participants may access Supported Employment regardless of whether Pre-Employment services have been previously accessed. Supported Employment is defined as:

- Integrated work setting in the general workforce.
 - Compensation at or above the minimum wage for individual 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.
 - Goals and/or supports related to employment are outlined within the person-centered ISP.
- Participants receiving Supported Employment services must have an outcome to sustain competitive, integrated, paid employment at or above minimum wage in an integrated setting in the general workforce in a job that meets personal and career goals included in their person-centered ISP. The service must be reviewed at least annually or more frequently as needed to assess the need for the service and progress on the employment outcome.
 - Discovery: Development of an employment profile as the desired outcome
 - Job Development: Coordination between the job seeker and employer to identify and negotiate job responsibilities.
 - Stabilization: Provision of necessary supports that result in the person learning job responsibilities, building relationships with supervisor(s) and coworkers, and achieving professional growth as identified by the person
 - Long-Term Support: Provision of on-going supports as identified by the team or person to sustain long-term employment, which may include re-engagement of additional supports if needed. The delivery of Supported Employment services may include personal care type services as long as those supports do not encompass the entirety of the service.
 - Supported Employment should not be billed for transportation purposes only, including for pick up and/or drop off assistance when a participant cannot secure transportation to an employment or service site. Transportation between the participant's place of residence and the employment or service site is allowable only when the provider remains onsite to provide Supported Employment services.
 - Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.)

Service Type: Other Services:

Specialized Medical Equipment and Drugs-

Specialized Medical Equipment and Supplies is a service available to those participants whose

Individualized Service Plan (ISP) specifies a need for the assessment of adaptive functioning needs and/or specifies the use of particular equipment and supplies as necessary to carry out the participant's ISP.

Participants can utilize this service to obtain an assessment of their functional limitations and needs, or to purchase, rent, repair, or maintain medical equipment and drugs in accordance with their Individualized Service Plan.

Under this service, Specialized Medical Equipment and Supplies includes:

1. Devices, controls or appliances specified in the participant's ISP which enable the participant to increase or maintain their ability to perform activities of daily living;
 2. Devices, controls or appliances specified in the participant's ISP which enable the participant to increase or maintain their ability to perceive, control, or communicate with the environment in which they live;
 3. Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;
 4. Other durable and non-durable medical equipment not available under the State Plan that is necessary to address participant functional limitations;
 5. Necessary medical supplies in excess of State Plan limitation or not available under the State Plan; and
 6. Medically necessary drugs and nutritional supplements that are not covered by the State Plan or EPSDT, and that are prescribed or recommended by a licensed practitioner to address caloric or nutritional needs as specified in the participant's ISP (excludes any vitamins, supplements, or alternative forms of nutrition not prescribed by a licensed practitioner).
- Medically necessary drugs and nutritional supplements may include, but are not limited to, nutritional supplements to address caloric intake, vitamin and mineral supplements, herbal preparations, and over-the-counter (OTC) medications directly related to the participant's primary medical condition. Utilization rationale for drugs and supplements, including support for their medical necessity, must be recorded in the participant's ISP.
 - Other allowable costs include identification of the type of equipment and supplies needed; costs necessary for selecting, designing, fitting, adapting, repairing, and maintaining equipment; the cost of training or technical assistance necessary for the participant or caregivers to operate and maintain the medical equipment; and payment of devices used when safety concerns exist (e.g., Lifeline services, Comfort One bracelets). All equipment, supplies, or other items provided to a participant through this service shall meet all applicable standards for manufacture, design, and installation.
 - Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State Plan and items which are not of direct medical or remedial benefit to the participant are not covered. Costs for the repair of durable medical equipment shall be limited to scenarios where product warranty or State Plan benefit coverage does not exist. To the extent that any listed services are covered under the state plan, including EPSDT, the utilization of this waiver service (Specialized Medical Equipment & Supplies) would be limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization.

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- All items—whether durable or non-durable medical equipment and supplies—purchased for a participant via this service are the property of the participant or the participant’s family.
 - Non-allowable costs include assisting participants with taking their medications; Part D covered and Medicare excluded medications for dual-eligible participants; and Medicaid State Plan services.
 - This service provides an eligible participant with an annual maximum benefit of five thousand dollars (\$5,000/year), calculated relative to the participant’s current benefit year.

Shared Living Residential Habilitation-

An arrangement of services provided to a participant in private home of a community member or friend. Shared living services are meant to provide a more person-centered approach to supports and are built on the foundation of life sharing, developing natural supports, and being an active member of the community. The Shared Living Provider (SLP) shall provide services, including assistance, support, and guidance in life domain areas such as daily living, safety and security, community living, healthy lifestyle, social interactions, spirituality, citizenship, and advocacy. The SLP shall provide age-appropriate services to the participant as specified in the participant’s Individualized Service Plan (ISP). Family members are allowed to provide Shared Living Residential Habilitation services as an SLP.

Small Group Vocational Support-

Services are based on the belief that all individuals with developmental disabilities can work in integrated, competitive employment and that individuals of working age should be provided the supports necessary not only to gain and maintain employment but to advance in their chosen fields and explore new employment options as their skills, interests, and needs change.

- Unlike Individual and Group Supported Employment, which seeks to provide participants with the supports and training necessary to maintain a job in an integrated competitive employment environment, Small Group Vocational Support services are designed to create a pathway towards integrated community-based employment for those who are not yet ready to receive Group or Individual Supported Employment services. Participants receiving these services must have an outcome to sustain competitive, integrated, paid employment at or above minimum wage in an integrated setting in the general workforce in a job that meets personal and career goals included in their person-centered ISP. The service must be reviewed at least annually or more frequently as needed to assess the need for the service and progress on the employment outcome.
- Small Group Vocational Support services are expected to specifically involve strategies that enhance a participant's employability in integrated, community settings, in a separate and distinct area of the business, while affording participants the opportunity for interaction between non-disabled peers or customers. Specifically, these provide structured environments in which individuals can work in the community to develop appropriate work skills and habits that include initiating interaction with coworkers, taking direction from supervisors, making transportation arrangements, and managing time and money. Small Group Vocational Support services include work experience where the provider holds a contract with the business and the agency provider pays the participant or group of participants who complete the job. Enclave services can be provided in groups of 2-8 participants.

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- Successful outcomes for participants include demonstrated improvement of work skills and employment habits, and/or a Provider recommendation that the Participant advance to Group Supported or another higher tier of Career and Employment services.
 - Transportation between the participant's place of residence and the employment site is allowable and the cost of this transportation is included in the rate paid to providers of supported employment services. Participants may choose not to use the transportation provided as part of this service. In that event, however, the participant's choice to use public transportation must be documented in the participant's care plan. Charges associated with the alternative transportation method are the responsibility of the participant.
 - Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).
 - Between 2-8 individuals supported at a time. Crew work is not limited or excluded from this service.

Assistive Technology-

Assistive Technology means a device, item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of the participant.

Assistive Technology service is available to those participants whose Individualized Service Plan (ISP) specifies a need for the assessment of adaptive functioning needs and/or specifies the use of particular assistive technology is necessary to ensure the participant's health, welfare, and safety.

Assistive Technology service includes:

1. The evaluation of the Assistive Technology needs of the participant, including a functional evaluation of the impact of the provision of appropriate Assistive Technology and appropriate services to the participant in the customary environment of the participant.
2. Services consisting of purchasing, leasing, or otherwise providing for the acquisition of Assistive Technology devices for the participant.
3. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing Assistive Technology devices.
4. Coordination and use of necessary therapies, interventions, or services with Assistive Technology devices, such as therapies, interventions, or services associated with other services in the participant's ISP.
5. Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant in the operation and/or maintenance of the AT device.
6. Training or technical assistance for professionals or other persons who provide services to, employ, or are otherwise substantially involved in the major life functions of participants in the operation and/or maintenance of the AT device.

This service provides an eligible participant with an annual maximum benefit of five thousand dollars (\$5,000/year), calculated relative to the participant's current benefit year.

Group Supported Employment-

Services are based on the belief that all individuals with developmental disabilities can work in integrated, competitive employment and that individuals of working age should be provided the supports necessary not only to gain and maintain employment but to advance in their chosen fields and explore new employment options as their skills, interests, and needs change.

- Similar to Individual Supported Employment, the outcome of Group Supported Employment is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals. Participants receiving group supported employment services must have an outcome to sustain competitive, integrated, paid employment at or above minimum wage in an integrated setting in the general workforce in a job that meets personal and career goals included in their person-centered ISP. The service must be reviewed at least annually or more frequently as needed to assess the need for the service and progress on the employment outcome.
- Group Supported Employment services are supports to a group of participants to obtain and maintain a job in integrated competitive employment, customized employment, or self-employment. Services include job coaching, job support, retention, and follow along. Participants may access Supported Employment regardless of whether Pre-Employment services have been previously accessed. Group Supported Employment is defined as:
 - Integrated work setting in the general workforce.
 - Compensation at or above the minimum wage for individual supported employment.
 - Group Supported Employment can be provided to a group of (2) to (4) individuals.
 - Must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.
 - Goals and/or supports related to employment are outlined within the person-centered ISP.
- Participants receiving Supported Employment services must have an outcome for competitive, integrated employment included in their person-centered ISP. The service must be reviewed at least annually or more frequently as needed to assess the need for the service and progress on the employment outcome.
- Transportation between the participant's place of residence and the employment site is allowable and the cost of this transportation is included in the rate paid to providers of supported employment services. Participants may choose not to use the transportation provided as part of this service. In that event, however, the participant's choice to use public transportation must be documented in the participant's care plan. Charges associated with the alternative transportation method are the responsibility of the participant.

APPENDIX B

Division of Rehabilitation Services (Horizontal Axis)

CORE SERVICES

Information and Referral - Services provided in relation to an individual's rights, resources, and responsibilities. These services offer individuals information on a wide range of disability-related topics. Services to assist an individual to obtain adaptive modifications that address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, and transportation. Identify all individuals who requested this type of assistance. This is the only service (other than services to family members) that may be provided to all individuals, whether or not the individual has a disability. Billing for this service is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquires not related to an active client's case per day. Billings for active IL client's cases can be more than 15 minutes for this service but must be reasonable and documentation needs to fully justify and support the service and time billed.

Independent Skills Training and Life Skill Training Services - Training to assist individuals to make the most of their abilities and to increase self-reliance and self-confidence. This is done by teaching individuals how to take control of their lives.

Skills can be taught at the center, in a classroom or workshop setting, or in the community. In some cases, skills training is provided in the individual home to help and individual learn new tasks in a familiar setting. These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. This section should not include teaching an individual to use an adaptive device such as an emergency dialer, reacher, nail clippers or shower chair as the primary independent living goal. These can be secondary goals. Billings for this service are for active IL clients only.

Peer Counseling – A peer counselor helps to promote personal growth by sharing their own experiences and explaining how they have coped with the “ups and downs” of having a disability. Counseling, teaching, information sharing, and similar kinds of contact provided to clients by other people with disabilities. Billings for this service are for active IL clients only.

Individual and Systems Advocacy - These services assist an individual in developing the skills needed to advocate on their own behalf within the independent living services process and in all activities of daily living. Includes community awareness programs to enhance the understanding and integration into society of individuals with disabilities. Assistance and/or representation in obtaining access to benefits, services and programs to which a client may be entitled. Billings for this

service are for active IL clients only.

NH Transition - Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services. The goal of Transition is to help an individual live in a more independent and integrated setting. Nursing facility transition is based on the Americans with Disabilities Act, in which the most integrated setting is defined as “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.” Transition planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only. Transition plan components include:

1. Housing
2. Personal Assistance
3. Assistive Technology
4. Health Services
5. Mental Health/Addiction Supports
6. Transportation
7. Volunteering/Employment
8. Roles of Family and Friends
9. Social, Faith, Recreation
10. Community Integration
11. Advocacy/Self Advocacy
12. Finances

NH Deter -Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals remain in the community. It is particularly important for the IL Specialist to be knowledgeable of programs and services available in the community that can prevent an individual from entering a nursing home. Examples include referral and enrollment into waiver programs, Department of Social Services, Meals on Wheels, assistive technology, and home modifications that will enable them to continue to remain living independently in their own homes. Deterrence planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only.

Youth PS - Facilitate the transition of youth who are individuals with significant disabilities who are eligible for individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C 14149d), and who have completed their secondary education or otherwise left school, to postsecondary life. Assistance includes referring the youth to Vocational Rehabilitation services for training and other employment services, as well as assistance with housing, independent living skills training, and self-advocacy skills training. Billings for this service are for active IL clients only.

OTHER SERVICES

Children's Services - These services are available for children under the age of 14 to supplement services already offered by the school system to foster the child's learning and ability to function independently. The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14. Billings for this service are for active IL clients only.

Housing and Shelter Services - Services related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities). Note: A CIL may not provide housing or shelter as an IL service on either a temporary or long-term basis unless the housing or shelter is incidental to the overall operation of the CIL and is provided to any individual for a period not to exceed eight weeks during any six-month period. Billings for this service are for active IL clients only.

Mobility Training - A variety of services involving assisting an individual to get around their home and community. Billings for this service are for active IL clients only.

Personal Assistance Services - These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Personal Attendant services from other programs/funding sources.

Preventive Services - Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Preventive services from other programs/funding sources.

Recreational Services – Provision or identification of opportunities for the involvement of clients in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet. Billings for this service are for active IL clients only.

Transportation Services - Services that assist an individual to secure reliable and safe transportation. Billings for this service are for active IL clients only.

Youth Transition Services - Services for youth 14-24 that promote self-awareness, self-esteem, develop advocacy and self-empowerment skills. Assists an individual to explore career options, including transition from school to post school activities such as post-secondary education, vocational training, employment, continuing and adult

education, adult services, independent living, or community participation.

INDEPENDENT LIVING SERVICES

Youth/Transition Services category should only be used for a service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24. For example, a 20-year-old asking about any of the services listed in that category would not be assigned to that category unless they were coming through a program designed specifically for youth transitioning. Typically, individuals assigned to this service category come through some particular program designed by a CIL to target this population with specific transition services.

Communication Services – Services directed to enable clients to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services. Billings for this service are for active IL clients only.

Family Services – Services provided to the family members of an individual with a significant disability when necessary for improving the individual’s ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care. Billings for this service are for active IL clients only.

Rehabilitation Technology Services – Any service that assists an individual with a disability in the selection, acquisition or use of applied technologies, engineering methodologies or scientific principles to meet the needs of the individual and address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation. Billings for this service are for active IL clients only.

Employment/Vocational Services – Any services designed to achieve or maintain employment. Billings for this service are for active IL clients only.

HMAD & AT

Assistive Technology (AT) - Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any assistive technology services that assist an individual with a disability in the selection, acquisition, or use of an assistive technology device. Billings for this service are for active IL clients only. This service does not fund home maintenance or automobile repairs.

Home Modifications and Assistive Devices (HMAD)-Devices and modifications that assist and teach a client to function independently in the family or community or to obtain, maintain, or advance in employment. Billings for this service are for active IL clients only.

TAD

Telecommunications Adaptive Devices (TAD) - Devices that assist a client to independently communicate or to answer the phone. These services billed are directly to the State's TAD Program. Billings for this service are for active IL clients only.

Travel

Travel - Core – Billings for services are the travel time to deliver services to active IL clients only. Travel time should reflect no more than 15 minutes more than the travel time between the distances calculated on an online mapping service such as MapQuest or Google Maps. If the travel is local, and only a 15-minute increment is billed each direction of travel, online mapping documentation is not required.

8. Attestations

SCHEDULE 2 ATTESTATIONS

AGENCY: _____|

ADDRESS: _____|

PERIOD OF REPORT FROM: _____| TO: _____|

ADMINISTRATOR _____ TELEPHONE NUMBER (Internal Type)

CONTACT NAME (If Different) _____ TELEPHONE NUMBER

FACILITY E-MAIL ADDRESS _____

PROVIDER NUMBER _____|

ATTESTATIONS:

STATE OF SOUTH DAKOTA)

COUNTY OF _____)

_____ being first duly sworn on oath states and alleges as follows:
(Name of Owner/Administrator)

I declare and affirm under the penalties of perjury that this report and all attachments have been examined by me and, to the best of my knowledge and belief, is in all things a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and supplemental information and that this report is submitted under the terms of the South Dakota Department of Human Services and/or South Dakota Department of Social Services. I understand that any payment resulting from this report will be from Federal and State funds, and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable Federal and State laws. I also understand that all information in this report and all attachments may be subject to a complete audit and verification by the above identified Departments and/or by the United States Department of Health and Human Services. I will keep all records, books, and other information pertaining to this cost statement for a period of six years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

Dated this _____ day of _____, at

Signature & Title of Owner/Administrator or Preparer

Subscribed and sworn to before me this _____ day of

My Commission expires _____

Notary Public _____