

SOUTH DAKOTA MEDICAID

**SOUTH DAKOTA HOME AND
COMMUNITY BASED SERVICES
STATEWIDE TRANSITION PLAN**

South Dakota Department of Social Services

Division of Medical Services



2016

STATEMENT OF PURPOSE

The Centers for Medicare and Medicaid Services (CMS) issued a final rule effective on March 17, 2014 requiring all states to review and evaluate Home and Community-Based Services (HCBS) settings, including residential and non-residential settings that are funded through South Dakota's four Medicaid 1915(c) waivers. States are required to ensure all HCBS settings comply with the new federal regulations that all individuals receiving HCBS are integrated in and have full access to their communities, including opportunities to engage in community life, work in integrated environments, and control their own personal resources. The federal citation for the new rule is 42 CFR 441.301(c)(4)-(5). More information on the final rule can be found on the CMS website at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html> The Transition Plan allows states to take incremental steps towards full compliance with the federal regulation; full compliance must be achieved by 2019. New providers must demonstrate compliance upon Medicaid enrollment.

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

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

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

This plan will be open for further comment as other changes and updates are made to the Transition Plan over the course of the Transition Plan period. Upon conclusion of

the transition plan period in 2019, the elements of this plan will be requirements of each HCBS waiver; providers will be required to be fully compliant with all elements of the federal regulation by the end of the transition plan period. South Dakota will incorporate the federal regulations into regular reviews of providers.

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

1. Heightened Scrutiny Waiver Request: *Anticipated Fall 2016*
2. CHOICES/Family Support 360 Non-Residential Settings Assessment and Action Items: *Anticipated Late Fall 2016*

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

HCBS Waiver	Waiver Renewal Date	Renewal Submission Date
<u>HCBS(ASA) Waiver</u>	October 1, 2016	July 1, 2017
<u>ADLS Waiver</u>	June 1, 2017	March 1, 2017
<u>FS 360</u>	June 1, 2017	March 1, 2017
<u>CHOICES</u>	June 1, 2018	March 1, 2018

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MEDICAID WAIVERS IN SOUTH DAKOTA

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

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

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

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

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

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

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

ASSISTIVE DAILY LIVING SERVICES (ADLS) WAIVER

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

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

ADLS 1915(c) WAIVER SERVICES

- Case Management
- Personal Attendant Services
- Incontinence Supplies
- In-home Nursing
- Consumer Preparation Services

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

CHOICES WAIVER

The CHOICES (Community, Hope, Opportunity, Independence, Careers, Empowerment, Success) waiver is a 1915(c) waiver designed to provide for the health and developmental needs of South Dakotans with intellectual/developmental disabilities who would otherwise not be able to live in a home and community base setting and would require institutional care. The goal of the CHOICES waiver is to assist individuals in leading healthy, independent and productive lives to the fullest extent possible; promote the full exercise of their rights as citizens of the state of South Dakota; and promote the integrity of their families. The CHOICES waiver serves individuals of any age with intellectual or developmental disabilities. Individuals served by the CHOICES waiver must meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care. The CHOICES waiver was renewed on June 1, 2013.

The objectives of CHOICES are to:

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

CHOICES 1915(c) WAIVER SERVICES

- Day Habilitation
- Prevocational Services
- Residential Habilitation
- Service Coordination
- Supported Employment
- Medical Equipment and Drugs
- Nursing
- Other Medically Related Services - Speech, Hearing & Language

Supported employment takes place in integrated competitive employment settings; South Dakota presumes these settings to meet federal requirements. Residential habilitation services are provided in individual's homes, including group homes and supervised apartments operated by a Community Support Provider.

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

Supervised apartments are residential settings offering services that support a person in his or her home or apartment, when the provider does not have round-the-clock responsibility for the person's health and welfare. These services can be provided in other community settings, but are primarily furnished in a person's home or apartment. Assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills provided in the person's home when the provider does NOT have round-the-clock responsibility for the person's health and welfare.

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

Department of Human Services presume these settings to meet the requirements of the federal regulations.

South Dakota evaluated group home and supervised apartment settings operated by Community Support Providers in this transition plan. See the [CHOICES Waiver Assessment Results and Action Items Section](#) for specific results related to Group Homes and Supervised Apartments. A list of South Dakota's 19 community support providers may be viewed on the Department of Human Services' [website](#).

South Dakota is in the process of evaluating non-residential services, including day habilitation, prevocational services, and supported employment. A plan for evaluation of these settings is located in the [Non-Residential Settings Assessment Methodology section](#). Day habilitation, prevocational services, and supported employment are provided by Community Support Providers. A list of South Dakota's 19 community support providers may be viewed on the Department of Human Services' [website](#).

FAMILY SUPPORT 360 WAIVER

The Family Support 360 waiver is operated by the Department of Human Services, Division of Developmental Disabilities (DDD). This waiver was renewed by CMS on June 1, 2012. The Family Support 360 Waiver targets individuals with an intellectual disability and/or a developmental disability of any age and offers individuals the opportunity to self-direct some or all of their services. Individuals are children living with natural, adopted, step-families or relatives who act in a parental capacity; adults living independently in the community; or adults living with a family member, legal guardian, or advocate. These individuals must meet ICF/ID Level of Care.

FAMILY SUPPORT 360 1915(c) WAIVER SERVICES

- Personal Care 1
- Respite Care
- Case Management
- Supported Employment
- Personal Care 2
- Companion Care
- Environmental Accessibility Adaptations
- Nutritional Supplements
- Specialized Medical Adaptive Equipment And Supplies (SMAES)
- Vehicle Modifications

Services in the Family Support 360 Waiver are provided only to individuals who are children living with natural, adopted, step-families or relatives who act in a parental capacity; adults living independently in the community; or adults living with a family member, legal guardian, or advocate. The services are intended to maximize

independence and safety and supports community access and integration. Individuals do not reside in congregate settings. The Department of Social Services and the Department of Human Services presume all residential settings in the 1915(c) FS 360 waiver to meet the requirements of the federal regulation.

South Dakota is in the process of evaluating non-residential services, including supported employment. A plan for evaluation of these settings is located in the [Non-Residential Settings Assessment Methodology section](#). Supported employment is provided by the provider the participant chooses to utilize which may include a private employee, Community Support Providers, or Vocational Rehabilitation Services.

HOME AND COMMUNITY-BASED SERVICES (ASA) WAIVER

The Home and Community-Based Services (HCBS) Waiver for South Dakotans is administered by the South Dakota Department of Social Services' Division of Adult Services and Aging (ASA), and is commonly referred to as the ASA waiver in South Dakota. ASA is responsible for assessing individuals, developing care plans, authorizing waiver services, and monitoring service delivery. ASA also conducts all continuous quality improvement (CQI) activities, including data collection, aggregation, analysis, trend identification, and design changes and implementation. The ASA waiver was renewed by CMS on October 1, 2011 and, at that time, was expanded to include two new services – Adult Companion Services and Environmental Accessibility Adaptations.

The primary goal of the HCBS (ASA) Waiver is to provide services to the elderly and consumers with a qualifying disability over the age of 18 in their homes or the least restrictive community environment available to them. The waiver provides a wide range of services with the goal of meeting the individual needs of each waiver consumer. Individuals qualifying for the HCBS (ASA) Waiver must meet nursing facility level of care.

HCBS (ASA) 1915(c) WAIVER SERVICES

- Adult Day Services
- Homemaker
- Personal Care
- Respite Care
- Specialized Medical Equipment
- Specialized Medical Supplies
- Adult Companion Services
- Assisted Living
- Environmental Accessibility Adaptations
- In-Home Nursing Services
- Meals and Nutritional Supplements
- Personal Emergency Response Systems (PERS)

Adult Day Services are provided in adult day settings; South Dakota currently has 2 enrolled providers located at four adult day settings that provide services. South Dakota's Adult Day settings are described in detail in the [Non-Residential Settings Assessment Section](#). A list of Adult Day Settings in South Dakota may be obtained on the Aging and Disability Resource Center's [website](#). Not all settings offering Adult Day services are enrolled in Medicaid to provide Adult Day services.

Assisted Living services are provided in assisted livings. South Dakota evaluated assisted living settings in this transition plan. See the [HCBS \(ASA\) Waiver Assessment Results and Action Items section](#) for results specific to Assisted Livings. A list of South Dakota's Assisted Livings may be obtained on the Aging and Disability Resource Center's [website](#) or on the Department of Health's [website](#). Not all Assisted Livings in South Dakota are enrolled in Medicaid.

SETTINGS ANALYSIS

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

STATE POLICY ANALYSIS

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

living (ACL) and other federal entities. Despite this conflict, South Dakota understands per CMS direction on this issue that all settings must meet all requirements of the federal regulations, including heightened scrutiny review. .

A crosswalk of federal regulations to the applicable state standards for the HCBS (ASA) Waiver and the CHOICES waiver are provided in the following pages. The tables contain citation and hyperlink to applicable state standards and South Dakota’s interpretation of the intent of the state standard. South Dakota categorized each of the state standards as one of the following:

- 1) Reinforce: The state standard supports the federal regulation.
- 2) Silent On: State standards are not related to the federal regulation.
- 3) Conflict: State standards disagree with the federal regulation.

Complete text of South Dakota’s approved Medicaid Waivers is available [online](#). Administrative Rule of South Dakota and South Dakota Codified Law is maintained by the South Dakota Legislative Research Council and is available [online](#).

HOME AND COMMUNITY BASED SERVICES (ASA) WAIVER STATE POLICY ANALYSIS

Assisted Living Centers must be licensed by the South Dakota Department of Health to enroll. Assisted Livings must meet the standards found in Administrative Rule of South Dakota [Article 44:70](#) to be licensed. Adult Day Settings are not licensed by the state of South Dakota. Division of Adult Service and Aging staff perform annual assessments of standalone adult day settings. All Medicaid providers must follow the applicable rules in [Article 67:16](#). The HCBS (ASA) Waiver is further governed by [Article 67:44](#). The following review applies to Assisted Living Settings in South Dakota.

FEDERAL REGULATION	APPLICABLE STATE STANDARD	INTENT OF STATE STANDARD
42 CFR 440(c)(4)(i) Setting is integrated in and supports full access to the greater community.	<p style="text-align: center;">DOH Licensure</p> <p style="text-align: center;">ARSD §44:70:02:20 Location</p> <p style="text-align: center;">HCBS (ASA) Rules</p> <p style="text-align: center;">ARSD §67:44:03:01 Definitions</p>	Reinforce

FEDERAL REGULATION	APPLICABLE STATE STANDARD	INTENT OF STATE STANDARD
<p>42 CFR 440(c)(4)(ii) Setting selected by the individual from setting options.</p>	<p>HCBS Waiver Appendix B, B-7: Freedom of Choice</p> <p>SD Medicaid Rules ARSD §67:16:01:04 Choosing a Provider</p> <p>HCBS (ASA) Rules ARSD §67:44:03:04 Individual Care Plan</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(iii) Ensures individuals rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>DOH Licensure ARSD Chapter 44:70:09 Residents' Rights and Supportive Services</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(iv) Optimizes autonomy and independence in making life choices.</p>	<p>HCBS Waiver Appendix B, B-7: Freedom of Choice</p> <p>SD Medicaid Rules ARSD §67:16:01:04 Choosing a Provider</p> <p>HCBS (ASA) Rules ARSD §67:44:03:04 Individual Care Plan</p> <p>DOH Licensure ARSD Chapter 44:70:09 Residents' Rights and Supportive Services</p>	<p>Reinforce</p>

FEDERAL REGULATION	APPLICABLE STATE STANDARD	INTENT OF STATE STANDARD
<p>42 CFR 440(c)(4)(v) Facilitates choice regarding services and who provides them.</p>	<p>South Dakota Codified Law SDCL 34-1-20 HCBS Waiver Appendix B, B-7: Freedom of Choice SD Medicaid Rules ARSD §67:16:01:04 Choosing a Provider HCBS (ASA) Rules ARSD §67:44:03:04 Individual Care Plan DOH Licensure ARSD §44:70:09:07 Choice in Planning Care</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(vi)(A) Individual has a lease or other legally enforceable agreement.</p>	<p>DOH Licensure ARSD §44:70:09:02 ARSD §44:70:09:14</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(vi)(B) Individual has privacy in his/her unit, including lockable doors, choice of roommates, and freedom to furnish or decorate the unit.</p>	<p>DOH Licensure ARSD Chapter 44:70:09 Residents' Rights and Supportive Services</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(vi)(C) Individual controls his/her own schedule including access to food at any time.</p>	<p>DOH Licensure ARSD §44:70:09:09 Quality of Life ARSD Chapter 44:70:06 Dietetic Services</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(vi)(D) Individual may have visitors at any time.</p>	<p>DOH Licensure ARSD Chapter 44:70:09 Residents' Rights and Supportive Services</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(vi)(E) Setting is physically accessible.</p>	<p>DOH Licensure ARSD Chapter 44:70:02 Physical Environment ARSD Chapter 44:70:10 Construction Standards</p>	<p>Reinforce</p>

CHOICES WAIVER STATE POLICY ANALYSIS

Community Support Providers must be certified by the Department of Human Services to enroll. Community Support Providers must meet the standards found in Administrative Rule of South Dakota [Article 46:11](#) to be certified. All Medicaid providers must follow the applicable rules in [Article 67:16](#). Waivers administered by the Department of Human Services are also governed by [Article 67:54](#).

FEDERAL REGULATION	APPLICABLE STATE STANDARD	INTENT OF STATE STANDARD
<p>42 CFR 440(c)(4)(i) Setting is integrated in and supports full access to the greater community.</p>	<p>HCBS Waiver Appendix B, B-7: Freedom of Choice HCBS Rules ARSD 67:54:04:09 Residential limitations on eligibility South Dakota Codified Law SDCL 27B-8-36 SDCL 27B-8-45</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(ii) Setting selected by the individual from setting options.</p>	<p>DHS Certification ARSD 46:11:05:03 ISP SD Medicaid Rules ARSD §67:16:01:04 Choosing a Provider</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(iii) Ensures individuals rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>DHS Certification ARSD Chapter 46:11:03 Rights of participants</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(iv) Optimizes autonomy and independence in making life choices.</p>	<p>DHS Certification ARSD 46:11:05:01.02 ISP Participation South Dakota Codified Law SDCL 27B-8-45 SD Medicaid Rules ARSD §67:16:01:04 Choosing a Provider</p>	<p>Reinforce</p>
<p>42 CFR 440(c)(4)(v) Facilitates choice regarding services and who provides them.</p>	<p>DHS Certification ARSD 46:11:05:03 ISP SD Medicaid Rules ARSD §67:16:01:04 Choosing a Provider</p>	<p>Reinforce</p>

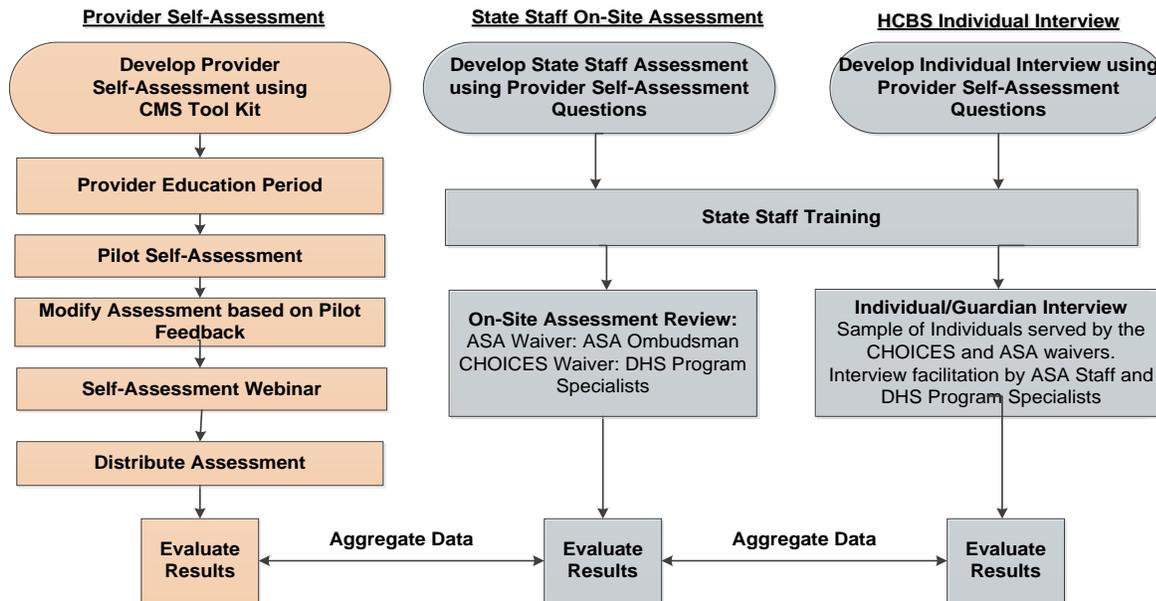
FEDERAL REGULATION	APPLICABLE STATE STANDARD	INTENT OF STATE STANDARD
42 CFR 440(c)(4)(vi)(A) Individual has a lease or other legally enforceable agreement.		Silent On; Rule Promulgation In-Progress
42 CFR 440(c)(4)(vi)(B) Individual has privacy in his/her unit, including lockable doors, choice of roommates, and freedom to furnish or decorate the unit.	DHS Certification ARSD Chapter 46:11:03 Rights of participants	Reinforce
42 CFR 440(c)(4)(vi)(C) Individual controls his/her own schedule including access to food at any time.	DHS Certification ARSD Chapter 46:11:03 Rights of participants	Reinforce
42 CFR 440(c)(4)(vi)(D) Individual may have visitors at any time.	DHS Certification ARSD Chapter 46:11:03 Rights of participants South Dakota Codified Law SDCL 27B-8-45	Reinforce
42 CFR 440(c)(4)(vi)(E) Setting is physically accessible.	DHS Certification ARSD 46:11:06:08 Team approval for safe environments	Reinforce

RESIDENTIAL SETTINGS ASSESSMENT METHODOLOGY

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

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

**Home and Community Based Services
South Dakota Residential Settings Assessment Plan**



PROVIDER SELF-ASSESSMENT

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

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

Before releasing the self-assessment, South Dakota Medicaid held a series of webinars detailing the self-assessment and explaining how data gathered in the self-assessment would be used by South Dakota Medicaid. The webinar showed providers how to utilize the online self-assessment tool in SurveyMonkey and explained terms used in the self-assessment. Following the self-assessment webinars, the self-assessment was distributed to providers via email. All providers were required to complete the self-

assessment for each Assisted Living, Group Home, and Supervised Apartment setting. The self-assessment was available for completion from September 24, 2014 through October 25, 2014. South Dakota received a response from all enrolled providers.

Setting Type	Number of Settings	Number of Provider Self-Assessments	% of Self-Assessments Received
Assisted Living	132	132	100%
Supervised Apartments	92	92	100%
Group Homes	175	175	100%

STATE STAFF ON-SITE VALIDATION ASSESSMENT

South Dakota used state staff to complete an on-site review of residential settings to verify the results of the provider self-assessment. The staff assessment was a subset of questions from the Provider Self-Assessment. Information identifying the setting such as address or NPI was captured on both the state staff assessment and provider self-assessment to check the validity of provider responses. The state staff assessment represents all assisted living and community support providers. All assisted living settings were assessed by state staff and a random proportionate sample of group homes and supervised apartment settings across South Dakota’s 9 Community Support Providers (CSPs).

Setting Type	Number of Settings	Number of State Staff Assessments	% of State Staff Assessments
Assisted Living	132	132	100%
Supervised Apartments	92	65	71%
Group Home	175	116	66%

The state staff assessment contained 18 questions from the provider self-assessment that staff observed through a site visit to the setting.

Prior to performing assessments state staff were trained on the federal regulation and instructed about what to look for during the site visit to the setting. South Dakota assigned staff familiar with the setting to complete the staff assessment. Assessment of assisted living settings was completed by the Adult Services and Aging staff assigned to the setting. Assessment of CSPs was completed by Division of Developmental

Disabilities Program Specialists. The state staff assessment was completed from October 25, 2014 through November 30, 2014.

HCBS INDIVIDUAL INTERVIEW

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

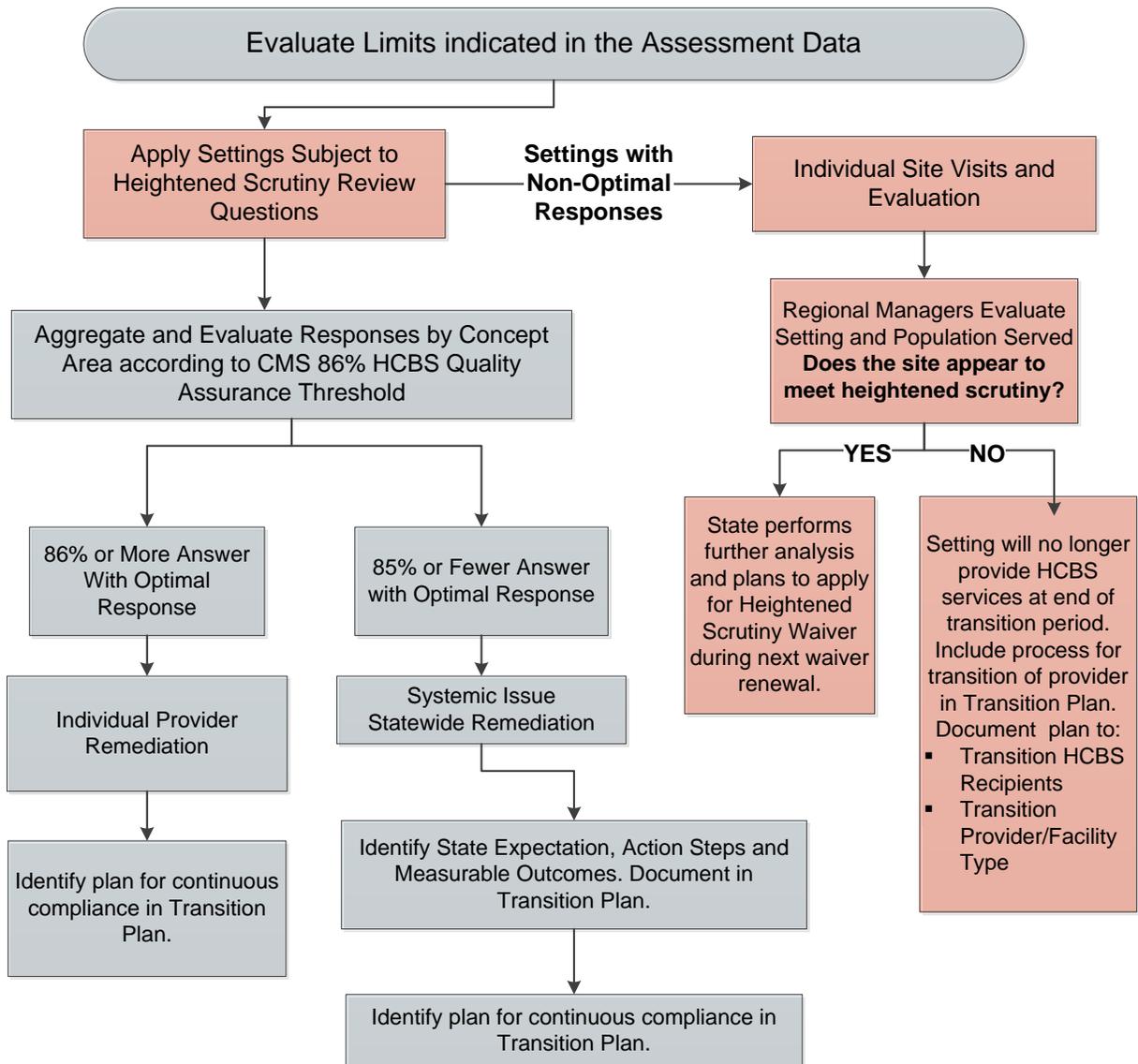
The HCBS individual interview contained 13 questions from the provider self-assessment that are specific to individual's experiences in the setting. Information identifying the setting such as address or NPI was captured on both the HCBS individual interview and provider self-assessment to check the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

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

ASSESSMENT DATA ANALYSIS

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

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



LIMITS EVALUATION

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

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

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

SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW

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

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

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

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

86% HCBS QUALITY ASSURANCE THRESHOLD

CMS’s current quality assurance system⁴ requires that states submit an evidentiary report on all performance measures including the remediation taken for each systemic

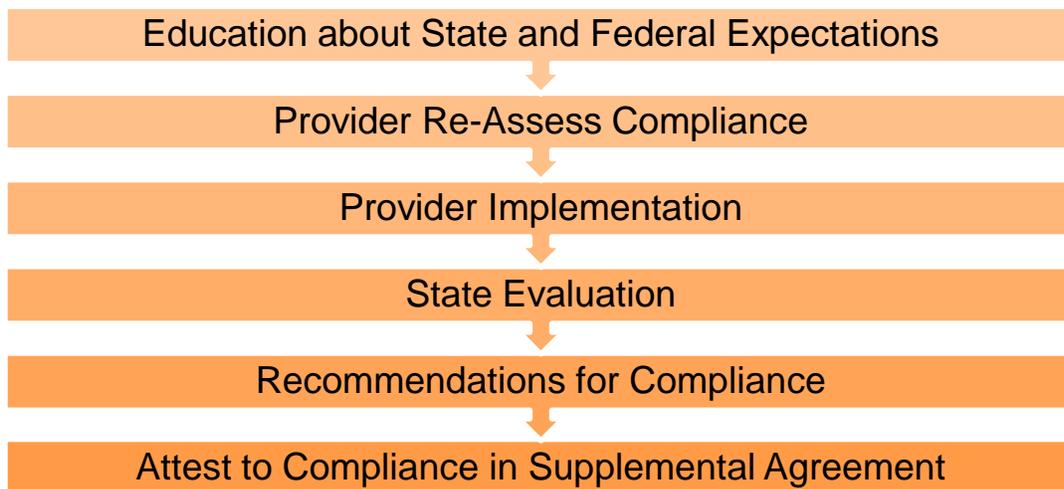
⁴ Centers for Medicare and Medicaid Services. (2014). *Modifications to Quality Measures and Reporting in § 1915(c) Home and Community-Based Waivers*. Retrieved from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/3-CMCS-quality-memo-narrative.pdf>

and individual instance when a performance measure has less than 100% compliance. States are required to implement statewide quality improvement projects/remediation when the threshold of compliance with a measure is at or below 85%.

South Dakota Medicaid applied this compliance threshold to the assessment results. Assessment items at or below 85% in either the provider self-assessment or the aggregated quality assurance results were determined to be systematic in nature and statewide action steps to address remediation were developed and are included in this transition plan. When an assessment item indicated compliance at or above 86%, statewide action steps were not developed; remediation will be pursued on an individual basis. Individual remediation is described in the next section. All providers will be required to reach 100% compliance with all federal requirements by the end of the transition plan period.

INDIVIDUAL REMEDIATION

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



South Dakota will release information to providers beginning in 2016. South Dakota will incorporate assessment of state and federal expectations into annual on-site reviews beginning in 2017. Providers who do not meet expectations will receive a notification of non-compliance and will be asked to submit a corrective action plan to the Department. South Dakota will add language to supplemental provider agreements for providers to attest to compliance with the provisions of the federal regulation.

DIFFERENCE BETWEEN STATEWIDE AND INDIVIDUAL REMEDIATION PLANS

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

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

RELOCATION OF BENEFICIARIES

South Dakota anticipates that all enrolled settings will be able to comply with the federal regulation. However, in the rare likelihood that a provider closes or it is determined that a setting will not be able to meet the new federal requirements, South Dakota's Adult Services and Aging (ASA) Specialists and DHS Resource Coordinators will provide support to any recipients who must relocate. Individuals will receive detailed information about the options available in their community and the state. Options for individuals will prioritize other HCB services available in the community. If no options are available in the community, options for HCB services in other communities will be discussed with the individual. In cases where other HCB options are not available, relocation may also include intermediate care facilities or skilled nursing facilities when an individual meets the level of care requirements.

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

When it is determined that a setting will not be able to be compliant with the final rule, South Dakota's ASA Specialists and DHS Resource Coordinators will meet with the recipient within 30 days of the determination to discuss placement options with the individual and develop a plan for relocation of the individual. South Dakota's ASA

Specialists and DHS Resource Coordinators will additionally inform the family of the individual of the relocation. Individuals and family members will be given at least 30 days to evaluate options for relocation. Relocation will take place in a timely manner; however, relocation may vary in length due to the rural nature of the state and limited provider options. Each relocation will be unique to the individual, the options available to the individual, and the choice of the individual. All individuals will be relocated by the end of the transition plan period.

NON-RESIDENTIAL SETTINGS ASSESSMENT METHODOLOGY

HOME AND COMMUNITY BASED SERVICES (ASA) WAIVER

South Dakota currently has 2 enrolled providers of Adult Day services under the HCBS (ASA) waiver that are located at 4 settings.

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

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

Setting Type	Number of Settings	Number of State Staff Assessments	% of State Staff Assessments
Adult Day	4	4	100%

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

CHOICES AND FAMILY SUPPORT 360 WAIVER

In the spring of 2013, Governor Dennis Daugaard announced the Employment Works Initiative and created the South Dakota Employment Works Task Force. Through a series of meetings, the Employment Works Task Force identified five areas for systems change to promote employment for people with disabilities, which are outlined within the report [Employment Works Task Force Recommendations for Employing People with Disabilities](#). This report addresses the importance of expanding employment based services for individuals with intellectual disabilities and demonstrated Governor Daugaard's commitment to increasing employment outcomes for South Dakotans with disabilities.

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

DHS/DDD is committed to maximizing opportunities for participants receiving CHOICES HCBS by delivering services in integrated settings and helping individuals realize the benefits of community living, including opportunities to seek employment and work in competitive integrated settings. To achieve this, the DHS/DDD intends to continue:

- Participation in national employment surveys;
- Partnering with State Employment Leadership Network;
- Financial workgroup involvement;
- Collaborating with other state agencies; and
- Providing technical assistance while promoting best practices.

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

workshop. DHS/DDD will continue its participation in this meaningful survey as part of its discovery efforts within continuous quality improvement strategies.

STATE EMPLOYMENT LEADERSHIP NETWORK (SELN) – The SELN was launched in 2006 as a joint platform of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the ICI at the University of Massachusetts Boston. The SELN is a cross-state cooperative venture of state intellectual and developmental disability agencies that are committed to improving employment outcomes for individuals with developmental disabilities. Network membership promotes new connections within and across states to establish effective collaborative relationships among states, learn from their experiences of other service systems, share costs, use data and maximize resources. DHS/DDD has been an SELN member since 2013. DHS/DDD will continue its membership and perform a vital role in achieving SELN’s goal to identify employment-related best practices including services, assumptions, units and rates.

CHOICES FINANCIAL WORKGROUP (FWG) – The CHOICES FWG is a group of self-advocates, family members, Community Support Providers, and state officials that is tasked with crafting new waiver service definitions that promote integrated competitive employment opportunities for individuals with intellectual and developmental disabilities. Key areas being considered are services implemented in a segregated setting may only be provided after Vocational Rehabilitation services have been sought and deemed ineffective or the person has been determined ineligible; prevocational services time limit; and the creation of career planning supports that are person-centered, comprehensive employment planning and support services that provides assistance to obtain or advance in competitive employment or self-employment. The FWG will continue to meet on a reoccurring basis in order to establish service definitions and a service delivery system that promotes best practices in integrated competitive employment.

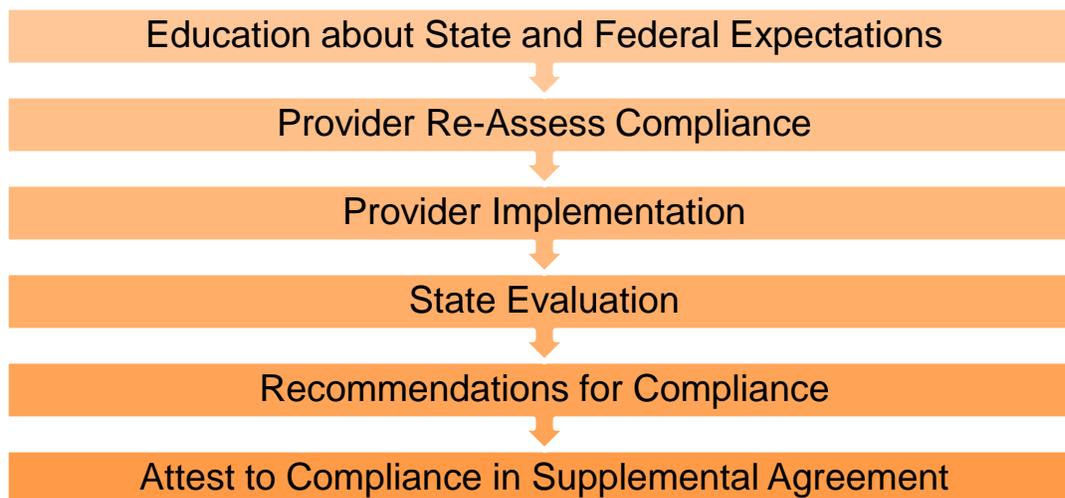
STATE AGENCY COLLABORATION –DHS/DDD partners with many state agencies to optimize the quality of life for people with disabilities. A recent example of collaboration includes November 2014, when the Department of Human Services Division of Rehabilitation Services (DRS), the state’s vocational rehabilitation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

promote integrated and full access to employment opportunities and the greater community.

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

ASSESSMENT OF DAY HABILITATION, PREVOCATIONAL, AND SUPPORTED EMPLOYMENT SETTINGS

South Dakota will develop a provider self-assessment for non-residential settings using the exploratory questions in the CMS HCBS Toolkit. Following provider self-assessment, DHS staff will perform staff assessments and Individual Interviews to verify data from the provider self-assessment. Following the assessment period, South Dakota will analyze the collected data to determine any statewide and individual remediation steps. Remediation will utilize the following process:

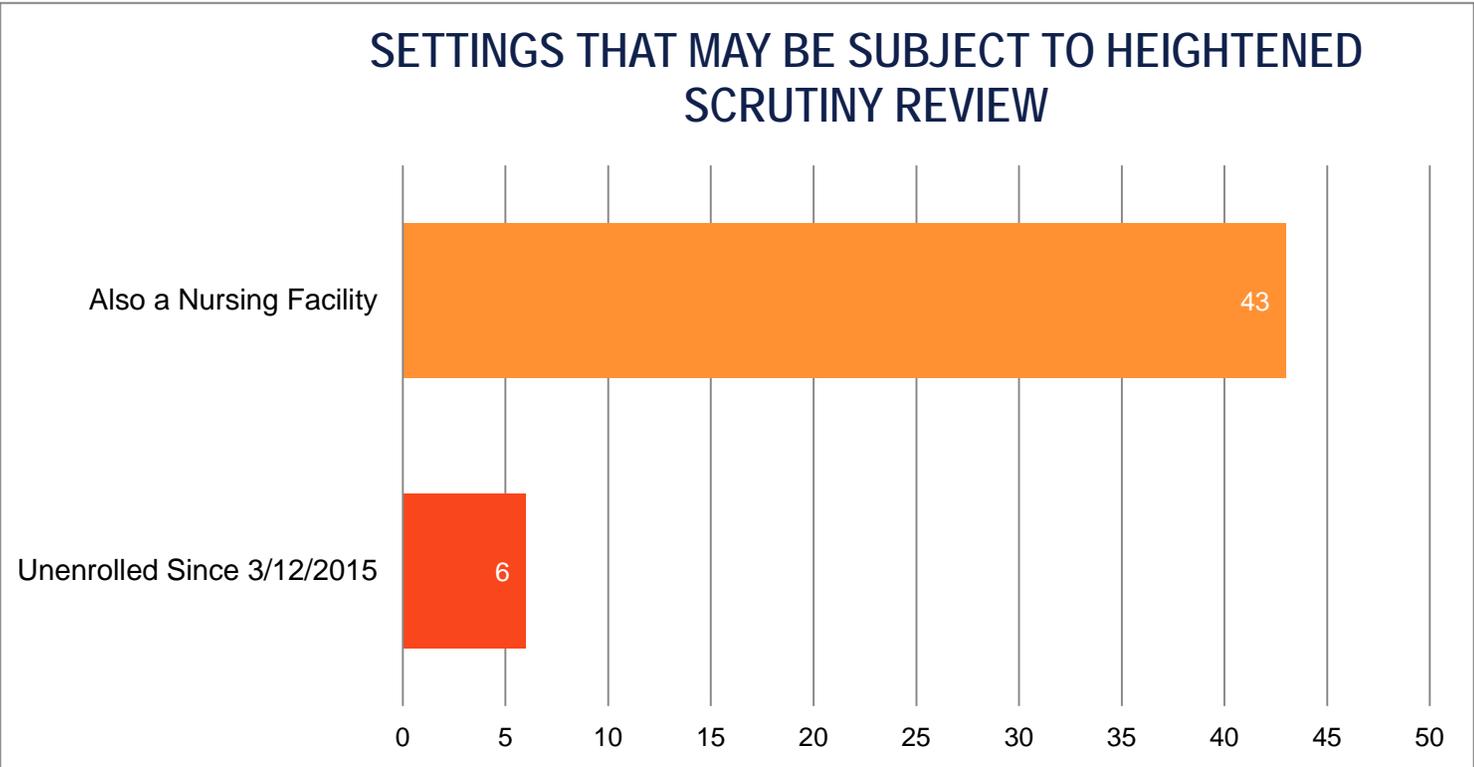


South Dakota has identified the following milestones for assessment of non-residential settings:

MILESTONE	RESPONSIBLE AGENCY	TARGET COMPLETION
Develop assessments.	DHS/DDD	July 31, 2016
Provider Self-Assessment Period	CSPs	September 15, 2016
Staff Assessment and Individual Interview	DHS/DDD	September 30, 2016
Analyze Assessment Results	DHS/DDD	October 31, 2016
Update Transition Plan with Non-Residential Settings Assessment Data and Remediation Steps	DHS/DDD	November 18, 2016

SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW

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



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

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

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

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

LIST OF SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW

The Centers for Medicare and Medicaid Services (CMS) requires states to include a list of settings names and addresses of settings that are subject to heightened scrutiny review. South Dakota's initial assessment of these settings was limited in scope; however, it was identified that several of the settings subject to heightened scrutiny are part of a continuum of care model. South Dakota included continuum of care settings with other settings identified for heightened scrutiny review. Facilities in South Dakota have adopted this model and the number of continuum of care campuses will likely increase as the Administration for Community Living (ACL) and other Federal agencies

have historically advocated for individuals to age in place in a continuum of care model. South Dakota received guidance from CMS that all settings must meet the federal requirements, including applicable heightened scrutiny review.

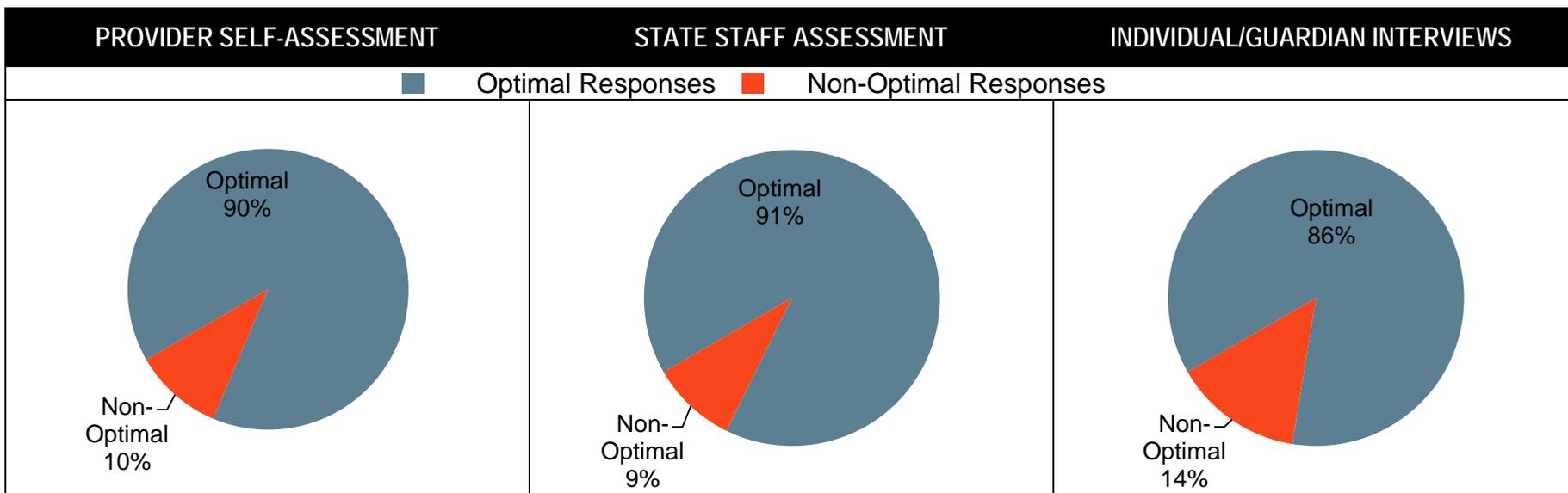
Further feedback from community members, providers, and individuals residing in heightened scrutiny settings is necessary to further refine South Dakota's analysis of these settings. South Dakota will further scrutinize these settings and gather more information from providers, stakeholders, community members, and residents. South Dakota anticipates the additional analysis will support our preliminary findings and demonstrate the HCB nature of these settings. South Dakota plans to complete the additional analysis by August 31, 2016 utilizing an external vendor. South Dakota will publish a list of settings for public notice as required by CMS upon completion of the analysis.

HCBS (ASA) WAIVER ASSESSMENT RESULTS AND ACTION ITEMS

OVERVIEW

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

ASSESSMENT RESULTS



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

STRENGTHS

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

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

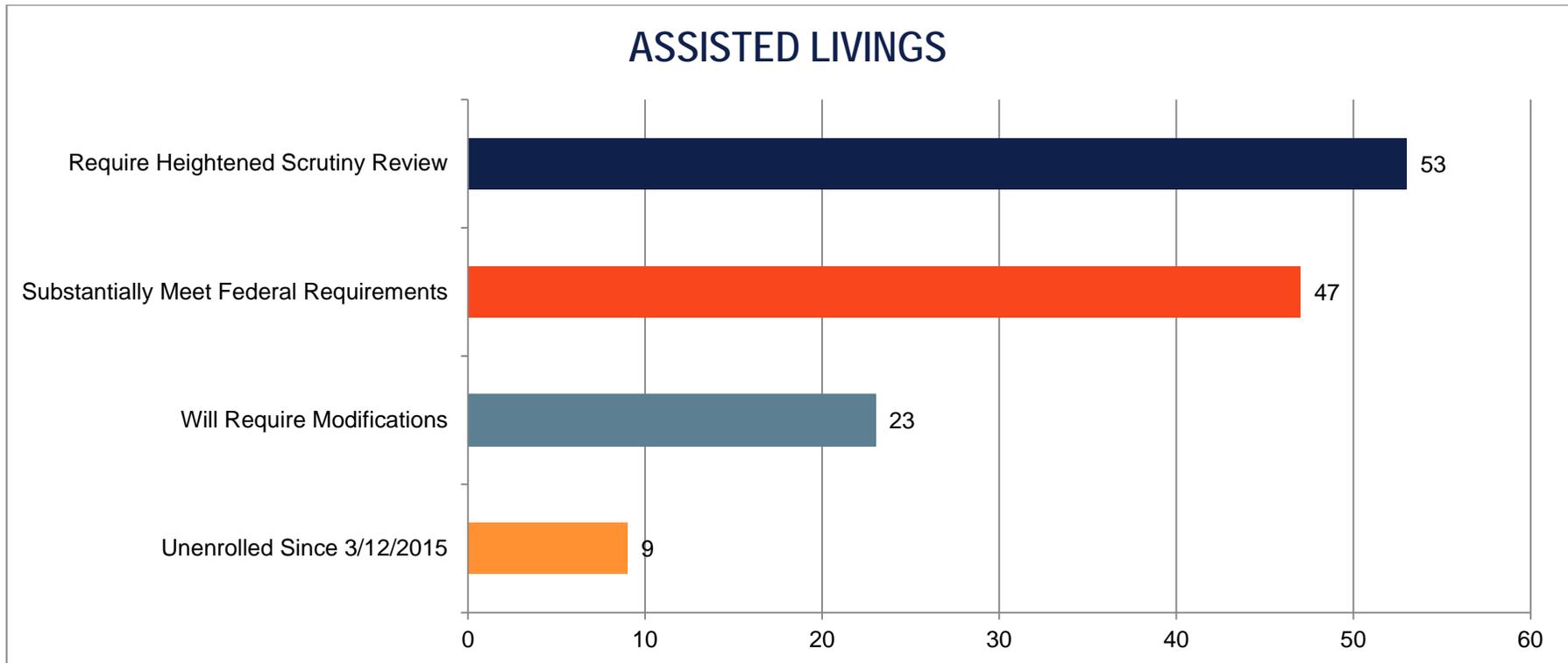
ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Dignity and Respect	99%	97%	- 2%
Autonomy	97%	97%	0%
Physical Accessibility	88%	95%	+7%
Location	86%	95%	+9%

AREAS FOR IMPROVEMENT

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

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

From the assessment results, South Dakota determined that many South Dakota Assisted Living settings already substantially meet the intent of the federal regulation with minor items to remediate over the course of the transition period. Other Assisted Living settings in South Dakota will require modifications or heightened scrutiny review in accordance with the federal regulation. South Dakota has grouped settings by this methodology in the following chart. The following categories align with South Dakota's original assessment performed in fall 2014.

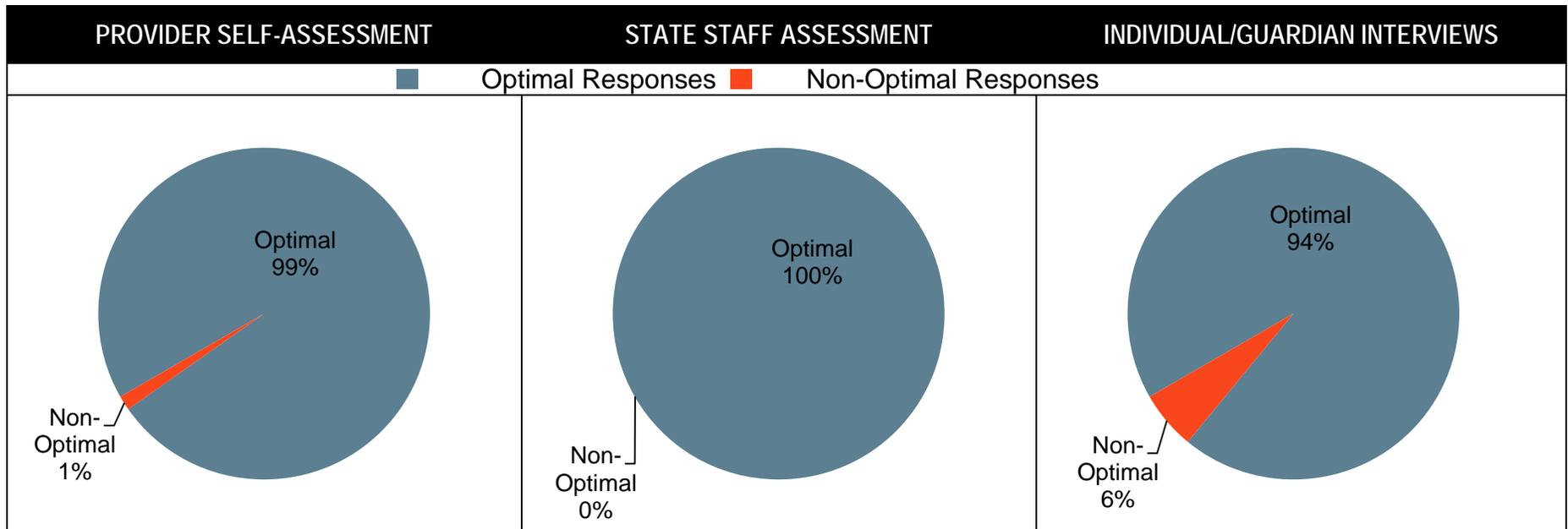


For the purposes of communicating and reporting completion of action steps and milestones to CMS and future assessment results, South Dakota will categorize these settings using CMS suggested language as those settings presumed to have the qualities of an institution, those that fully comply, and those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

DIGNITY/RESPECT

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

ASSESSMENT RESULTS

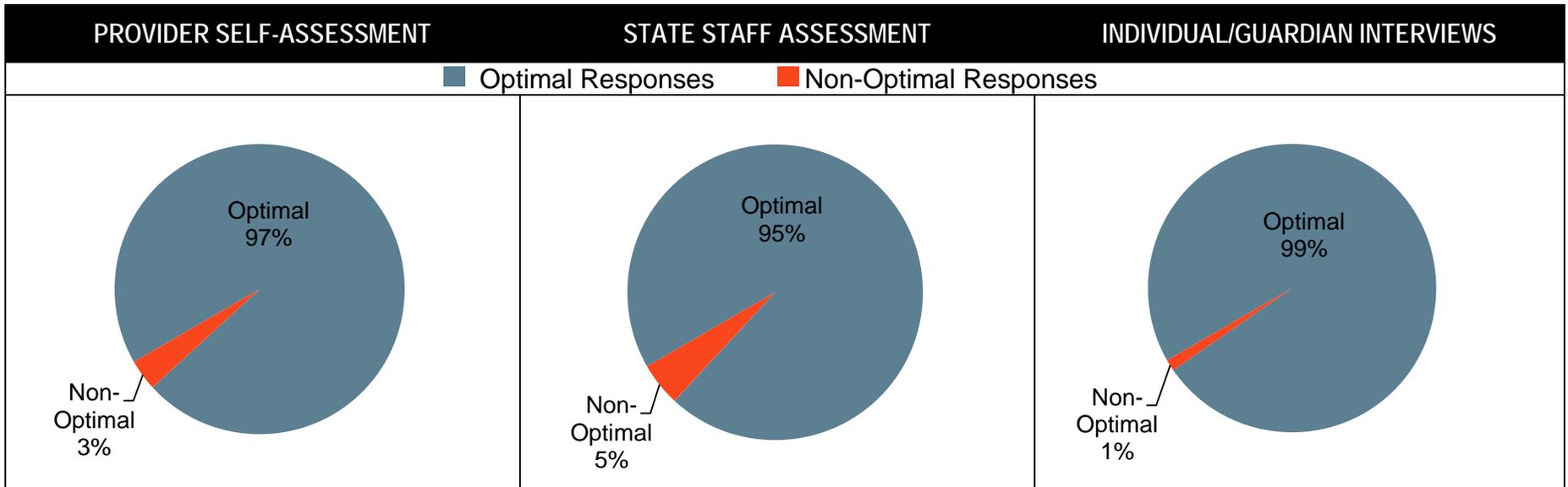


#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	December 31, 2016
		1.3 State Assessment of Expectations	On-Site Review	DSS	January 1, 2017 & On-Going

AUTONOMY

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

ASSESSMENT RESULTS

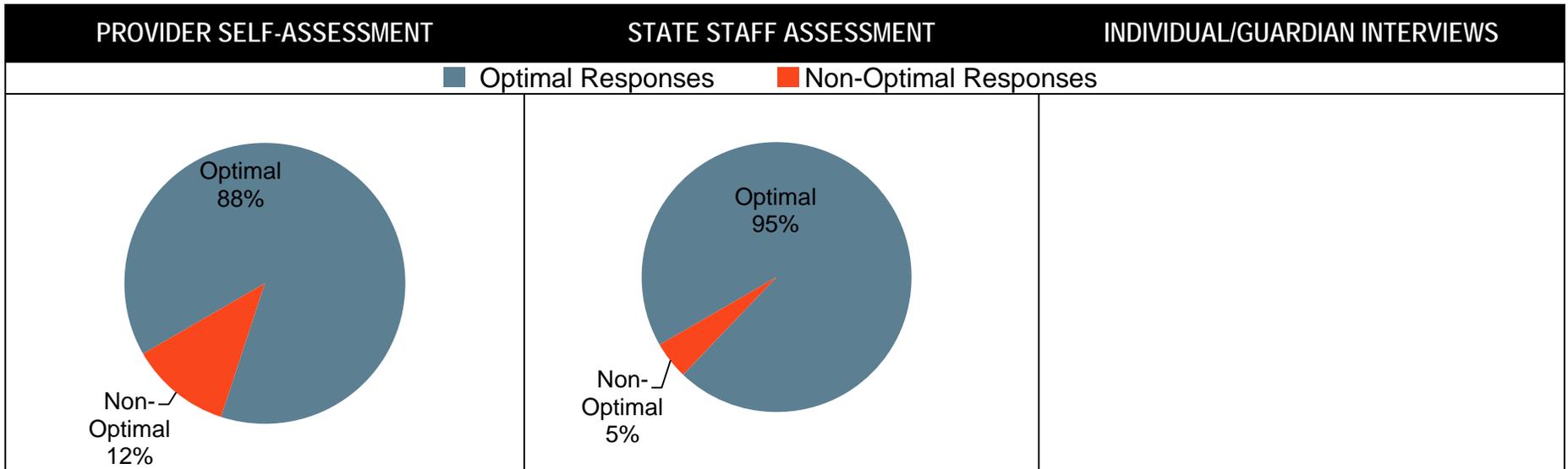


#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	September 30, 2017
		1.3 State Assessment of Expectations	On-Site Review	DSS	October 1, 2017 & On-Going

PHYSICAL ACCESSIBILITY

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

ASSESSMENT RESULTS

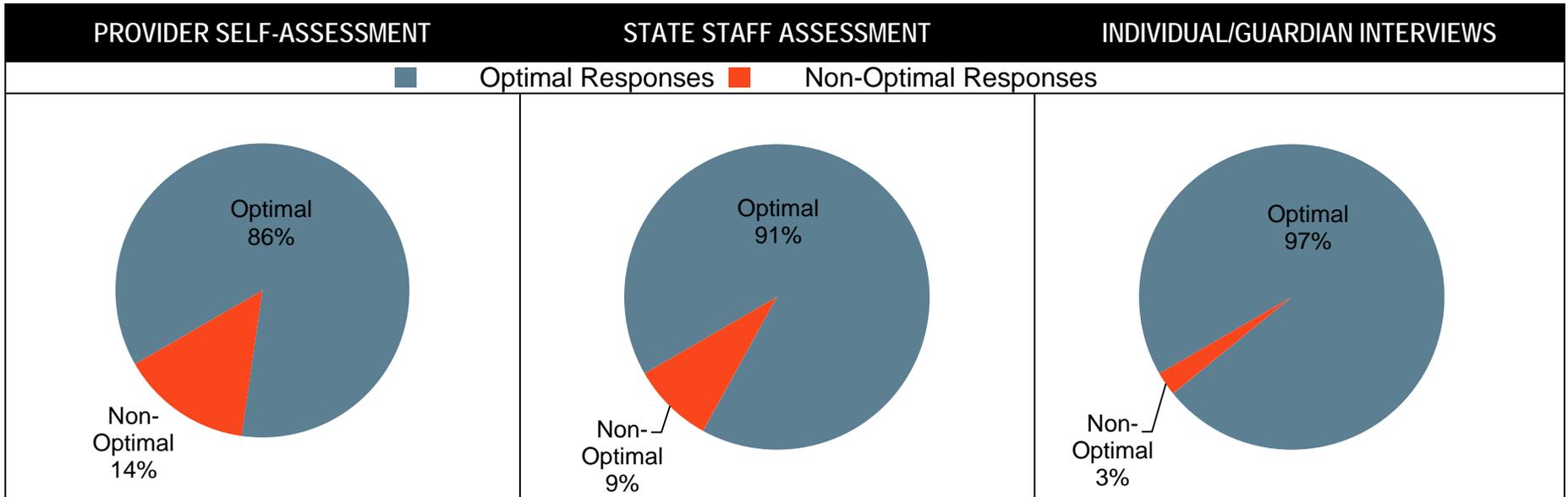


#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	June 30, 2017
		1.3 State Assessment of Expectations	On-Site Review	DSS	July 1, 2017 & On-Going

LOCATION

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

ASSESSMENT RESULTS

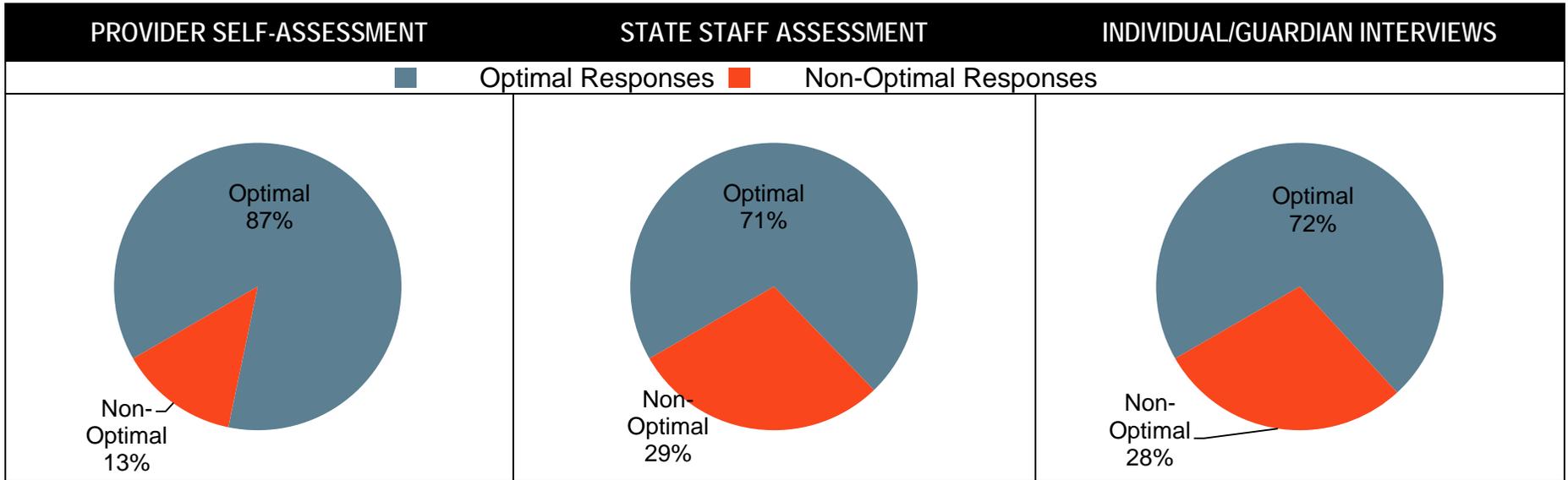


#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	March 31, 2017
		1.3 State Assessment of Expectations	On-Site Review	DSS	April 1, 2017 & On-Going

PRIVACY

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

ASSESSMENT RESULTS



ACTION STEPS

South Dakota identified bedroom door locks and shared bedrooms as areas for improvement in this concept area. The quality assurance results indicated that many individuals are unable to lock their bedroom doors in their setting. Providers also indicated that many individuals are unable to lock their bedroom doors, but health and safety risks exist or individuals have never expressed interest in locking their bedroom door. South Dakota will require all individuals to be able to lock their door or have any limits or restrictions justified and documented in the person-centered care plan. South Dakota will expect providers to begin implementing locks on or before July 1, 2016. Lock installation may be staggered, but must be completed by March 2018.

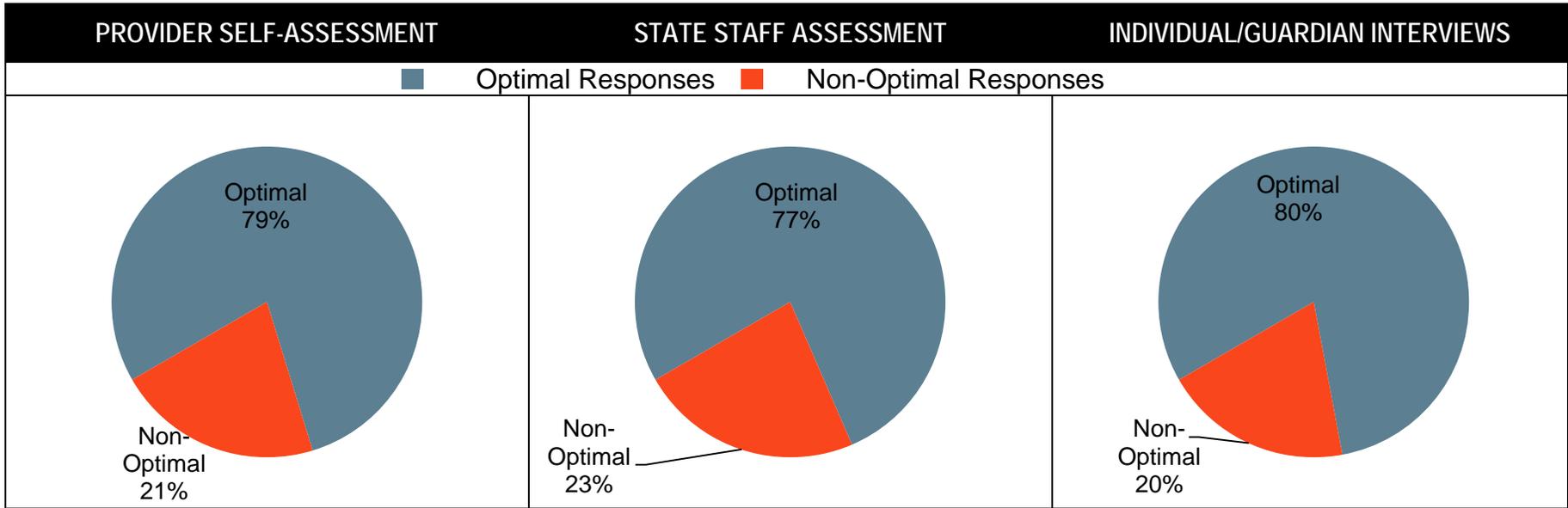
South Dakota currently offers all individuals a choice of Assisted Living providers with private and shared bedrooms. Although private bedrooms are not available in every setting or town in South Dakota, individuals are able to exercise choice in the person-centered planning process when they are determined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

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	In provider owned or leased properties, individuals should be able to lock the door to their bedroom from non-staff if capable.	1.1 Educate providers of state and federal expectations.	Educational Webinar, Informational Bulletin	DSS	May 31, 2016
		1.2 Document health and welfare concerns in person-centered care plan.	100% compliance in quarterly plan reviews	DSS and Assisted Living Providers	July 1, 2016
		1.3 All provider-owned or leased settings implement locks for capable individuals.	100% compliance in annual site reviews	DSS and Assisted Living Providers	March 17, 2018
2	Individuals will be offered a choice between setting options with private and shared bedrooms.	2.1 Document setting choice between private and shared bedrooms in person-centered care plan.	100% compliance in quarterly plan reviews	DSS	July 1, 2015 Complete & On-Going
3	When an individual shares a bedroom, they will be able to choose their roommate.	3.1 Educate providers of state and federal expectations.	Educational Webinar, Informational Bulletin	DSS	June 30, 2015 Complete
		3.2 Providers implement a policy that allows individuals choice of roommates as available	100% compliance in annual site reviews	DSS and Assisted Living Providers	December 31, 2015 In-Progress
4	Providers perform Individual Remediation	4.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		4.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	March 31, 2017
		4.3 State Assessment of Expectations	On-Site Review	DSS	April 1, 2018 & On-Going

LIVING ARRANGEMENTS

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

ASSESSMENT RESULTS



ACTION STEPS

South Dakota identified access to food and immediate access to the setting as areas for improvement in this concept area. Providers indicated that access to food often had limits related to meal times, set menus, and specified locations in the Assisted Living. South Dakota will work to optimize individual choice and access to food by educating providers regarding state and federal expectations. Settings must begin implementing supports on or before July 1, 2016. Implementation of supports may be staggered but all supports in this area must be implemented by March 2019.

In the provider self-assessment, South Dakota asked providers if individuals were given keys to the setting. Providers indicated that individuals may have other means of accessing the setting apart from keys, such as setting staff, a key pad, or key fob. South Dakota will require each individual to have immediate access to the setting by a key or other means by March 2018.

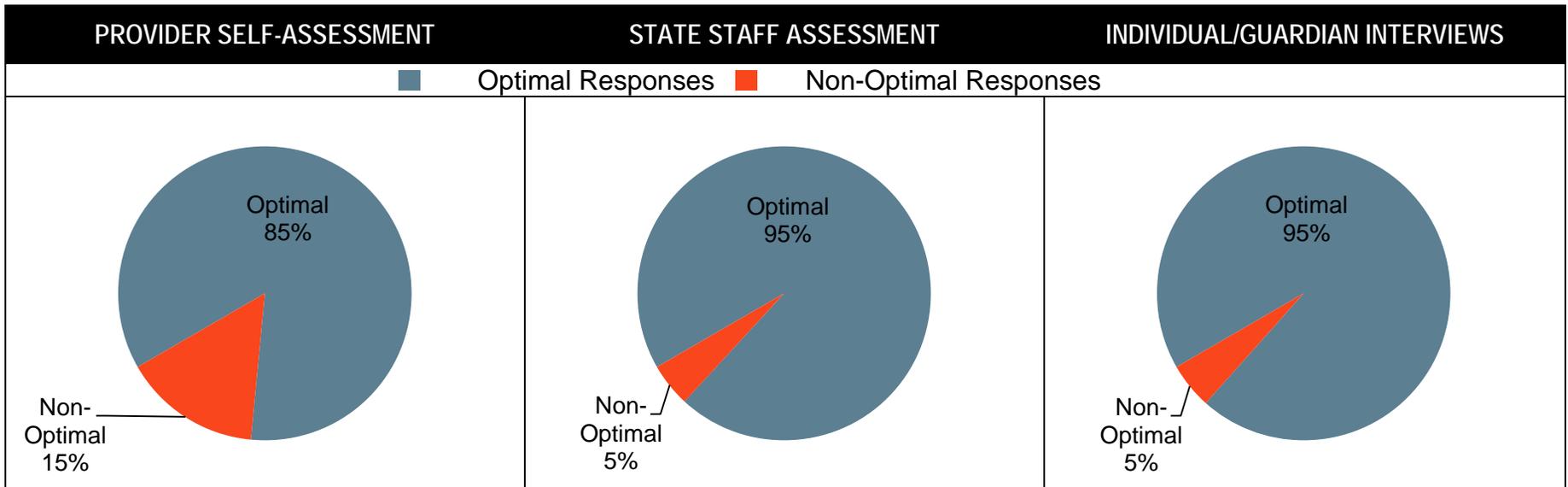
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Individuals are able to	1.1 Educate providers about	Educational Webinar,	DSS	April 31, 2016

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
	choose what time and where to eat. Individuals are able to make or request an alternative to any planned meals within their resources.	state and federal expectations.	Informational Bulletin		
		1.2 The setting offers reasonable alternative to planned meals.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2019
		1.3 Individuals are able to make an alternative meal within their resources.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2019
		1.4 All individuals can elect to eat at an alternative time.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2019
		1.5 All individuals can elect to eat in their room.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2019
2	Individuals have immediate access to the setting 24/7.	2.1 Educate providers about state and federal expectations.	Educational Webinar, Informational Bulletin	DSS	July 31, 2016
		2.2 All settings are immediately accessible to individuals 24/7 by key or other means such as setting staff, key pad/fob, etc.	100% compliance in annual site reviews	Assisted Living Providers	March 17, 2018
3	Providers perform Individual Remediation	3.1 Educate providers of state and federal expectations.	State Expectations Guide	DSS	May 31, 2016
		3.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	Assisted Living Providers	June 30, 2017
		3.3 State Assessment of Expectations	On-Site Review	DSS	July 1, 2018 & On-Going

COMMUNITY INTEGRATION

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

ASSESSMENT RESULTS



ACTION STEPS

South Dakota identified access to community activities and events from the setting at any time and employment in an integrated setting as areas for improvement in this concept area. Access to transportation and need for supervision emerged as common barriers to individual's community access. Although providers indicated these barriers in the provider self-assessment, individual interviews showed that individuals do not experience barriers to accessing community activities and events. Further communication with providers revealed that some providers indicated limits existed any time that they were not able to be the sole source of transportation and supervision in the community, even though policy would allow recipients to leave on their own as they are able or with family or friends. South Dakota believes it would be unnecessarily burdensome to require providers to be the sole source of transportation and supervision in the community. South Dakota will work with providers to emphasize natural supports in the community. Additionally, South Dakota plans to collaborate with stakeholders, providers, and individuals to perform further analysis of community access. South Dakota plans to complete the analysis by June 30, 2017. We expect findings to drive additional action in this area, either through individual remediation or statewide action steps.

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

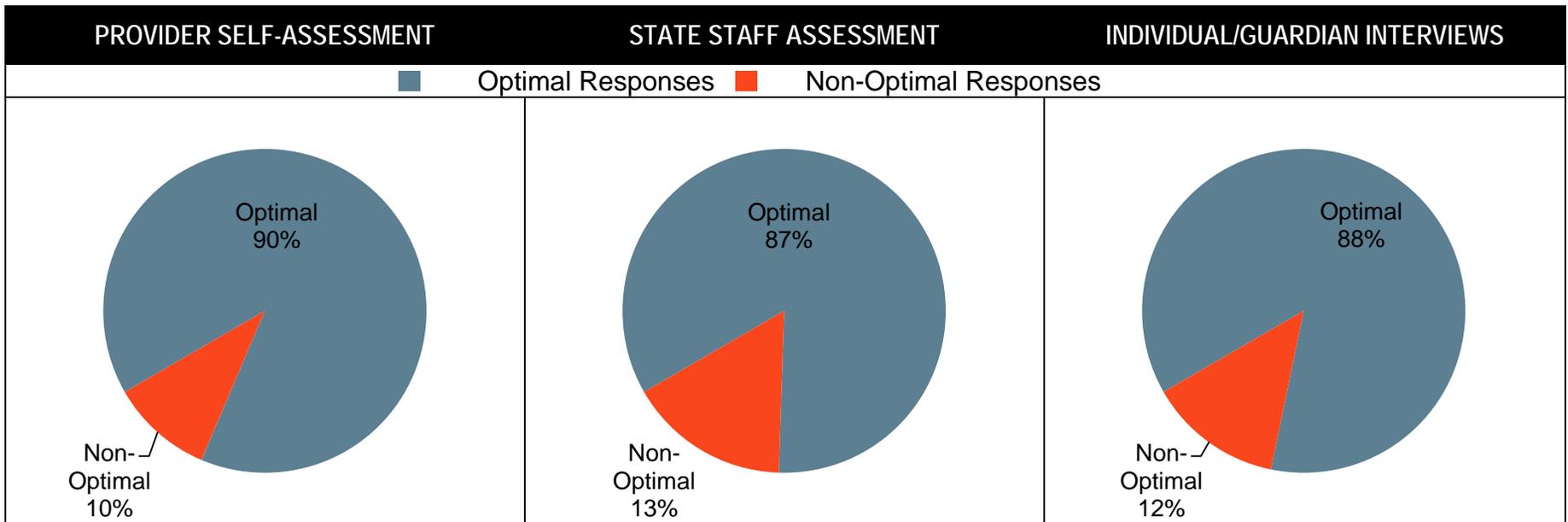
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers facilitate access to community activities and events.	1.1 Educate providers of state and federal expectations.	Statewide education; Webinars, FAQ, Annual Newsletter	DSS	July 31, 2016
		1.2 Collaborate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

CHOICES ASSESSMENT RESULTS AND ACTION ITEMS

OVERVIEW

The provider self-assessment was completed by all of South Dakota’s 19 Community Support Providers for 267 HCBS residential setting sites. The Department of Human Services (DHS) Division of Developmental Disabilities (DDD) conducted a two layer quality assurance check on proportionate random sample of provider self-assessments. This included DDD staff assessments of 167 residential settings and individual/guardian interviews at each residential setting. The DHS/DDD utilized the results from the two layer quality assurance check to validate the provider self-assessment results.

ASSESSMENT RESULTS



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

STRENGTHS

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

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

AREAS FOR IMPROVEMENT

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

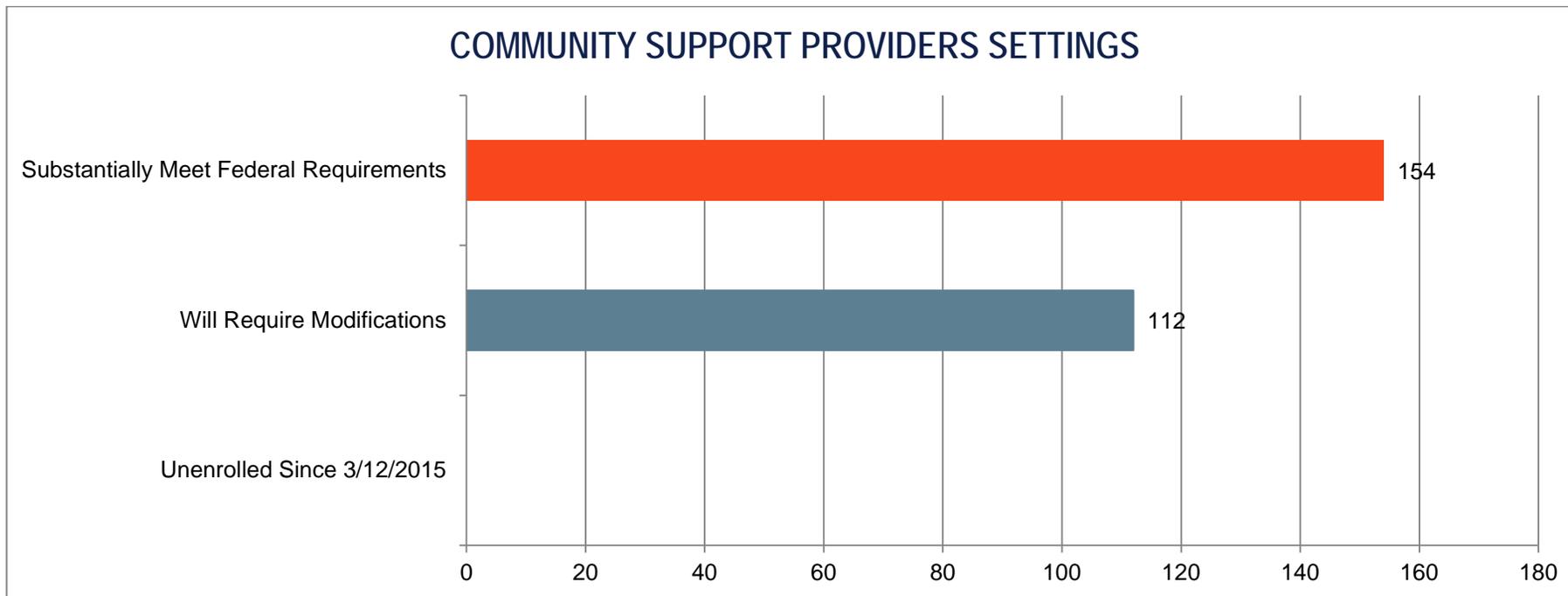
ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Community Integration	72%	79%	+7%
Living Arrangements	89%	76%	-13%

CONTINUOUS QUALITY MONITORING

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

From the assessment results, South Dakota determined that over half of South Dakota Community Support Provider settings already substantially meet the intent of the federal regulations with minor items to remediate over the course of the transition

period. South Dakota identified 112 other settings that will require modifications to setting policy or practice in order to achieve the intent of the federal regulations. South Dakota has grouped settings by this methodology in the following chart. The following categories align with South Dakota’s original assessment performed in fall 2014.

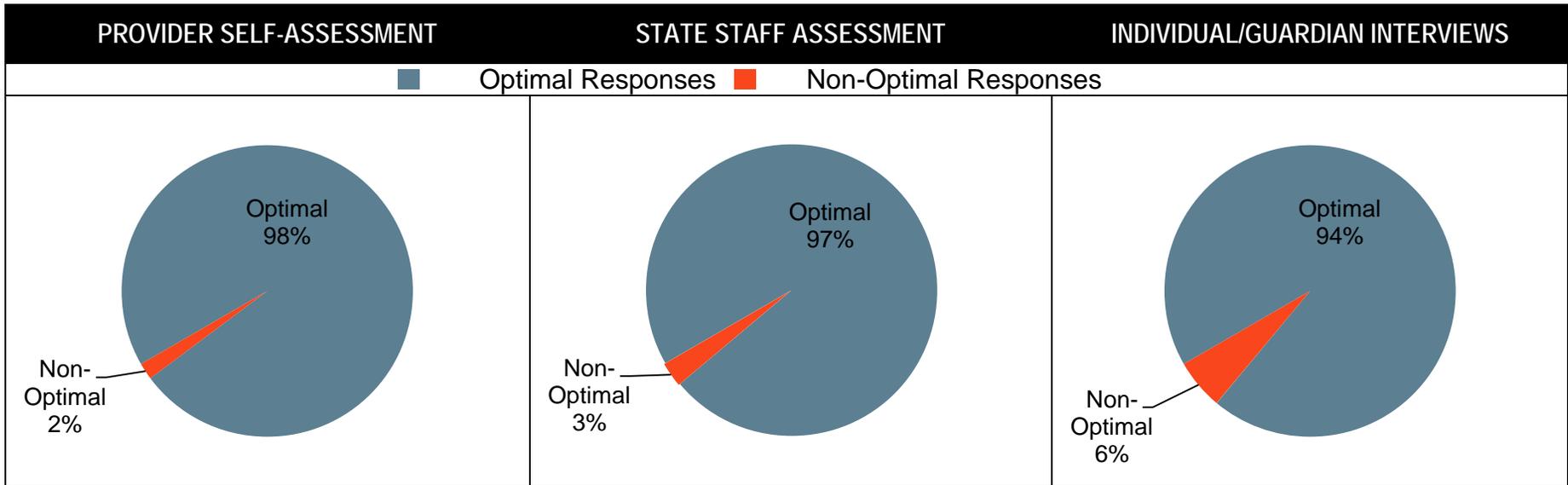


For the purposes of communicating and reporting completion of action steps and milestones to CMS and future assessment results, South Dakota will categorize these settings using CMS suggested language as those settings presumed to have the qualities of an institution, those that fully comply, and those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

DIGNITY/RESPECT

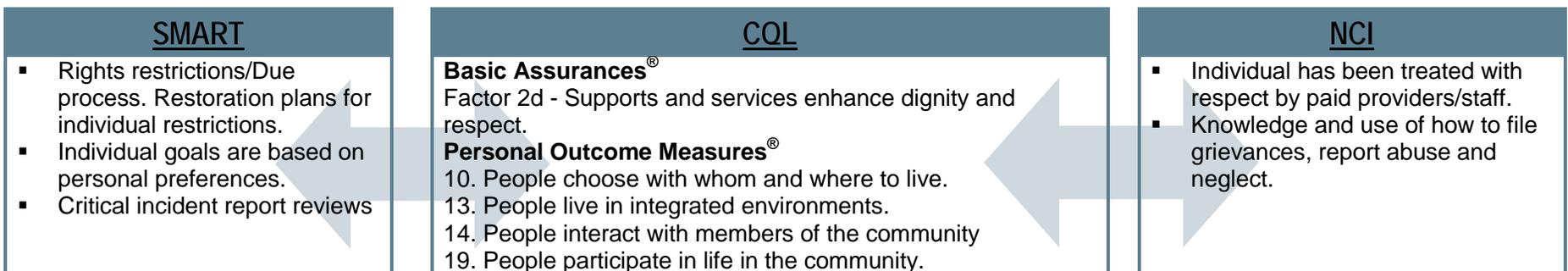
Analysis of the assessment results revealed the dignity and respect concept area to be above the 86% threshold. DHS/DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be started by June 1, 2016 and to be completed by March 17, 2019.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

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

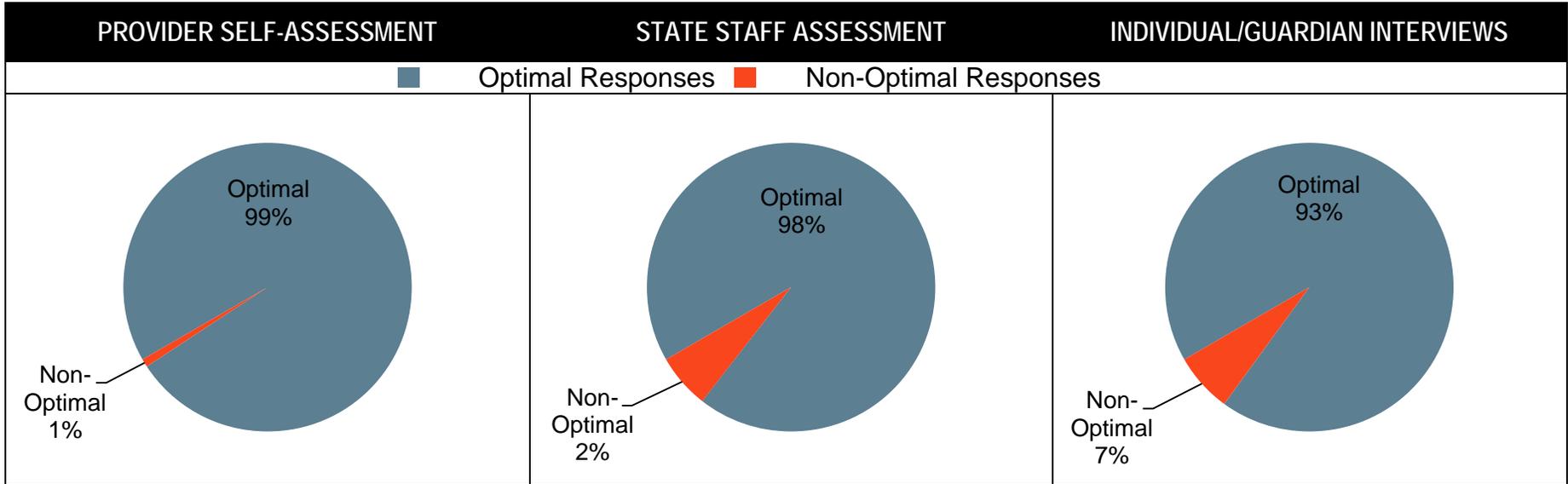


#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	January 31, 2018
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2018
		1.3 State Assessment of Expectations	On-Site Review	DDD	January 31, 2019 & On-Going

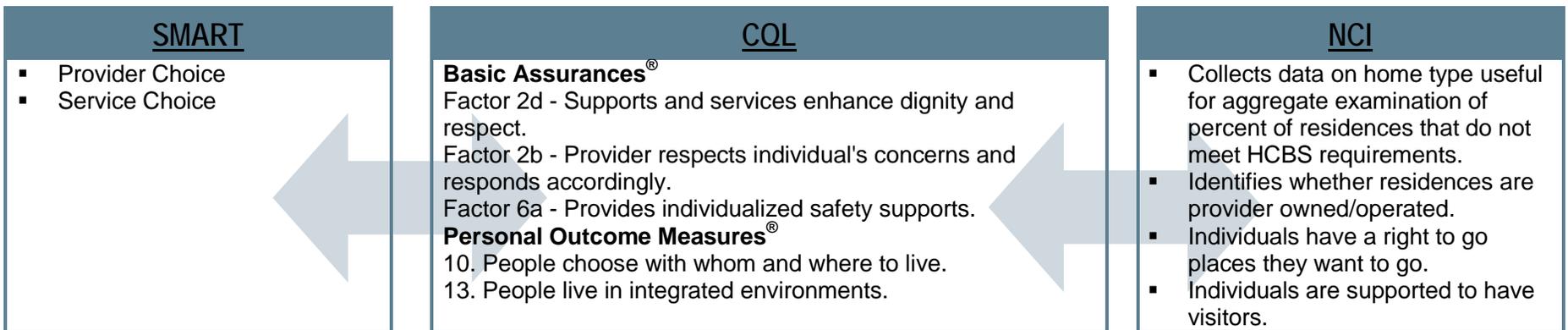
LOCATION

Analysis of the assessment results revealed the location concept area to be above the 86% threshold. The HCBS Settings Rule self-assessment process provided the DDD with baseline data as a starting point for ongoing remediation and quality improvement efforts. DDD will work with stakeholders and providers to remediate any settings with non-optimal results to be started by June 1, 2016 and completed by March 17, 2019.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

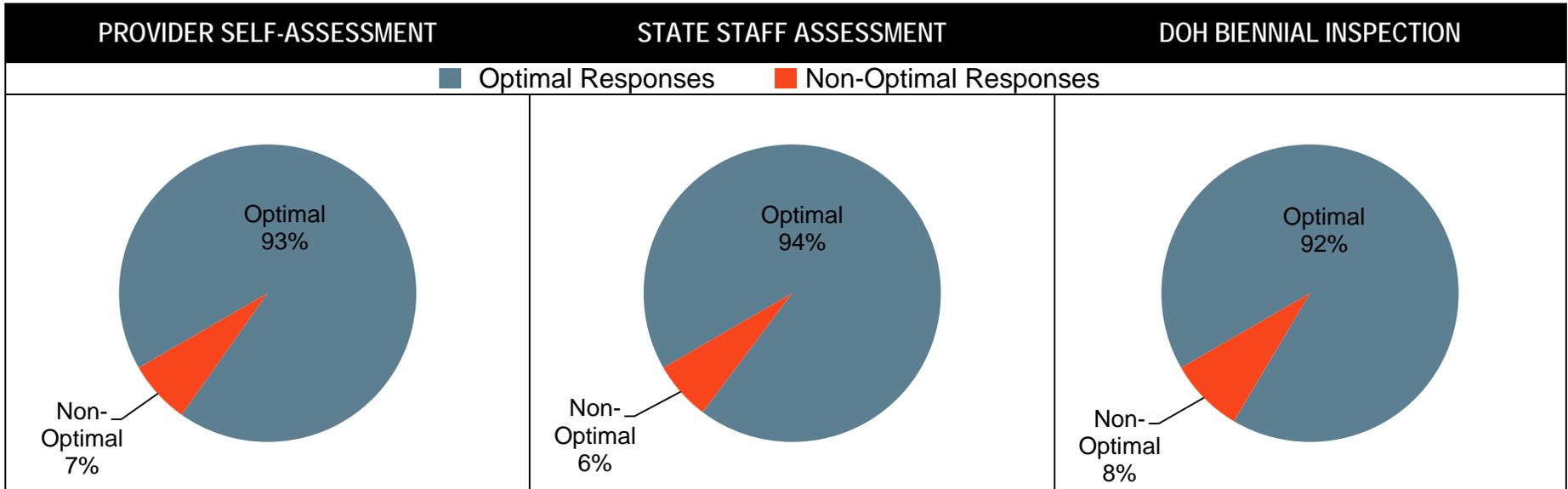


#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	January 31, 2018
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2018
		1.3 State Assessment of Expectations	On-Site Review	DDD	January 31, 2019 & On-Going

PHYSICAL ACCESSIBILITY

Analysis of the assessment results revealed the physical accessibility concept area to be above the 86% threshold. The DHS/DDD will work with the South Dakota Department of Health (DOH) and providers on an individual basis to remediate any non-optimal findings to be started by June 1, 2016 and completed by March 17, 2019.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

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



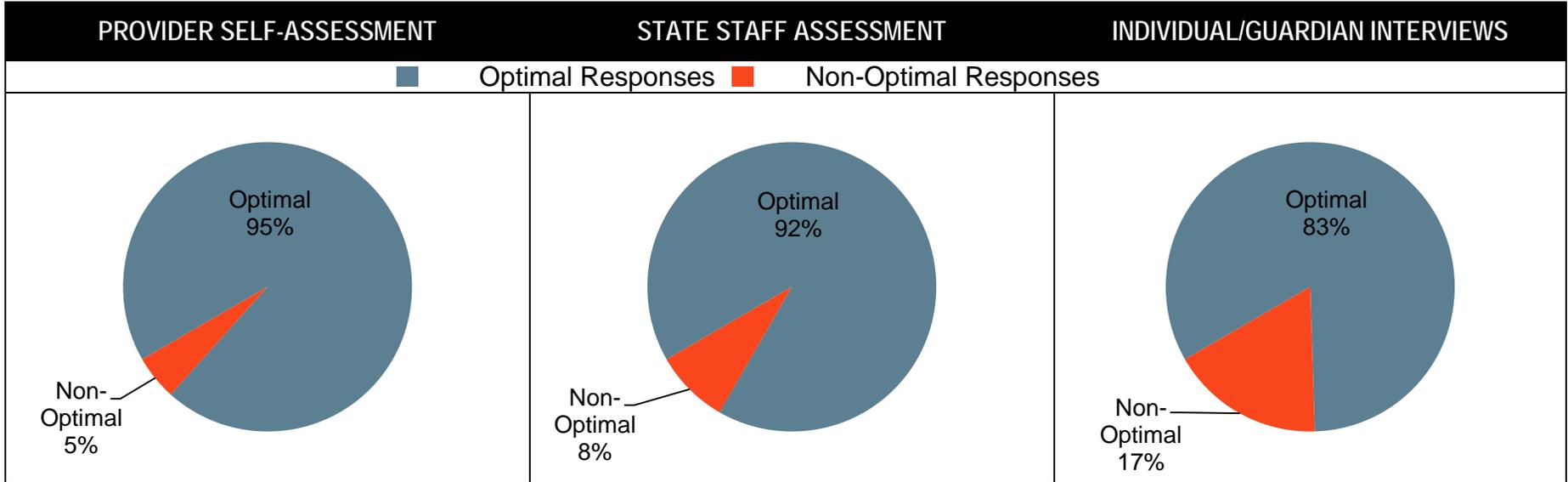
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
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#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	January 31, 2018
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2018
		1.3 State Assessment of Expectations	On-Site Review	DDD	January 31, 2019 & On-Going

PRIVACY

Analysis of the assessment results revealed the privacy concept area to be above the 86% threshold. The DHS/DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be started by June 1, 2016 and to be completed by March 17, 2019.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

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

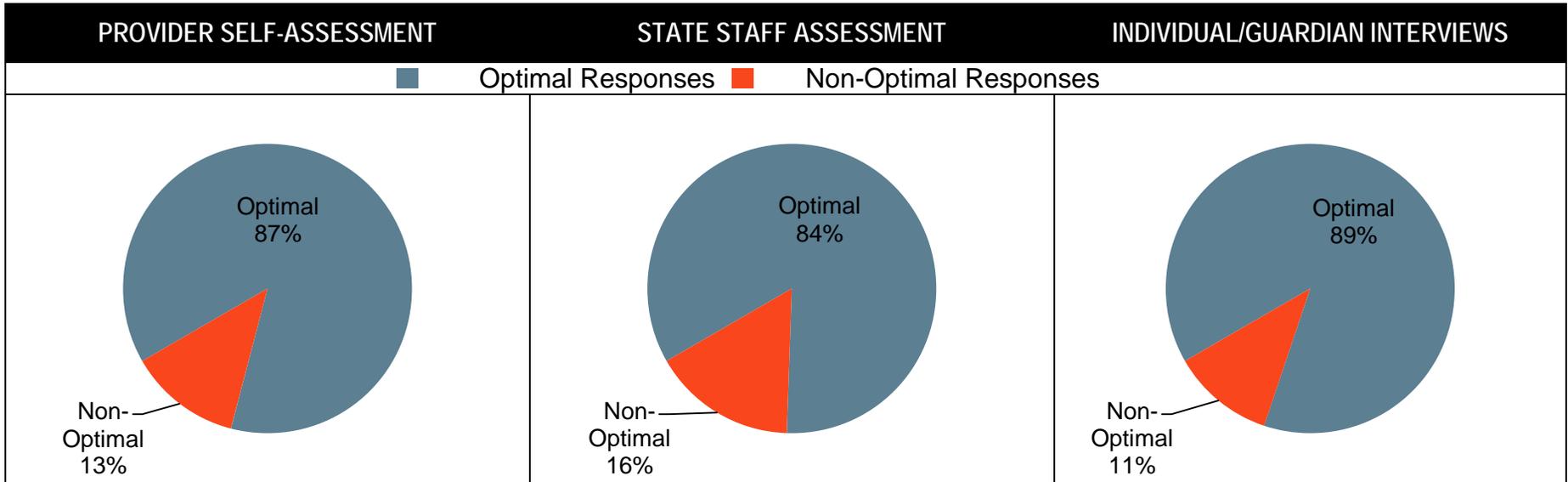
SMART		CQL		NCI	
<ul style="list-style-type: none"> Personal Outcome Assessments Goals and Preferences 		<p>Basic Assurances[®]</p> <p>Factor 2c - Individuals have privacy</p> <p>Personal Outcome Measures[®]</p> <p>10. Individuals choose with whom and where they live.</p>		<ul style="list-style-type: none"> Individual has privacy. Individual can be alone with guests. Individual can use phone/internet without restriction. Provider staff ask permission before entering individual's home or bedroom. 	
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform	1.1 Educate providers of state	State Expectations Guide	DDD	January 31,

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
	Individual Remediation	and federal expectations.			2018
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2018
		1.3 State Assessment of Expectations	On-Site Review	DDD	January 31, 2019 & On-Going

AUTONOMY

Analysis of the assessment results revealed the autonomy concept area to be above the 86% threshold. DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be started by June 1, 2016 and to be completed by March 17, 2019.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

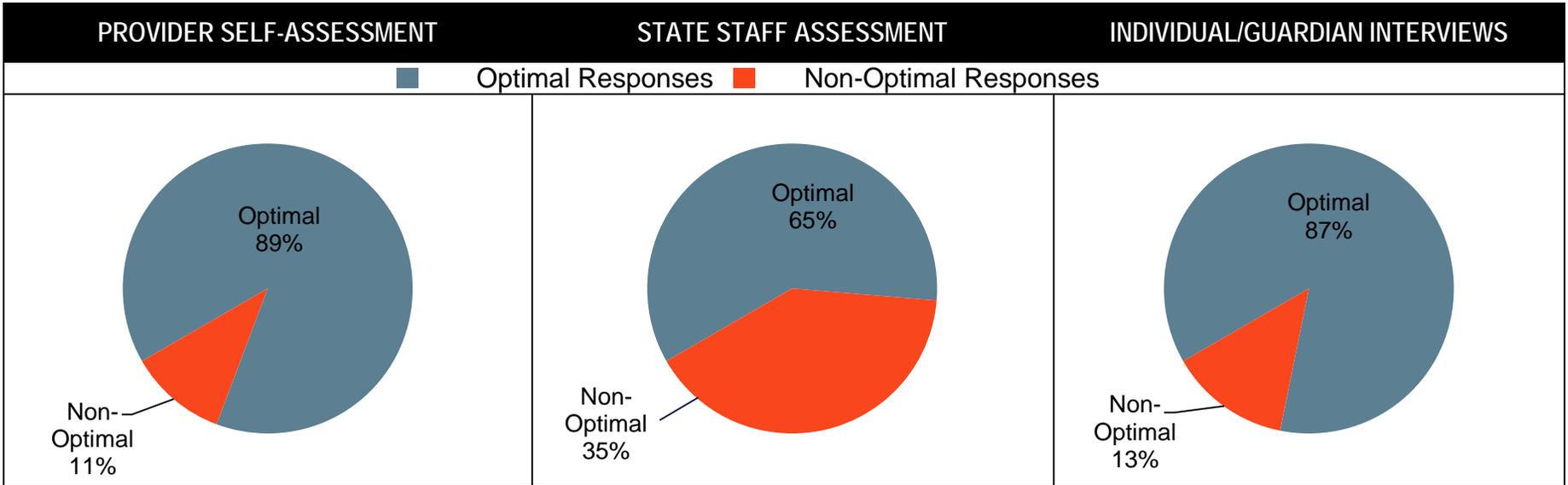
South Dakota closely monitors individual rights through DHS/DDD's SMART continuous quality assurance system, NCI, and CQL Personal Outcome Measures Performance Indicators (POM) Report. Additionally DHS/DDD is collaborating with self-advocates, families, and providers to establish self-direction opportunities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

SMART	CQL	NCI			
<ul style="list-style-type: none"> ▪ Provider Choice ▪ Service Choice ▪ Goals and Preferences ▪ Grievance Requests ▪ Rights Restrictions/Due Process 	<p>Basic Assurances®</p> <p>Factor 2d - Supports and services enhance dignity and respect.</p> <p>Factor 1e - Decision-making supports are provided to individuals as needed.</p> <p>Personal Outcome Measures®</p> <p>5. People exercise rights.</p> <p>16. Individuals choose services.</p>	<ul style="list-style-type: none"> ▪ Individuals make decisions. ▪ Self-direction queries suggest decision making competence building. ▪ Choice of support workers. ▪ Individual helps develop support plan. 			
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION

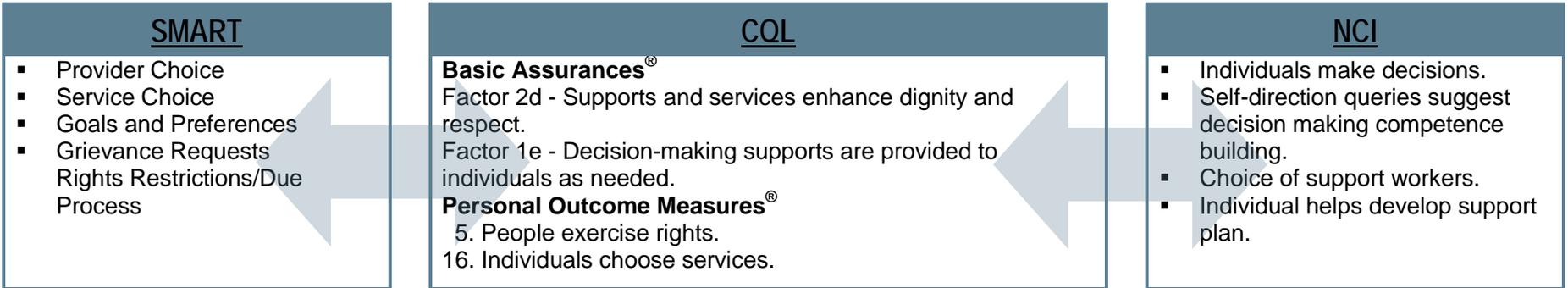
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers perform Individual Remediation	1.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	January 31, 2018
		1.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2018
		1.3 State Assessment of Expectations	On-Site Review	DDD	January 31, 2019 & On-Going

LIVING ARRANGEMENTS

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING



ACTION STEPS

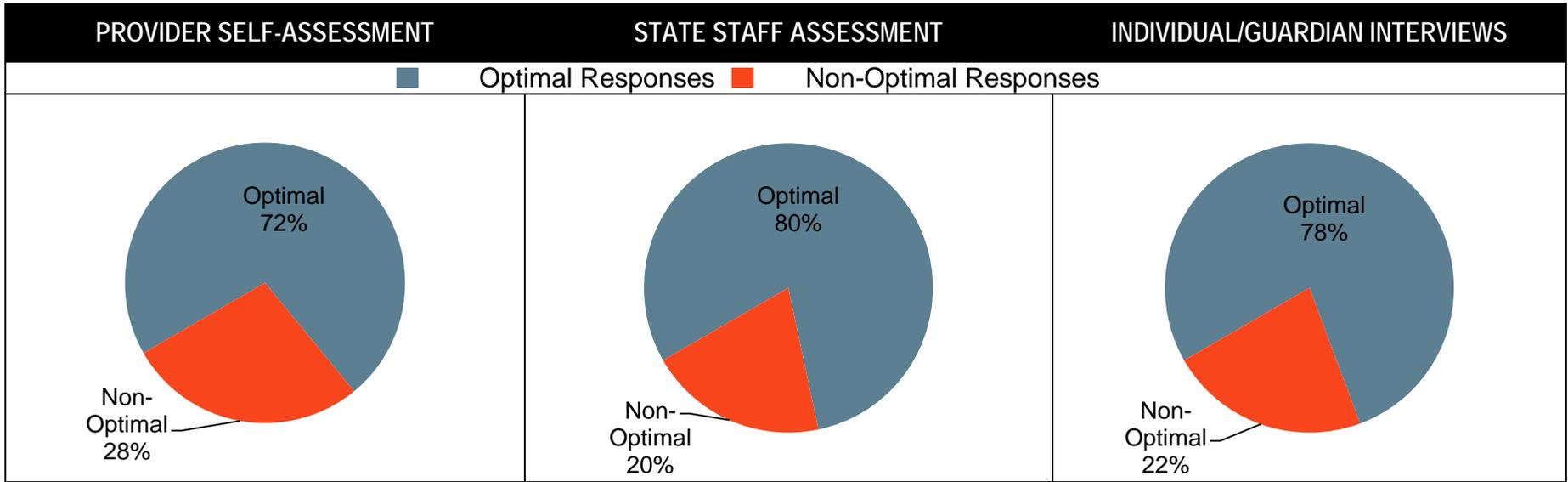
Provider self-assessments indicated grievance information is posted in obvious locations. State staff assessments indicated grievance information is not posted in obvious locations. Further discussion with providers revealed conflicting interpretations between state staff and providers regarding obvious locations. South Dakota will seek clarification from the Centers for Medicare and Medicaid Services and provide training to providers on appropriate posting of grievance information.

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Individuals have the same responsibilities and protections from eviction available to other tenants under South Dakota tenant/landlord laws.	1.1 Promulgate Administrative Rules of South Dakota (ARSD) requiring qualified providers to comply with expectation.	Draft Rules	DHS/South Dakota Medicaid	May 31, 2016
			Public Input		
			Legislative Approval		
		1.2 Update SMART System to include promulgated ARSD.	DHS/DDD updates SMART monitoring elements and internal review policy	DHS/DDD	June 30, 2016
		1.3 Train qualified providers on promulgated ARSD and compliance review processes.	DHS/DDD hosts training for qualified providers	DHS/DDD	October 31, 2016
		1.4 Biennial qualified provider reviews will include a review of the setting.	DHS/DDD will update the SMART review process to include monitoring elements pertaining to setting compliance	DHS/DDD	March 17, 2019
2	Settings are not identifiable as settings for individuals with ID/DD.	2.1 Biennial qualified provider reviews will include a review of the setting.	DHS/DDD will update the SMART review process to include monitoring elements pertaining to setting compliance	DHS/DDD	March 17, 2019
3	Individuals choose when, where and what to eat.	3.1 CQL will monitor individual access to food.	DHS/DDD will review accreditation results pertaining to Factor 9c and POM 5.	DHS/DDD	On-going
		3.2 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to food.	DHS/DDD will update the SMART review process to include monitoring due process and adequate documentation of individual choice regarding access to food.	DHS/DDD	March 17, 2019

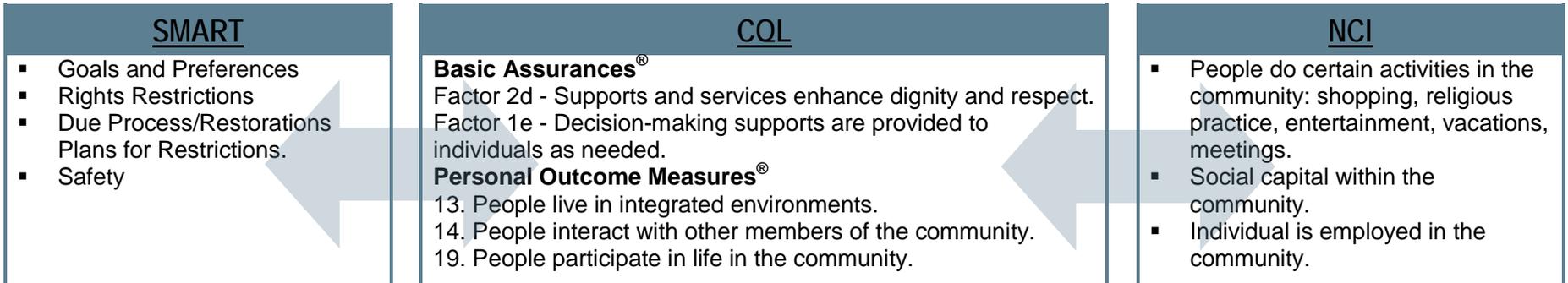
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		3.3 Train qualified providers on due process and adequate documentation of individual choice regarding access to food.	DHS/DDD will host training for qualified providers	DHSD/DDD	September 30, 2016
4	Grievance information is posted in obvious locations. Individuals are able to make anonymous complaints.	4.1 Biennial qualified provider reviews will include a review of the setting.	DHS/DDD will update the SMART system to include monitoring elements pertaining to setting compliance	DHS/DDD	March 17, 2019
		4.2 DHS/DDD will issue a guidance memo to qualified providers.	DHS/DDD will issue a guidance memo to qualified providers	DHS/DDD	September 30, 2016
5	Individuals have access to keys to the setting or due process is afforded otherwise.	5.1 Biennial qualified provider reviews will be updated to include a review of the setting.	DHS/DDD will update the SMART review process to include review of elements pertaining to keys to settings	DHS/DDD	March 17, 2019
6	Providers perform Individual Remediation	6.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	January 31, 2018
		6.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2018
		6.3 State Assessment of Expectations	On-Site Review	DDD	January 31, 2019 & On-Going

COMMUNITY INTEGRATION

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING



ACTION STEPS

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

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Individuals have access to the community: <ul style="list-style-type: none"> ▪ When they want; and ▪ Ability to come and go at any time. 	1.1 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to the community.	DHS/DDD will update the SMART review process to include monitoring due process and adequate documentation of individual choice regarding access to the community.	DHS/DDD	May 31, 2016
		1.2 Train qualified providers on due process and adequate documentation of individual choice regarding access to the community.	DHS/DDD will provide training to qualified providers as well as DDD staff regarding individual choice	DHS/DDD	May 31, 2016
		1.3 CQL will monitor individual access to the community.	DHS/DDD will review accreditation results pertaining to Factor 9c and POM 5.	DHS/DDD	On-going
		1.4 DHS/DDD will emphasize using natural supports (friends, family, etc.) to facilitate community access.	DHS/DDD will provide technical assistance to qualified providers, self-advocates, families, other partners as well as DDD staff regarding social capital	DHS/DDD	On-going
2	Individuals have access to community activities, including: <ul style="list-style-type: none"> ▪ Access to information; and ▪ Activities not coordinated by 	2.1 NCI interviews will assess extent to which people do certain activities in the community.	DHS/DDD will monitor successful outcomes by reviewing NCI interview results. <i>Note: UCEDD will begin individual interviews in January 2015. The analysis will then become on-going.</i>	DHS/DDD	January 31, 2015 Complete & On-going

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
	qualified provider.	2.2 CQL will monitor access to the community.	DHS/DDD will review accreditation results pertaining to POM 19 and Factor 2e.	DHS/DDD	On-going
		2.3 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to community activities.	DHS/DDD will update the SMART review process to include monitoring due process and adequate documentation of individual choice regarding access to community activities	DHS/DDD	March 17, 2019
		2.4 Train qualified providers on due process and adequate documentation of individual choice regarding access to the community.	DHS/DDD will provide technical assistance to qualified providers as well as DDD staff regarding individual choice	DHS/DDD	September 30, 2016
3	Individuals work in integrated community settings.	3.1 Update employment service definitions to promote competitive employment opportunities.	Draft updated service definitions.	DHS/DDD	June 30, 2018
			Financial Work Group and Stakeholder Input		
			ARSD Promulgation		
			Waiver Amendment		
		Individual and Qualified Provider Training			
3.2 Collaborate with Division of Rehabilitation Services/Vocational Rehabilitation to expand supported employment services for individuals supported in segregated settings or age 24 or younger with limited employment experience.	Expand opportunities for individuals to work in integrated community settings.	DHS/DRS DHS/DDD	March 17, 2019		

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		3.3 NCI interviews will assess extent to which people are competitively employed and their satisfaction with employment.	DHS/DDD will monitor successful outcomes by reviewing NCI interview results. <i>Note: UCEDD will begin individual interviews in January 2015. The analysis will then become on-going.</i>	DHS/DDD	January 31, 2015 Complete & On-going
		3.4 Continue participation in State Employment Leadership Network (SELN) collaborative of the National Association of State Directors of Developmental Disability Services (NASDDDS).	Expand opportunities for individuals to work in integrated community settings.	DHS/DDD	On-going
		3.5 CQL will monitor integrated community employment.	DHS/DDD will review accreditation results pertaining to POM 11 and Factor 2e and 3b.	DHS/DDD	On-going
4	Providers perform Individual Remediation	4.1 Educate providers of state and federal expectations.	State Expectations Guide	DDD	January 31, 2018
		4.2 Providers Re-Assess Compliance.	Provider Practice or Policy Change	CSP	March 31, 2018
		4.3 State Assessment of Expectations	On-Site Review	DDD	January 31, 2019 & On-Going

PLAN FOR CONTINUOUS COMPLIANCE AFTER THE TRANSITION PLAN PERIOD

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

ASSISTIVE DAILY LIVING SERVICES (ADLS) WAIVER

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

CHOICES WAIVER

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

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

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

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

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

HOME AND COMMUNITY BASED SERVICES (ASA) WAIVER

The Department of Social Services will require all providers to attest to compliance with the HCBS requirements through a signed supplemental agreement. DSS will implement a supplemental agreement for Assisted Living providers starting in State Fiscal year 2016. Compliance with the supplemental agreement will be evaluated during annual on-site reviews of the setting. When non-compliance is identified in a setting, DSS will develop recommendations for the provider and work individually with the provider to identify

remedial actions. DSS will incorporate the requirements of the final rule into the on-site provider reviews and the annual care planning process.

FAMILY SUPPORT 360 WAIVER

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

IMPLEMENTATION MILESTONES

Year 1: March 2014 – March 2015

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
CHOICES	Living Arrangements	3.1 CQL will monitor individual access to food.	On-Going
CHOICES	Community Integration	1.3 CQL will monitor individual access to the community.	On-Going
CHOICES	Community Integration	1.4 Emphasize using natural supports to facilitate community access.	On-Going
CHOICES	Community Integration	2.1 Implement NCI interviews to assess extent individuals do certain activities in the community.	January 31, 2015 Complete and On-Going
CHOICES	Community Integration	2.2 CQL will monitor access to community activities.	On-Going
CHOICES	Community Integration	3.3 Implement NCI interviews to assess extent which individuals are competitively employed and satisfied with employment.	January 31, 2015 Complete and On-Going
CHOICES	Community Integration	3.4 Continue participation in SELN and NASDDDS to expand opportunities for individuals to work in integrated community settings	On-Going
CHOICES	Community Integration	3.5 CQL will monitor integrated community employment.	On-Going

Year 2: March 2015 – March 2016

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

Year 3: March 2016 – March 2017

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HCBS (ASA)	Living Arrangements	1.1 Educate providers about state and federal expectations.	April 31, 2016
HCBS	All Concept	Educate providers about state and federal	May 31, 2016

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
(ASA)	Areas	expectations for Individual Remediation.	
HCBS (ASA)	Privacy	1.1 Educate providers of state and federal expectations.	May 31, 2016
HCBS (ASA)	Community Integration	2.1 Educate providers of state and federal expectations.	May 31, 2016
CHOICES	Living Arrangements	1.1 Promulgate Administrative Rules of South Dakota to afford individuals protection under tenant/landlord laws.	May 31, 2016
CHOICES	Living Arrangements	3.2 Require due process and relevant documentation of individual restrictions to access to food in SMART system.	May 31, 2016
CHOICES	Living Arrangements	3.3 Train providers on due process and documentation requirements of individual choice regarding access to food.	May 31, 2016
CHOICES	Community Integration	1.1 Require due process and relevant documentation of individual restrictions to access to the community in SMART system.	May 31, 2016
CHOICES	Community Integration	1.2 Train providers on due process and documentation requirements of individual choice regarding access to the community.	May 31, 2016
CHOICES	Living Arrangements	1.2 Update SMART System to include new tenant ARSD.	June 30, 2016
HCBS (ASA)	Privacy	1.2 Document health and welfare concerns in person-centered care plan.	July 1, 2016
HCBS (ASA)	Living Arrangements	2.1 Educate providers about state and federal expectations.	July 31, 2016
HCBS (ASA)	Community Integration	1.1 Educate providers of state and federal expectations.	July 31, 2016
HCBS (ASA)	Community Integration	1.3 Increase provider knowledge of natural supports.	July 31, 2016
CHOICES	Community Integration	2.4 Train providers on due process and documentation requirements of individual choice regarding access to community activities.	September 30, 2016
CHOICES	Living Arrangements	3.3 State Assessment of Expectation	September 30, 2016 & On-Going
CHOICES	Living Arrangements	4.2 Issue guidance memo to providers regarding grievance information and anonymous complaints.	September 30, 2016
HCBS (ASA)	Community Integration	2.2 Change HCBS (ASA) waiver eligibility requirements for earned income.	October 1, 2016

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
CHOICES	Living Arrangements	1.3 Train qualified providers on new tenant ARSD and compliance review process.	October 31, 2016
HCBS (ASA)	Dignity & Respect	1.2 Provider Re-Assess Compliance	December 31, 2016
HCBS (ASA)	Dignity & Respect	1.3 State Assessment of Expectation	January 1, 2017 & On-Going

Year 4: March 2017 – March 2018

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HCBS (ASA)	Location	1.2 Provider Re-Assess Compliance	March 30, 2017
HCBS (ASA)	Location	1.3 State Assessment of Expectation	April 1, 2017 & On-Going
HCBS (ASA)	Community Integration	1.2 Collaborate with stakeholders and providers to perform further analysis.	June 30, 2017
HCBS (ASA)	Physical Accessibility	1.2 Provider Re-Assess Compliance	June 30, 2017
HCBS (ASA)	Physical Accessibility	1.3 State Assessment of Expectation	July 1, 2017 & On-Going
HCBS (ASA)	Autonomy	1.2 Provider Re-Assess Compliance	September 30, 2017
HCBS (ASA)	Autonomy	1.3 State Assessment of Expectation	October 1, 2017 & On-Going
HCBS (ASA)	Community Integration	3.2 Provider Re-Assess Compliance	December 31, 2017
HCBS (ASA)	Community Integration	3.3 State Assessment of Expectation	January 1, 2018 & On-Going
CHOICES	All Concept Areas	Educate providers about state and federal expectations for Individual Remediation.	January 31, 2018
CHOICES	Community Integration	3.3 State Assessment of Expectation	January 1, 2018 & On-Going

Year 5: March 2018 – March 2019

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HCBS (ASA)	Privacy	1.3 All provider-owned or leased settings implement locks for capable individuals.	March 17, 2018
HCBS (ASA)	Living Arrangements	2.2 All settings are immediately accessible to individuals 24/7 by key or other means such as setting staff, key pad/fob, etc	March 17, 2018
HCBS (ASA)	Privacy	4.2 Provider Re-Assess Compliance	March 31, 2018

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
CHOICES	All Concept Areas	1.2 Provider Re-Assess Compliance	March 31, 2018
CHOICES	All Concept Areas	1.3 State Assessment of Expectation	January 31, 2019 & On-Going
HCBS (ASA)	Privacy	4.3 State Assessment of Expectation	April 1, 2018 & On-Going
CHOICES	Community Integration	3.1 Update employment service definitions to promote competitive employment opportunities.	June 30, 2018
CHOICES	Community Integration	3.2 Provider Re-Assess Compliance	June 30, 2018
HCBS (ASA)	Living Arrangements	3.2 Provider Re-Assess Compliance	June 30, 2018
HCBS (ASA)	Living Arrangements	3.3 State Assessment of Expectation	July 1, 2018 & On-Going
CHOICES	Living Arrangements	1.4 Implement biennial reviews of providers and settings compliance with new tenant ARSD.	March 17, 2016
CHOICES	Living Arrangements	2.1 Implement biennial reviews to ensure settings are not identifiable for individuals with disabilities.	March 17, 2016
CHOICES	Living Arrangements	3.2 Provider Re-Assess Compliance	March 17, 2019
CHOICES	Living Arrangements	4.1 Implement biennial reviews to ensure grievance information is posted in obvious locations and individuals are able to make anonymous complaints.	March 17, 2019
CHOICES	Living Arrangements	5.1 Implement biennial reviews to ensure individuals have access to keys to the setting.	March 17, 2019
CHOICES	Community Integration	2.3 Require due process and relevant documentation of individual restrictions to access to community activities in SMART system.	March 17, 2019
CHOICES	Community Integration	3.2 Expand supported employment services for individuals support in segregated settings or age 34 or younger with limited employment experience.	March 17, 2019
HCBS (ASA)	Living Arrangements	1.2 The setting offers reasonable alternative to planned meals.	March 17, 2019
HCBS (ASA)	Living Arrangements	1.3 Individuals are able to make an alternative meal within their resources.	March 17, 2019
HCBS (ASA)	Living Arrangements	1.4 All individuals can elect to eat at an alternative time.	March 17, 2019

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HCBS (ASA)	Living Arrangements	1.5 All individuals can elect to eat in their room.	March 17, 2019

FEBRUARY 2015 PUBLIC INPUT AND PUBLIC NOTICE

PUBLIC INPUT OPPORTUNITIES FOR PLAN SUBMITTED 3/12/2015

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

FINAL RULE EDUCATION ACTIVITIES

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

ASSESSMENT PUBLIC INPUT ACTIVITIES

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

ASSESSMENT RESULTS AND DRAFT TRANSITION PLAN PUBLIC INPUT ACTIVITIES

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

FORMAL PUBLIC NOTICE PERIOD

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

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

1) E-Mail:

South Dakota created an e-mail address specifically for comments and questions regarding the transition plan. The e-mail address is hcbs@state.sd.us.

2) Mail:

South Dakota accepted written comments via mail to South Dakota Medicaid.

3) Phone:

South Dakota accepted comments and questions made by phone. Contact information was listed for the HCBS (ASA) Waiver, CHOICES Waiver, ADLS Waiver, Family Support 360 Waiver and South Dakota Medicaid.

4) Public Forums and Town Hall Conference Calls:

The Department of Human Services offered three in-person meetings and one town hall conference call to accept public comments and questions. The Department of Social Services offered two Town Hall conference calls to accept public comments and questions.

- Public Forums:
 - February 9, 2015: Watertown, SD 9:00 am – 10:30 am CST
 - February 9, 2015: Sioux Falls, SD 1:00 pm – 2:30 pm CST
 - February 10, 2015: Rapid City, SD 9:00 am – 10:30 am MST
- Town Hall Conference Calls:
 - February 12, 2015: Webinar 9:00 am – 10:30 am CST
 - February 18, 2015: Conference Call 9:00 am – 10:00 am CST
 - February 19, 2015: Conference Call 4:00 pm – 5:00 pm CST

South Dakota performed the following activities related to public notice:

TRIBAL CONSULTATION

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

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

PROVIDER, STAKEHOLDER, AND PUBLIC NOTIFICATION

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

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

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

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

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

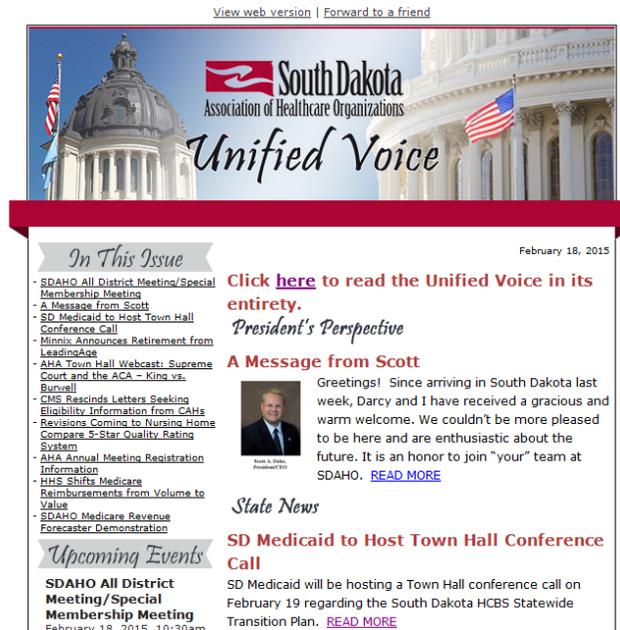
The Department of Social Services and the Department of Human Services created posters advertising the transition plan and providing information on how to make a comment. The posters were hung in all 63 DSS local offices. DSS and DHS additionally requested providers hang the posters in a public place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

Dates, Times, and Locations:			
February 09, 2015	Watertown, SD	Country Inn and Suites	9:00 am—10:30 am CST
		1800 8th Ave Southeast, Watertown, SD	
	Sioux Falls, SD	Holiday Inn-City Center, Falls West Room	1:00 pm—2:30 pm CST
		100 West 8th Street, Sioux Falls, SD	
February 10, 2015	Rapid City, SD	Ramkota, Washington Room	9:00 am—10:30 am MST
		2111 North Lawrence Street, Rapid City, SD	
February 12, 2015	Webinar	Contact Colin Hutchison for invitation information.	9:00 am—10:30 am CST

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



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



PUBLIC COMMENTS FOR PLAN SUBMITTED 3/12/2015

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

SETTINGS SUBJECT TO HEIGHTENED SCRUTINY

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

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

PRIVACY

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

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

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

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

PHYSICAL ACCESSIBILITY

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

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

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

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

LIVING ARRANGEMENTS

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

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

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

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

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

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

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

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

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

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

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

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

One stakeholder questioned if a formal lease was necessary.

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

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

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

COMMUNITY INTEGRATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STAFFING AND FUNDING CONSIDERATIONS

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

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

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

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

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

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

MISCELLANEOUS COMMENTS

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

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

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

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

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

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

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

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

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

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

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

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

STATEMENTS OF SUPPORT

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

South Dakota appreciates the statements of support.

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

South Dakota appreciates the statements of support.

MARCH 2016 PUBLIC INPUT AND PUBLIC NOTICE

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

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

5) E-Mail:

South Dakota used the e-mail address created specifically for comments and questions regarding the transition plan. The e-mail address is hcbs@state.sd.us.

6) Mail:

South Dakota accepted written comments via mail to South Dakota Medicaid.

7) Phone:

South Dakota accepted comments and questions made by phone. Contact information was listed for the HCBS (ASA) Waiver, CHOICES Waiver, ADLS Waiver, Family Support 360 Waiver and South Dakota Medicaid.

8) Public Forums and Town Hall Conference Calls:

. The Department of Social Services offered two Town Hall conference calls to accept public comments and questions.

- Town Hall Conference Calls:

- March 9, 2016: 9:00 – 10:00 am CST

- March 10, 2016: 4:00 – 5:00 pm CST

South Dakota performed the following activities related to public notice:

TRIBAL CONSULTATION

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

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

PROVIDER, STAKEHOLDER, AND PUBLIC NOTIFICATION

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

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

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

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

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

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

Department of Social Services
Public Comment Notice

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

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

WHO IS AFFECTED BY THE TRANSITION PLAN?
Individuals on Medicaid who live in an Assisted Living, Supervised Apartment, or Group Home are directly affected by the transition plan.

WHERE CAN I LOOK AT THE TRANSITION PLAN?
View the plan online at <http://dss.sd.gov/medicaid/hcbs.aspx> or contact South Dakota Medicaid to get a copy of the Transition Plan.

HOW DO I MAKE A COMMENT?
DSS appreciates your questions and comments. There are four ways to make a comment:

- E-MAIL:**
hcbs@state.sd.us
- MAIL:**
South Dakota Medicaid
ATTN: HCBS Transition Plan
700 Governors Drive
Pierre, SD 57501
- PHONE:**
CHOICES WAIVER: (605) 773-3438
HCBS (ASA) WAIVER: (605) 773-3656
SD MEDICAID: (605) 773-3495
- TOWN HALL CONFERENCE CALL WITH SOUTH DAKOTA MEDICAID:**
March 9, 2016: 9 - 10 AM CST
March 10, 2016: 4 - 5 PM CST
• Dial In: 1-866-410-4397
• Conference Code: 8176972761

South Dakota Department of Human Services
March 28 at 9:55am · [Public](#)

Best, Worst States Named For Disability Employment
<https://www.disabilityscoop.com/.../best-worst-disabil.../20057/>

Best, Worst States Named For Disability Employment
For people with disabilities, new figures suggest that the odds of having a job varies dramatically depending on where an individual lives.

South Dakota Department of Human Services
March 28 at 9:55am · [Public](#)

South Dakota's original Home and Community Based Statewide Transition Plan was submitted to CMS on March 12, 2015. The Departments of Social Services and Human Services worked collaboratively to make changes to the Home and Community Based Statewide Transition Plan. CMS requested that South Dakota perform public notice on the Revised Transition Plan before submission to CMS. The Revised Statewide Transition Plan is available for Public Comment for 30 days from February 29 to March 30.

Revised Statewide Transition Plan
Last year, the Department of Social Services and Human Services drafted and submitted a Home and Community Based Services (HCBS) Statewide Transition Plan to the Centers for Medicare and Medicaid Services (CMS). CMS made comments on South Dakota's HCBS Statewide Transition Plan. Comments may be via...

South Dakota Department of Human Services
March 28 at 9:55am · [Public](#)

The Job Accommodation Network (JAN) has a Searchable Online Accommodation Resource (SOAR) system designed to let users explore various accommodation options for people with disabilities in work and educational settings. It can be downloaded as a widget on users' desktops. However, these accommodation ideas are not all inclusive. If you do not find answers to questions, please contact JAN directly by calling at: (800)526-7234 (Voice) (877)731-6463 (TTY)
<http://jan.usdoj.gov/soar/index.htm>

SOAR
The Job Accommodation Network (JAN) is the leading source of free, confidential, and practical information on workplace accommodations and the employment provisions of the Americans with Disabilities Act (ADA).
ADA-ANALYSIS | BY JAN WEB TEAM

PUBLIC COMMENTS FOR PLAN SUBMITTED 4/6/2016

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

Conflict Free Case Management

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

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

Next Steps

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

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

Statewide Transition Plan and Waiver Programs in South Dakota

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

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

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

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

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

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

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

Settings in South Dakota

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

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

Setting Classification and Provider

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

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

Provider Compliance

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

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

Provider Self-Assessments & State Staff Assessments

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

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

Transportation

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

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