

SOUTH DAKOTA MEDICAID

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

South Dakota Department of Social Services

Division of Medical Services



2015

STATEMENT OF PURPOSE

The Centers for Medicare and Medicaid Services (CMS) issued a final rule that became effective on March 17, 2014 and requires 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 requirements 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 rules 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>

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 final rule and drafted this transition plan to identify action steps and timelines for South Dakota's compliance with the new rule.

A draft Statewide Transition Plan that applies to all of South Dakota's 1915(c) waivers will be 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. The final plan will be submitted to CMS following the formal comment period.

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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 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 metropolitan 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 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%20Dakota)

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>

ASSISTED 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 WAIVER SERVICES

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

The Department of Human Services and Department of Social Services view all services in the 1915(c) ADLS waiver as non-residential. These services 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.

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 their 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 WAIVER SERVICES

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

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 the Centers for Medicare and Medicaid Services 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 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)

FAMILY SUPPORT 360 WAIVER SERVICES

- Vehicle Modifications

The Department of Social Services and the Division of Developmental Disabilities view all services in the Family Support 360 1915(c) waiver as non-residential. These services 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.

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). 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) 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)

SETTINGS ANALYSIS

South Dakota studied the final rule and guidance published by the Centers for Medicare and Medicaid Services (CMS) 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 Final Rule 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.

STATE POLICY ANALYSIS

MEDICAID 1915(c) WAIVERS

South Dakota performed an analysis of the CHOICES Waiver and the HCBS (ASA) Waiver to ensure neither conflicted with the provisions of the final rule. South Dakota believes both waivers are in compliance with the final rule.

ADMINISTRATIVE RULES OF SOUTH DAKOTA

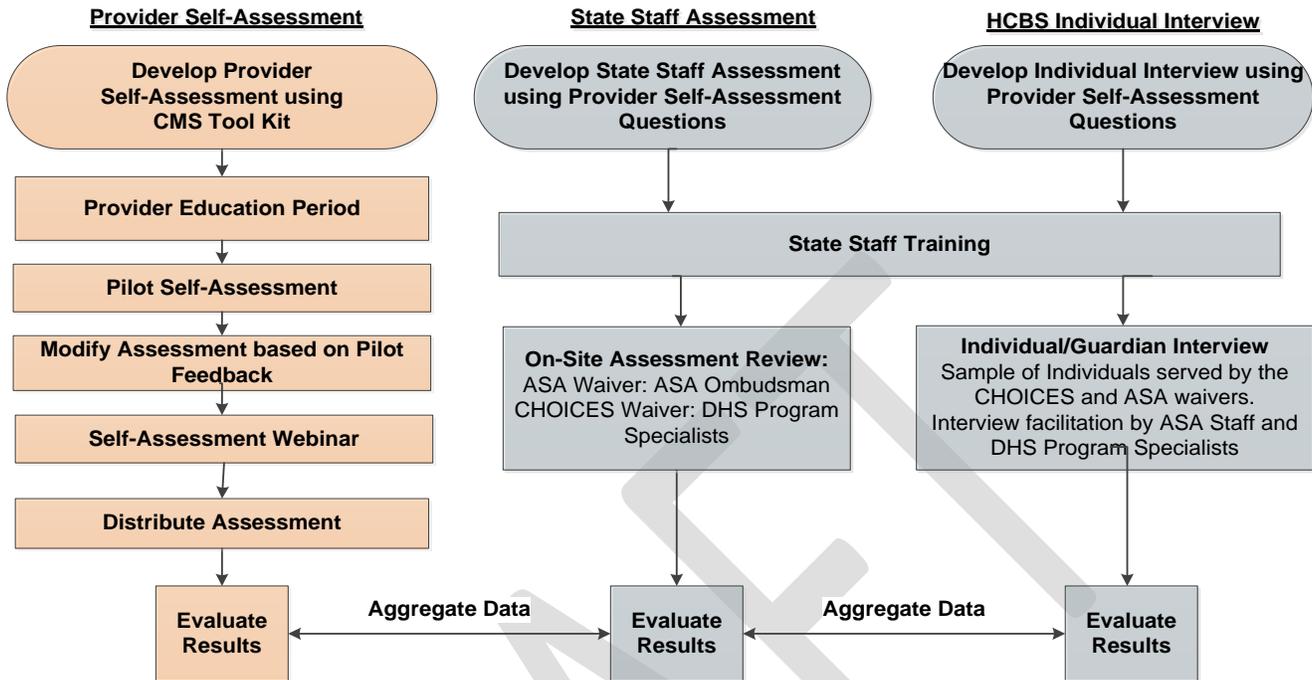
South Dakota reviewed Administrative Rules of South Dakota for compliance with the final rule. No Administrative Rules were found to be in conflict with the provisions of the final rule.

RESIDENTIAL SETTINGS ASSESSMENT METHODOLOGY

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 identify assessment questions and group similar questions together. Assessment questions were developed using guidance from CMS' HCBS Tool Kit and South Dakota's analysis of the Final Rule.

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: <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. State staff validated self-assessments at

99% of assisted living sites and 67% of community support provider sites. 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.

STATE STAFF 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 state staff assessment represents all assisted living and community support providers. All assisted living settings were assessed by state staff and a statistically valid sample of group homes and supervised apartment settings across South Dakota's 19 Community Support Providers (CSPs).

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 final rule 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.

The HCBS recipient interview contained 13 questions from the provider self-assessment that are specific to individual's experiences in the setting.

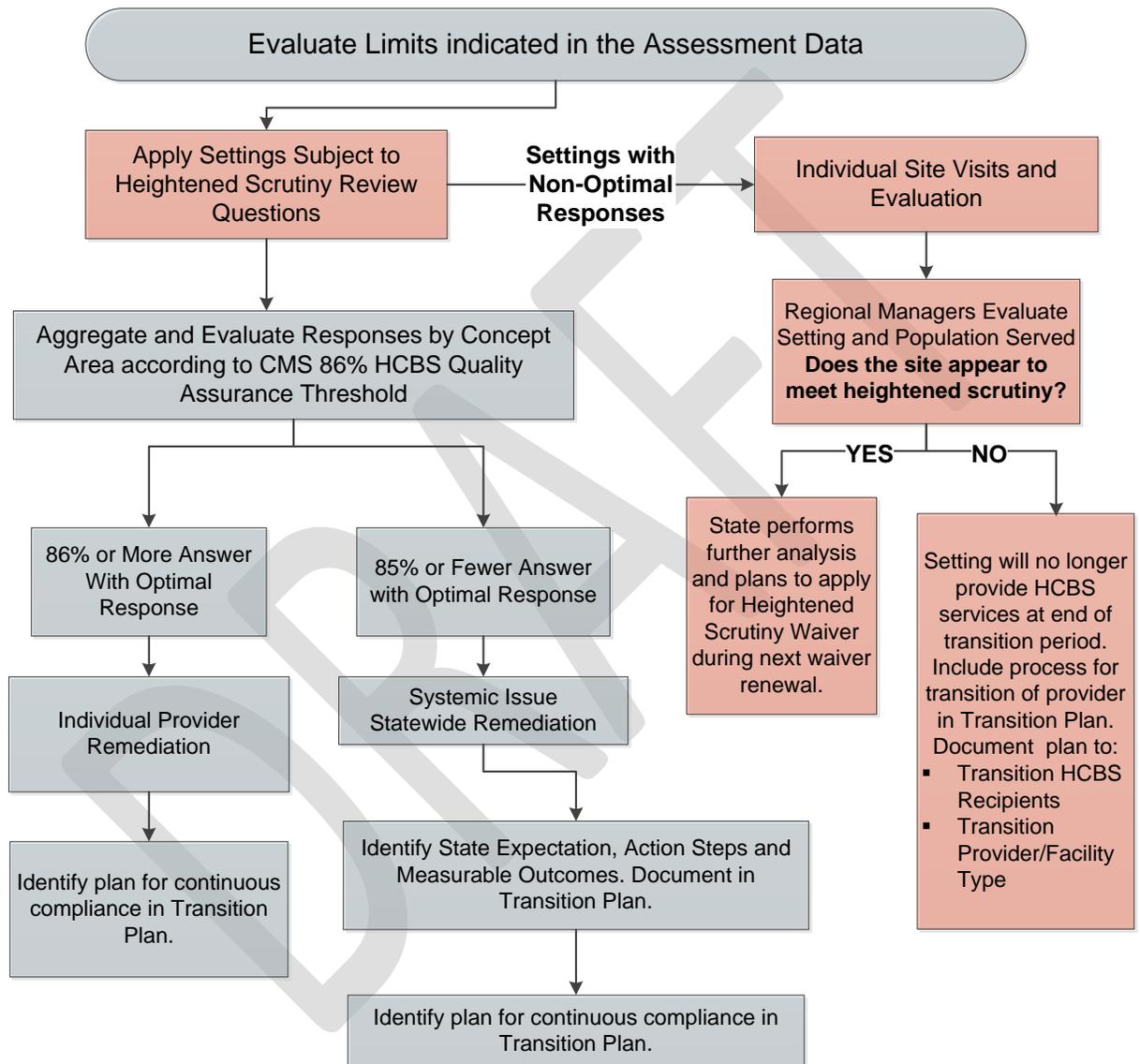
State staff facilitated the recipient interview and entered the interview results online. Interviews were completed by guardians when an individual had a designated legal guardian. The recipient interviews were completed from October 25, 2014 through November 30, 2014.

ASSESSMENT DATA ANALYSIS

South Dakota Medicaid performed an analysis of the data gathered from providers, staff and individuals during the assessment process to determine areas already in

compliance and areas for improvement. A summary of the data analysis process is described in the flow chart and sections below.

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 final rule. Non-optimal responses

indicated that additional actions were necessary for compliance with the final rule. 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 final rule 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 of their performance measures that includes the remediation taken for each systemic and individual instance when a performance measure has less than 100% compliance. States are required to implement statewide quality improvement projects/remediation when the threshold of compliance with a measure is at or below 85%. Although states must continue to remediate issues, reporting of individual remediation to CMS is no longer required when a measure is at or above 86%.

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.

NON-RESIDENTIAL SETTINGS ASSESSMENT METHODOLOGY

HOME AND COMMUNITY BASED SERVICES (ASA) WAIVER

South Dakota has 12 settings currently enrolled to provide Adult Day services under the HCBS (ASA) waiver. Two of these settings currently provide services. The remaining settings are located in small, rural communities and enrolled to provide specific services on an individualized basis. The Department of Social Services performs annual site assessments at the two active settings. One setting is 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 children and veterans. Individuals who receive services at these settings live in their homes and are integrated into the community. South Dakota has determined these settings meet the intent of the final rule 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 Final Rule.

CHOICES WAIVER

In the spring of 2013, Governor Dennis Daugaard announced his 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

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>

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.

The 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, the 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. The DHS/DDD considers this a groundbreaking amendment to CHOICES waiver policy and the commencement of a series of efforts to achieve positive employment outcomes.

The DHS/DDD is committed to maximizing the opportunities for participants receiving CHOICES HCBS by delivering services in integrated settings and realizing 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. The DHS/DDD’s support and participation in this data collection effort has been ongoing to provide policy makers, advocates, and service providers a national perspective on day and employment services. In its FY2013 survey, the DHS reported 1,660 duplicated CHOICES waiver participants receiving supports within a sheltered workshop. The 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. The 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 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 – The DHS/DDD partners with many state agencies to optimize the quality of life for people with disabilities. One such collaboration resulted in November 2014 when the DHS/Division of Rehabilitation Services (DRS), the state's vocational rehabilitation agency, funded through a grant 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 its commitment to maximize the opportunities for its 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*. The *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. The 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.

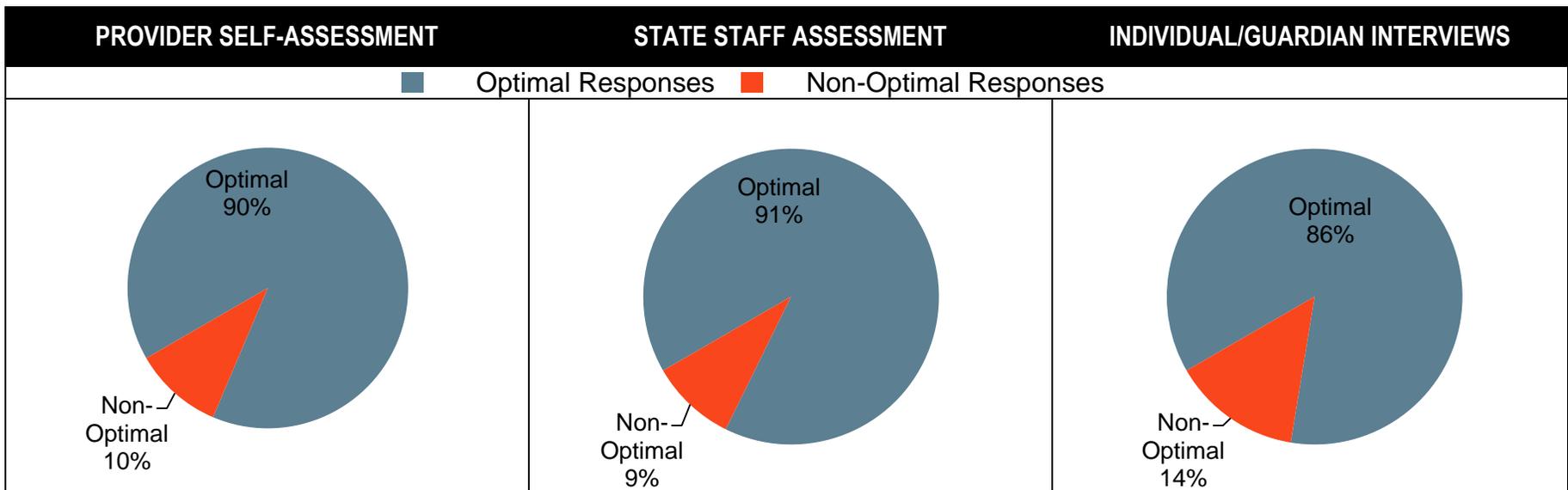
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HCBS (ASA) WAIVER ASSESSMENT RESULTS AND ACTION ITEMS

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 final rule. 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 86% compliance. 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 final rule, 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.

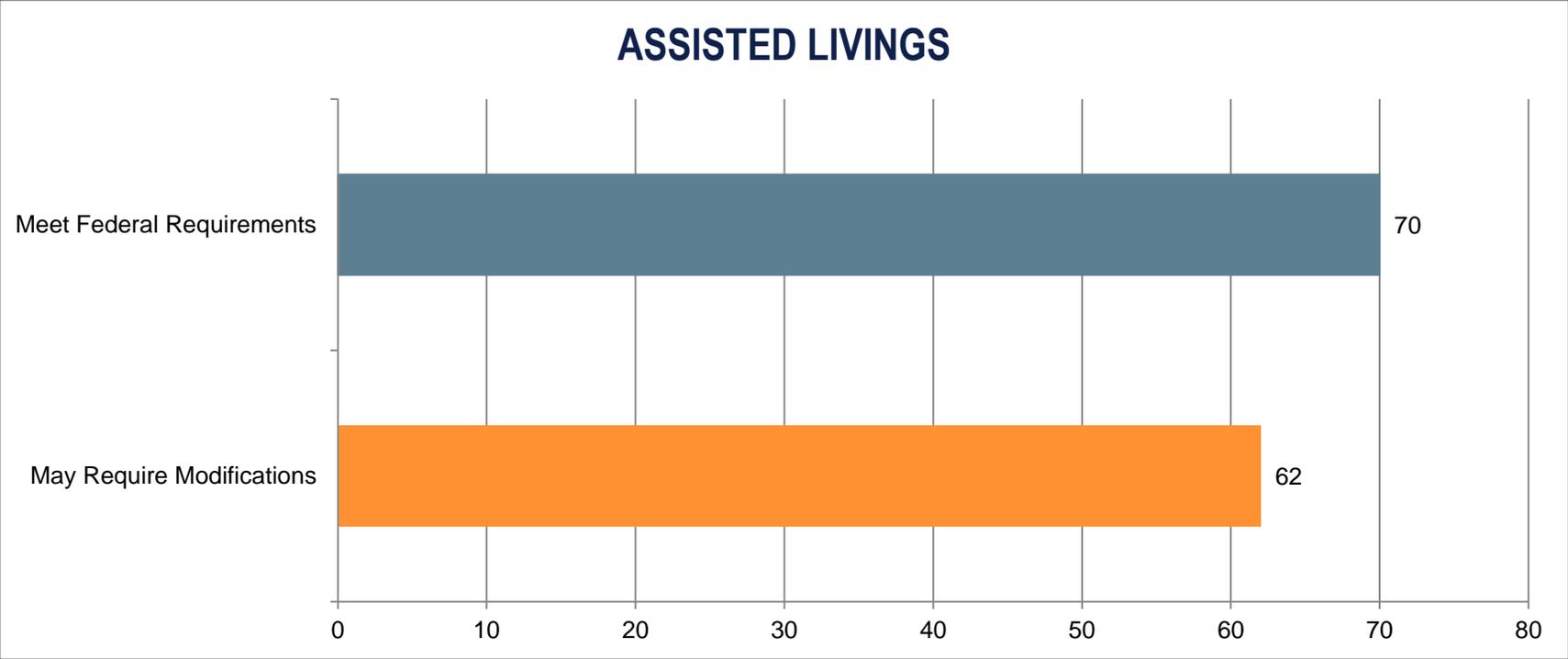
ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Dignity and Respect	99%	97%	- 2%
Autonomy	97%	97%	0%
Physical Accessibility	88%	95%	+7%
Location	86%	95%	+9%

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.

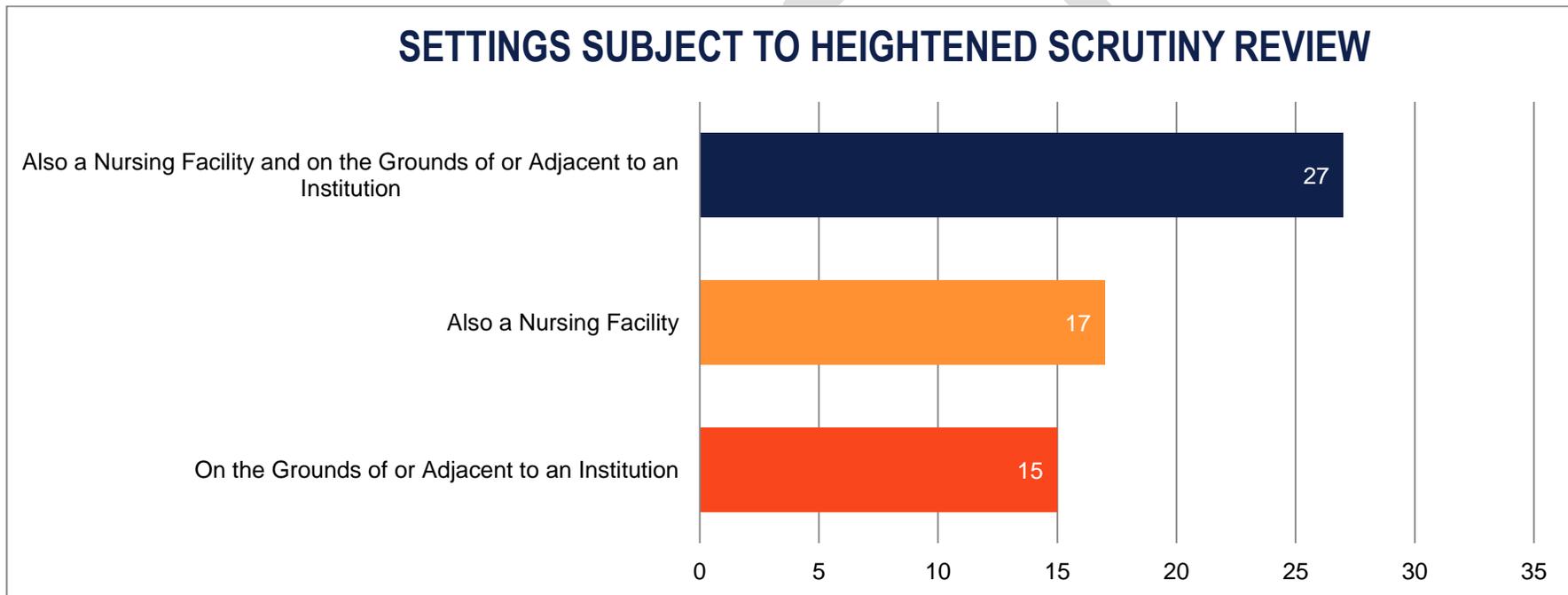
ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Privacy	87%	71%	-16%
Community Integration	85%	95%	+10%
Living Arrangements	79%	79%	0%

From the assessment results, South Dakota determined that over half of South Dakota Assisted Living settings already meet the intent of the Final Rule. South Dakota identified 62 other settings that may require modifications to setting policy or practice in order to achieve the intent of the final rule.



SETTINGS SUBJECT TO HEIGHTENED SCRUTINY REVIEW

In the final rule, 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 identified 59 assisted living settings that will require additional analysis per CMS's guidance on settings subject to heightened scrutiny review. The reasons settings were identified for additional analysis are documented below. South Dakota performed an on-site review of each of the 59 settings. From initial on-site analysis, South Dakota anticipates that further evaluation will demonstrate all settings meet the home and community based requirements. South Dakota plans to address these settings during the 2016 HCBS (ASA) Waiver renewal.



Initial analysis of these settings revealed that all settings 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 HCBS 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 facility and assisted livings were 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.

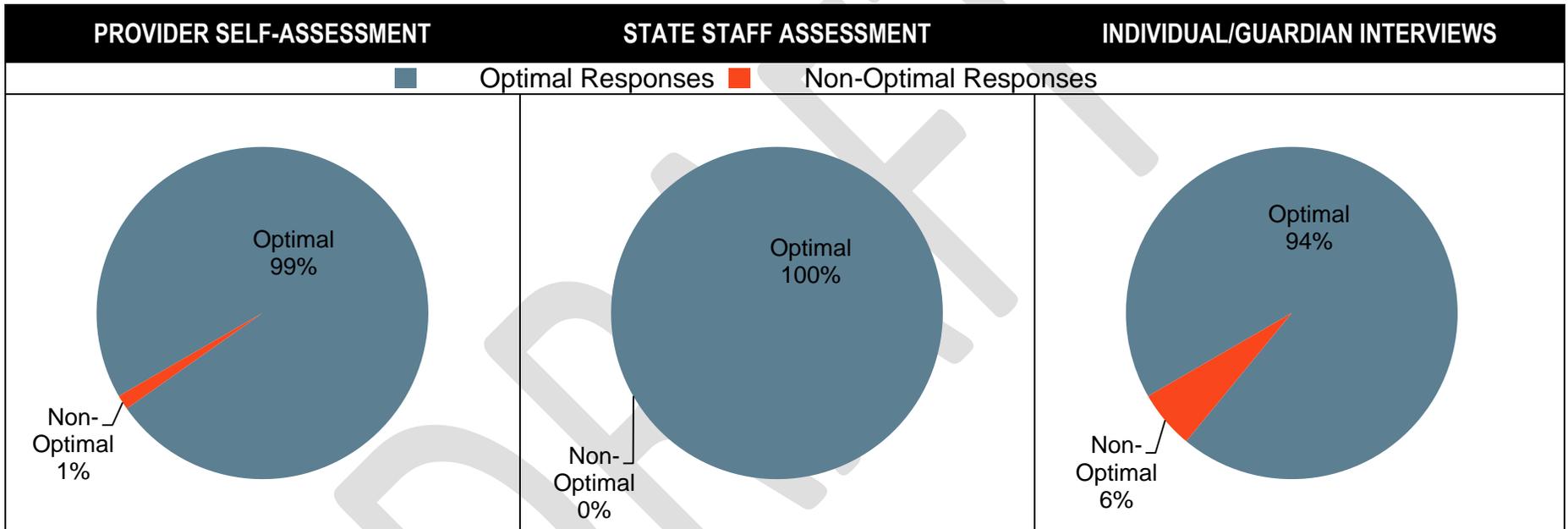
Additionally, South Dakota sees dual long-term care facilities and assisted livings as an advantage for individuals, as it allows individuals to age in place in a continuum of care model. This model also allows individuals the chance to remain with spouses who may require a higher level of care in long-term care facilities. In all cases, South Dakota believes the person-centered planning model supports offering a choice for individuals to remain in their communities and receive HCBS services.

South Dakota's initial assessment of these settings was limited in scope. Further feedback from community members, providers, and individuals residing in the setting is necessary to further refine South Dakota's analysis of these settings. Prior to the 2016 HCBS (ASA) Waiver renewal, 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 HCBS nature of these settings.

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 ombudsman visits.

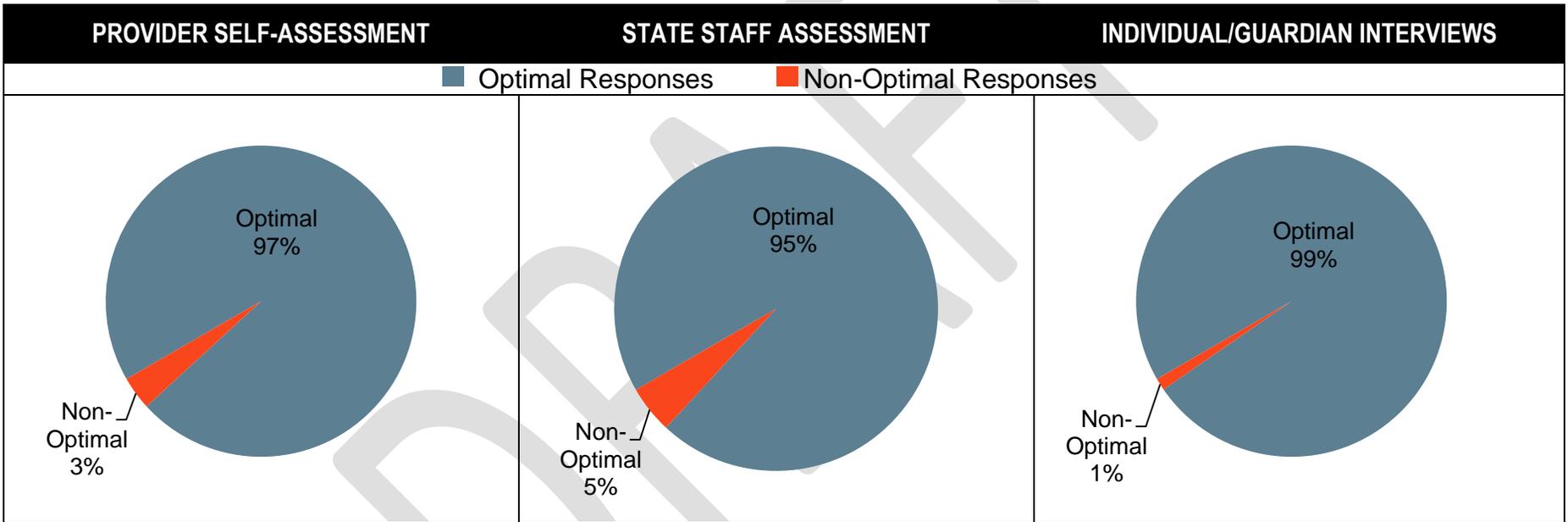
ASSESSMENT RESULTS



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 local ombudsman visits.

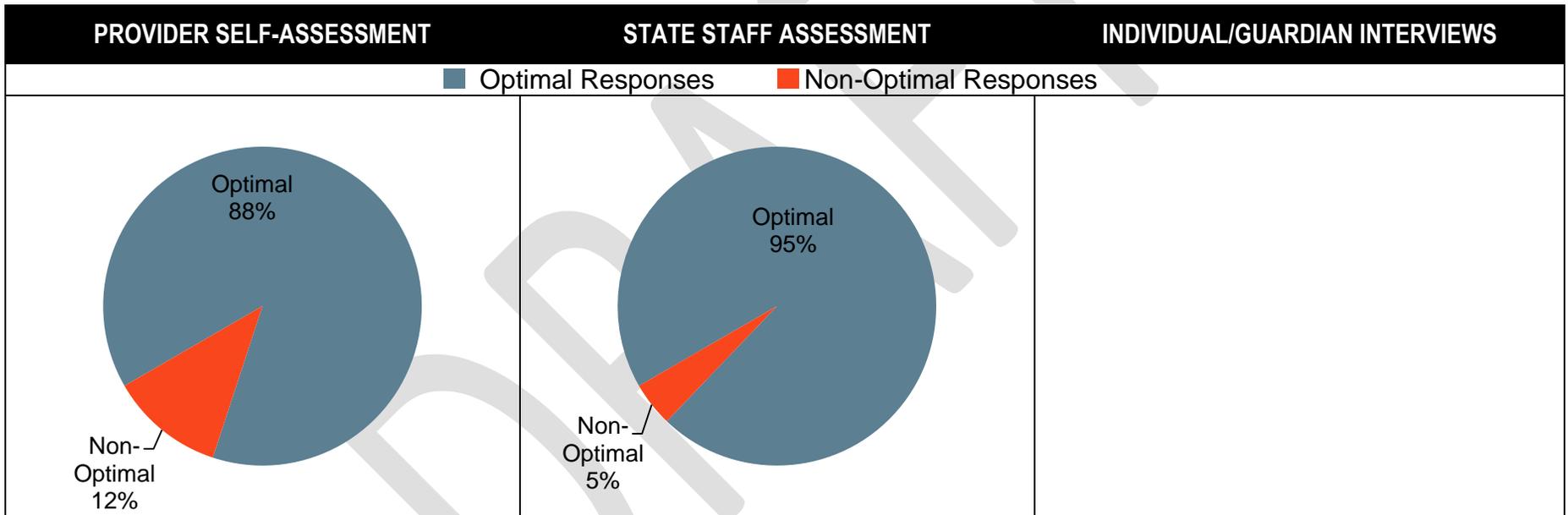
ASSESSMENT RESULTS



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 local ombudsman visits, and DOH site reviews.

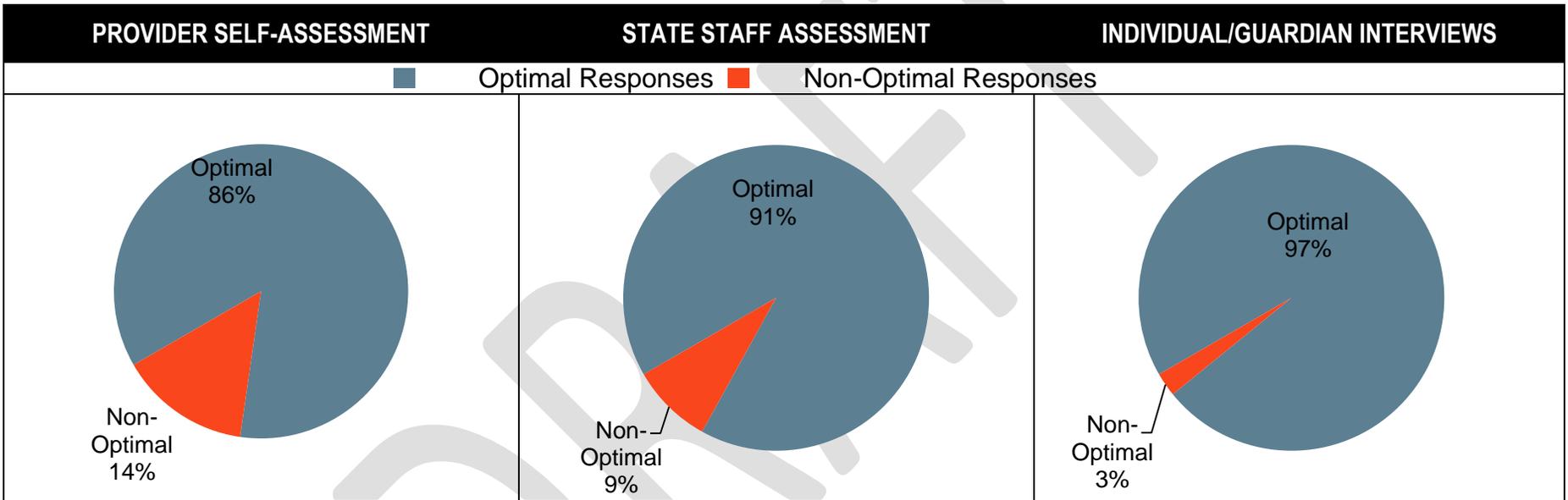
ASSESSMENT RESULTS



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](#).

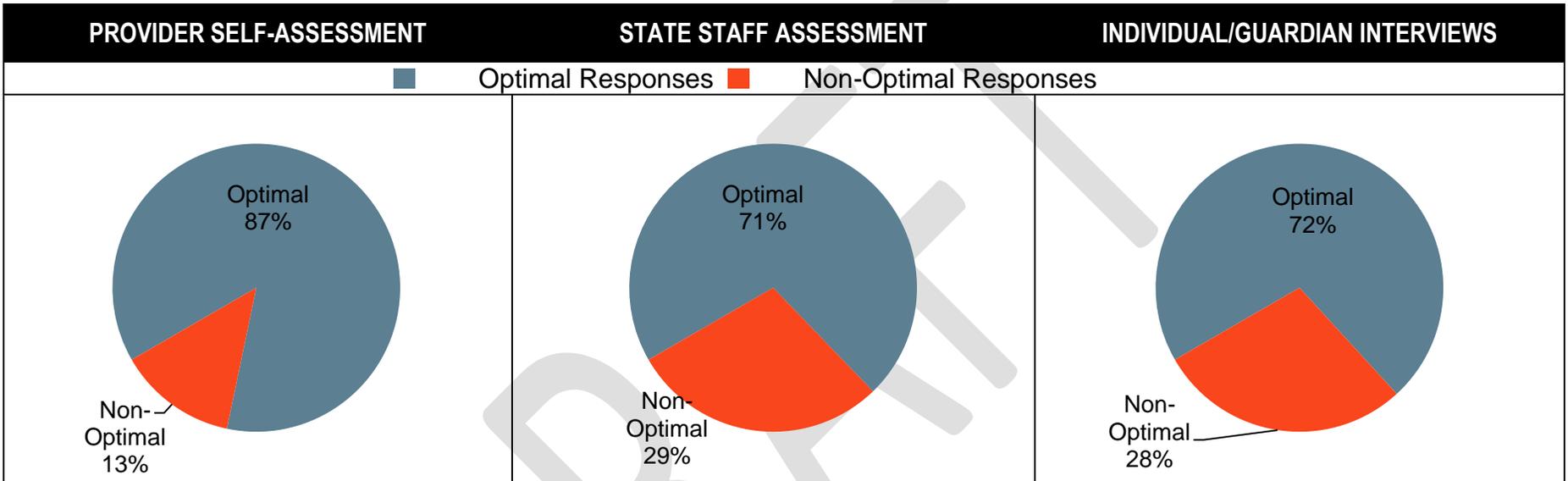
ASSESSMENT RESULTS



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

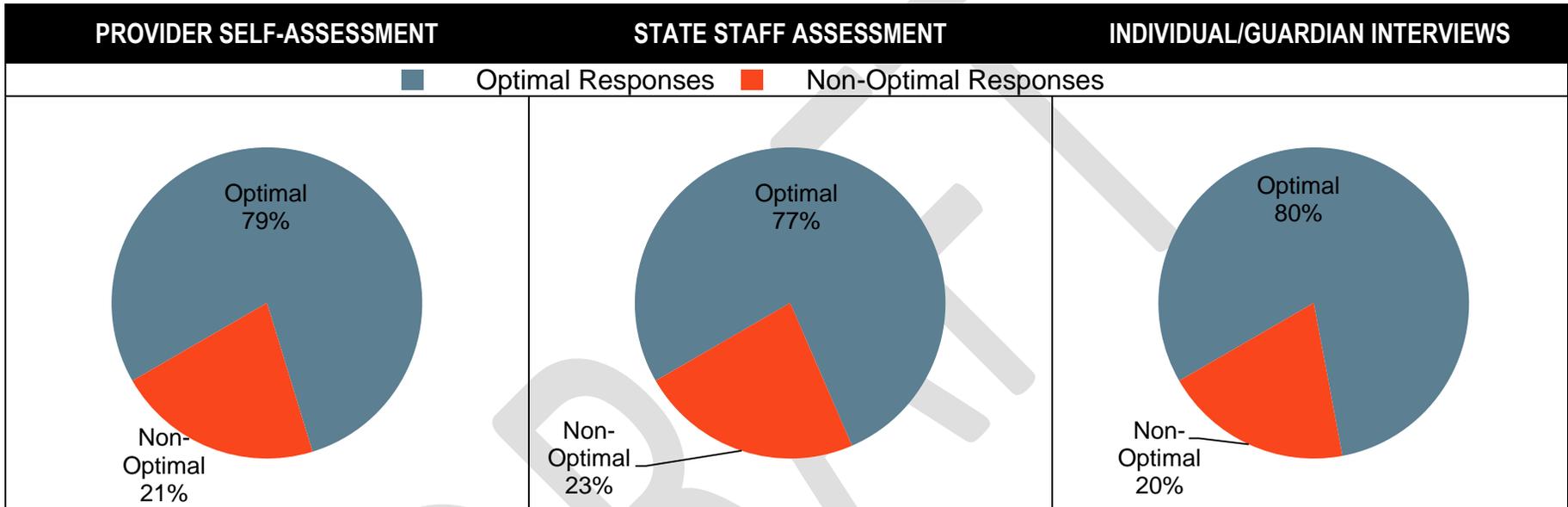
person-centered plan and will additionally educate providers about roommate selection. South Dakota will require all providers to have a roommate choice policy in place on or before December 31, 2015.

#	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	January 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
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
		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

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.

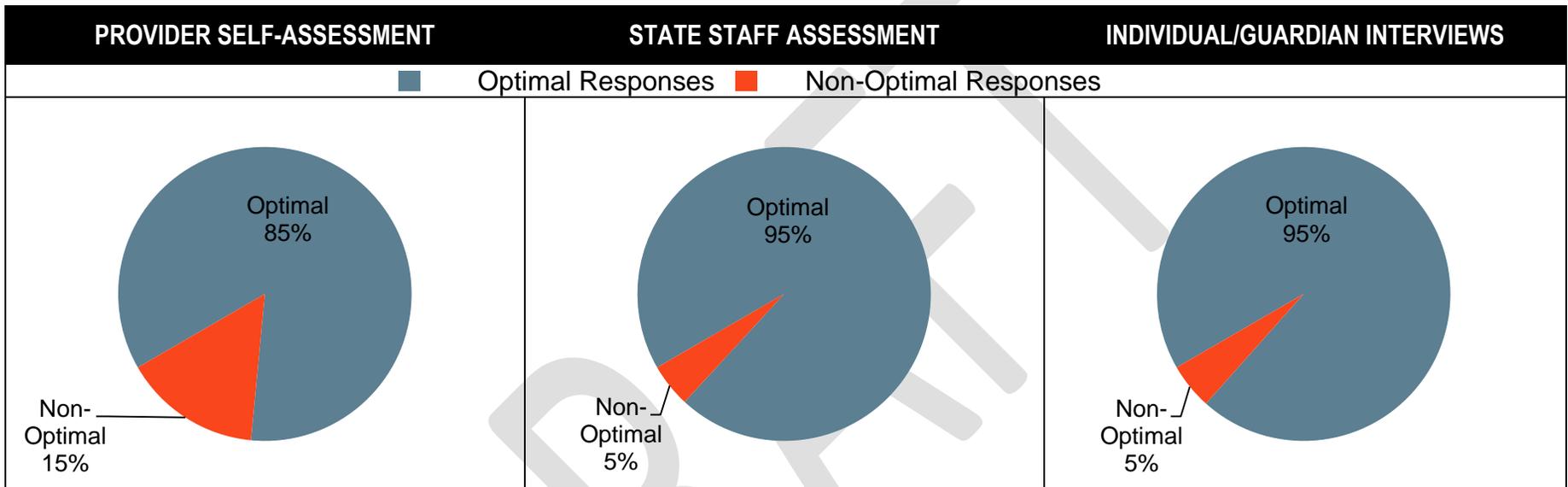
In the provider self-assessment, South Dakota asked providers if individuals were given keys to the setting. Providers indicated that individuals may have other means of accessing the setting apart from keys, such as setting staff, a key pad, or key fob. South Dakota will require each individual to have 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 choose what time and where to eat. Individuals are able to make or request an alternative to any planned meals within their resources.	1.1 Educate providers about state and federal expectations.	Educational Webinar, Informational Bulletin	DSS	December 31, 2015
		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	February 28, 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

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.

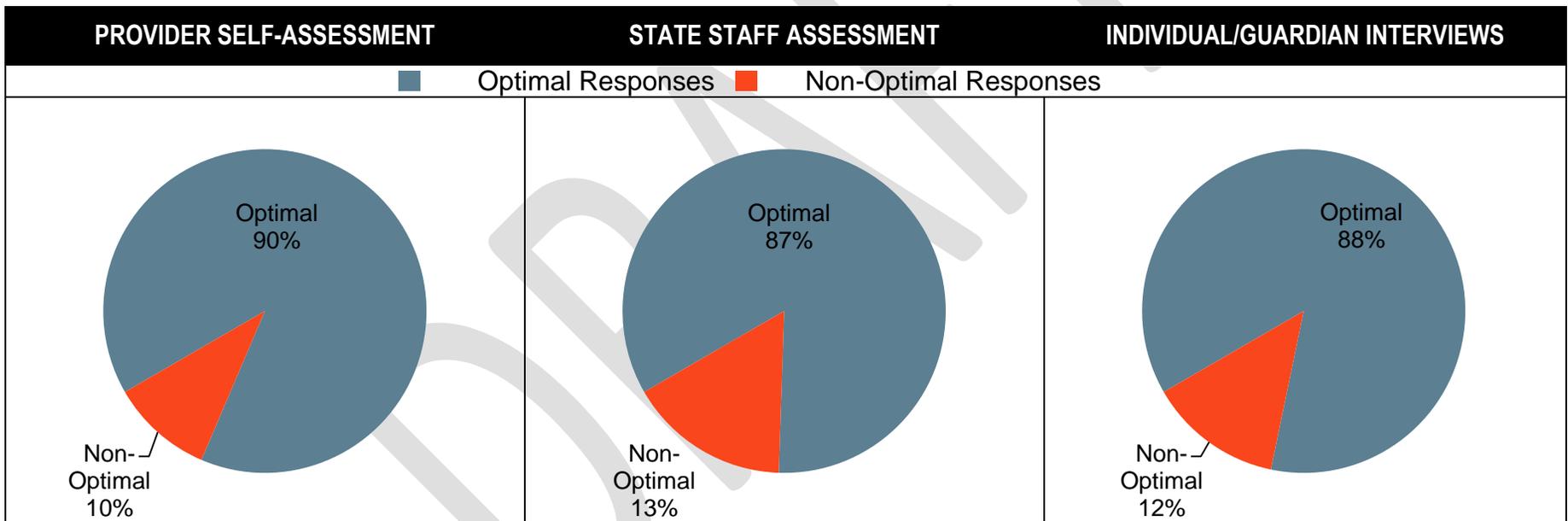
#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Providers facilitate access to community activities and events.	1.1 Educate providers of state and federal expectations.	Statewide education; Webinars, FAQ, Annual Newsletter	DSS	July 31, 2016
		1.2 Collaborate 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

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 by each concept area.

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

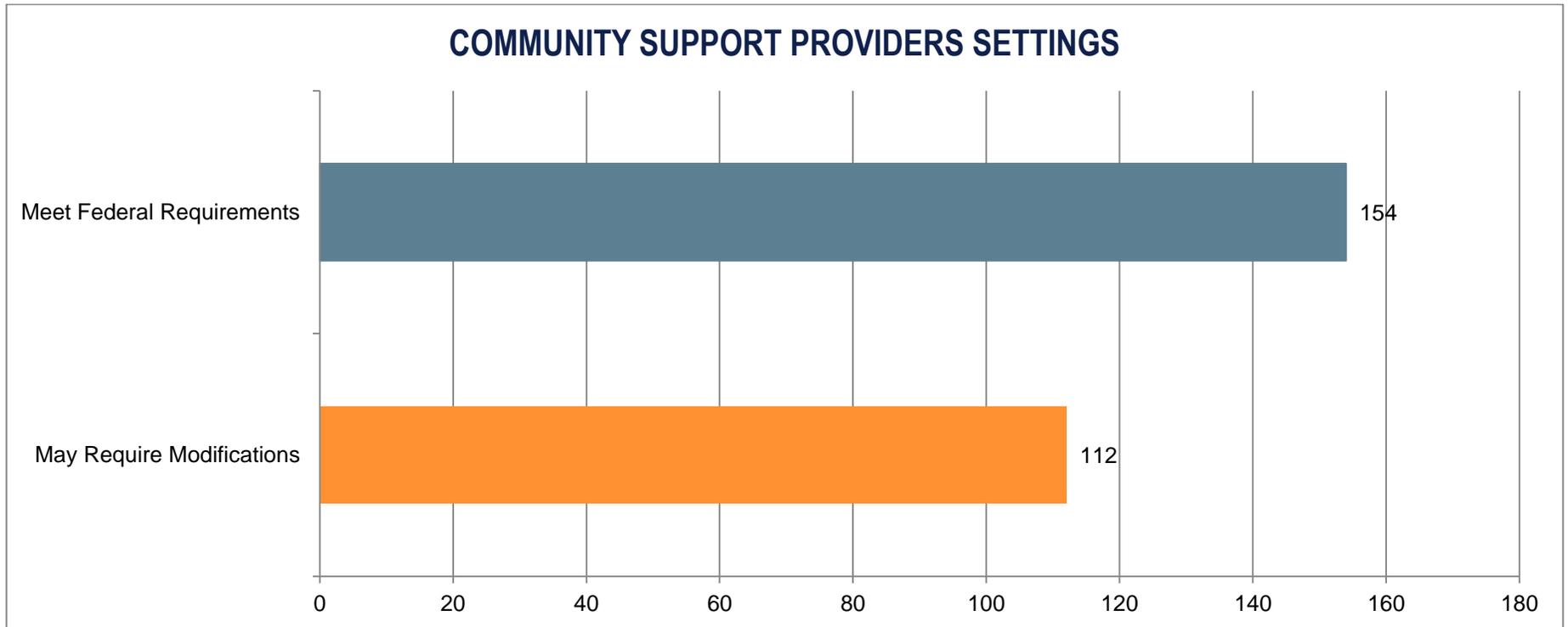
As shown in the table below, either the Provider Assessment results or the Quality Assurance Results were below 86% in the Community Integration and Living Arrangements concept areas. South Dakota will address these concept areas from a systemic perspective. South Dakota will use statewide action steps 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 improvement indicators that correspond with the Home and Community Based Services (HCBS) settings rule. The quality improvement indicators are described by concept area in the following pages.

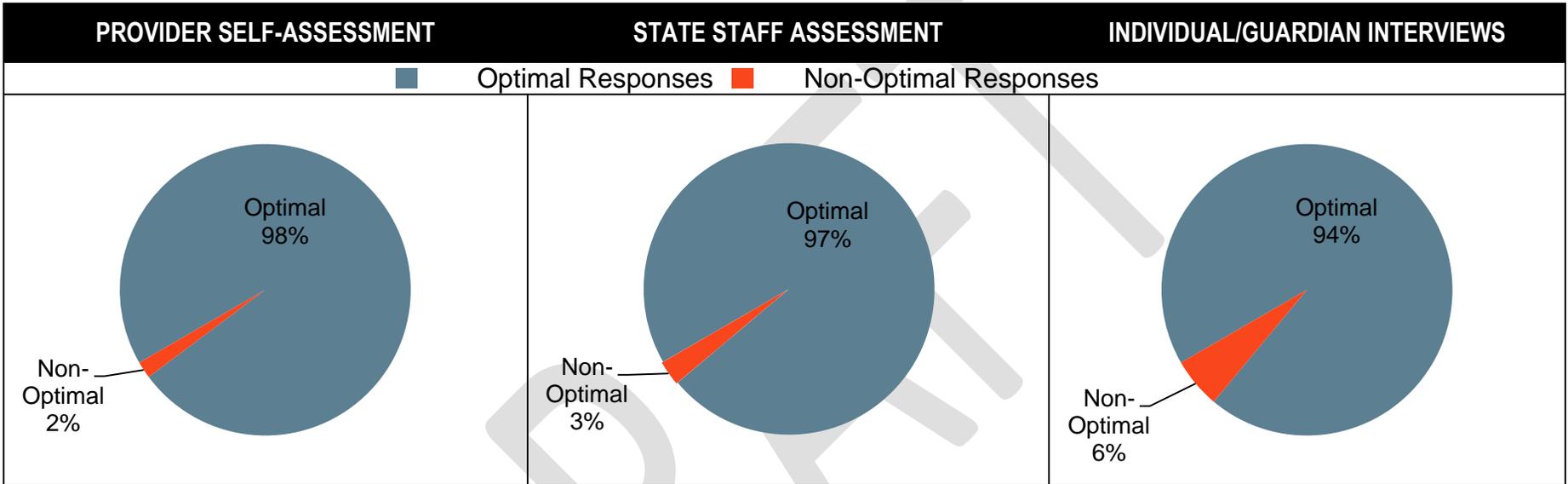
From the assessment results, South Dakota determined that over half of South Dakota Assisted Living settings already meet the intent of the Final Rule. South Dakota identified 112 other settings that may require modifications to setting policy or practice in order to achieve the intent of the final rule.



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, 2015 and to be completed by May 31, 2016.

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

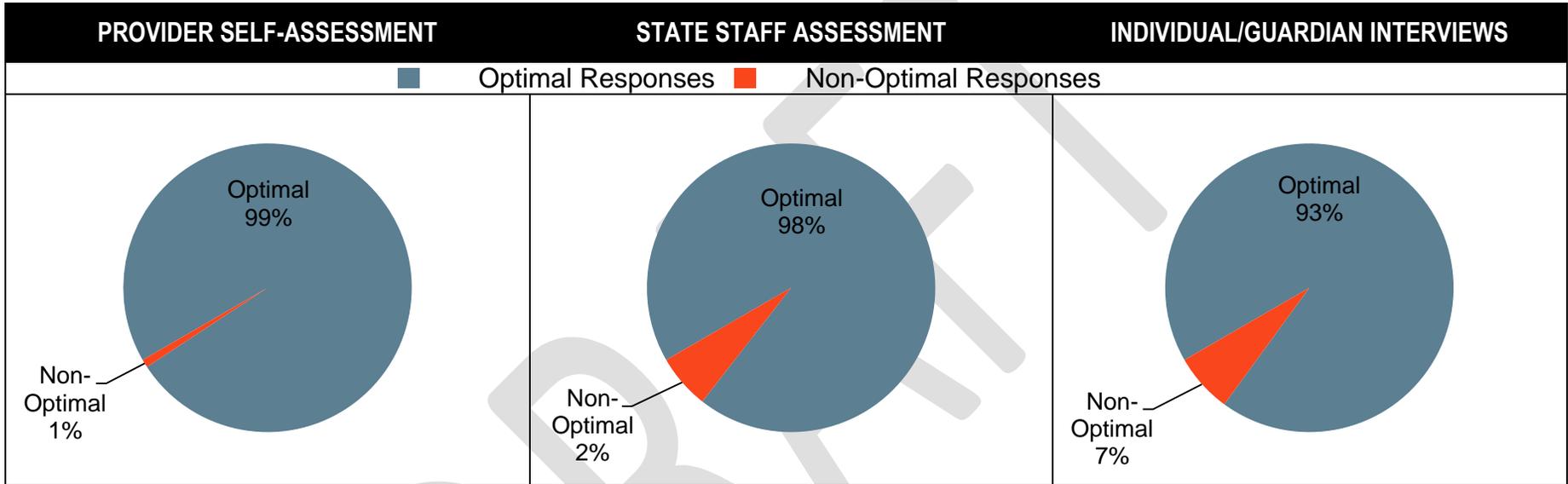
South Dakota closely monitors dignity and respect through DHS/DDD's [SMART](#) continuous quality assurance system, [National Core Indicators \(NCI\)](#), [Council on Quality and Leadership \(CQL\)](#) Personal Outcome Measures Performance Indicators (POM) Report.

SMART	CQL	NCI
<ul style="list-style-type: none"> ▪ Rights restrictions/Due process. Restoration plans for individual restrictions. ▪ Individual goals are based on personal preferences. ▪ Critical incident report reviews 	<p>Basic Assurances® Factor 2d - Supports and services enhance dignity and respect.</p> <p>Personal Outcome Measures® 10. People choose with whom and where to live. 13. People live in integrated environments. 14. People interact with members of the community 19. People participate in life in the community.</p>	<ul style="list-style-type: none"> ▪ Individual has been treated with respect by paid providers/staff. ▪ Knowledge and use of how to file grievances, report abuse and neglect.

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



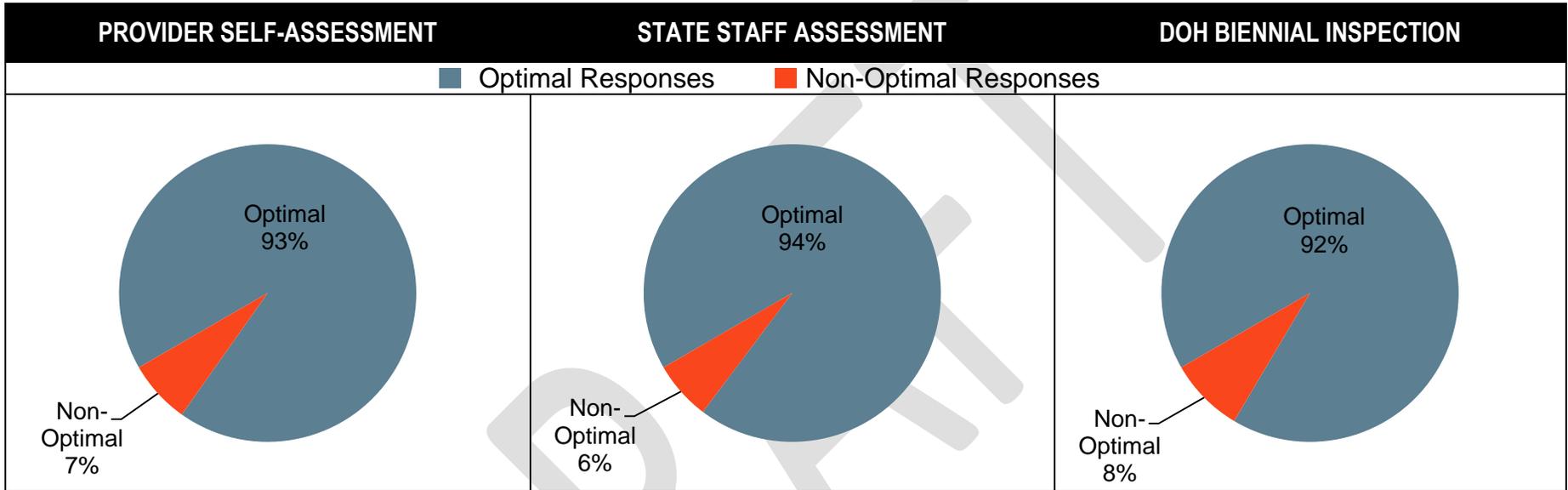
CONTINUOUS QUALITY MONITORING

SMART	CQL	NCI
<ul style="list-style-type: none"> Provider Choice Service Choice 	<p>Basic Assurances®</p> <p>Factor 2d - Supports and services enhance dignity and respect.</p> <p>Factor 2b - Provider respects individual's concerns and responds accordingly.</p> <p>Factor 6a - Provides individualized safety supports.</p> <p>Personal Outcome Measures®</p> <p>10. People choose with whom and where to live.</p> <p>13. People live in integrated environments.</p>	<ul style="list-style-type: none"> Collects data on home type useful for aggregate examination of percent of residences that do not meet HCBS requirements. Identifies whether residences are provider owned/operated. Individuals have a right to go places they want to go. Individuals are supported to have visitors.

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

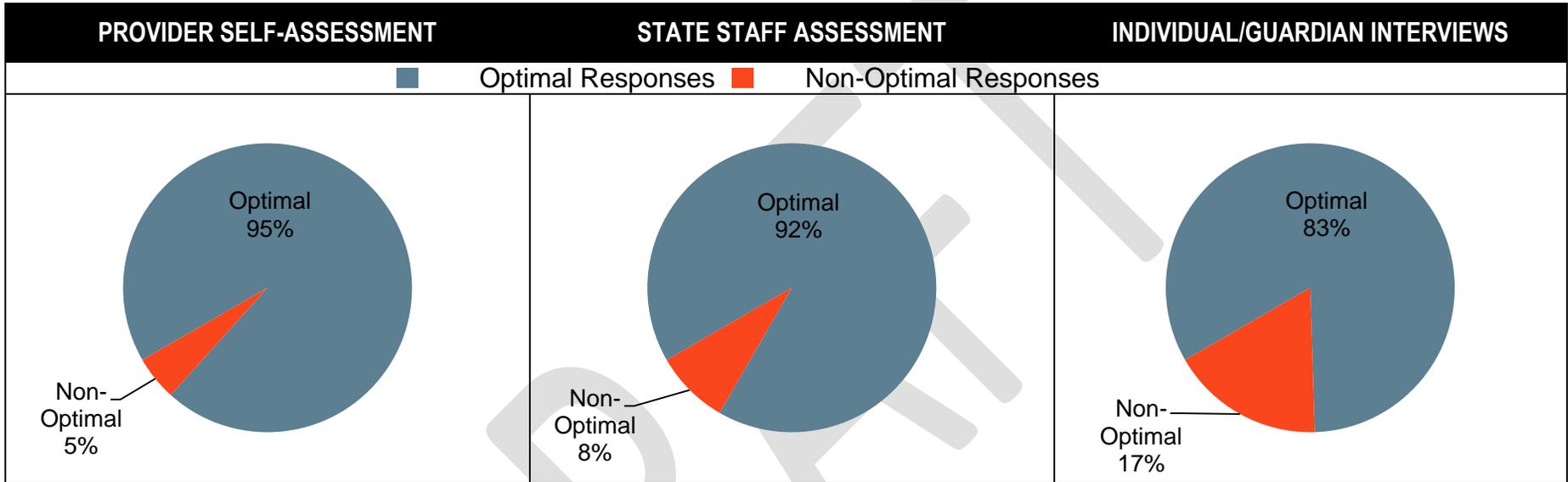
South Dakota closely monitors health, safety and sanitation through DHS/DDD's biennial quality assurance review in cooperation with DOH. Additionally the CQL provides ongoing monitoring and technical assistance in relation to physical accessibility.

SMART	CQL	NCI
<ul style="list-style-type: none"> Assistive Technology Assessment Safety Critical Incident Report SD DOH Safety and Sanitation Review 	<p>Basic Assurances[®] Factor 6a - Individualized safety supports. Factor 6b - The physical environment promotes individual's health, safety and welfare.</p> <p>Personal Outcome Measures[®] 12. Individuals use their environments</p>	<ul style="list-style-type: none"> Individual is able to move around freely without aid, with aid, or is not ambulatory even with aid.

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

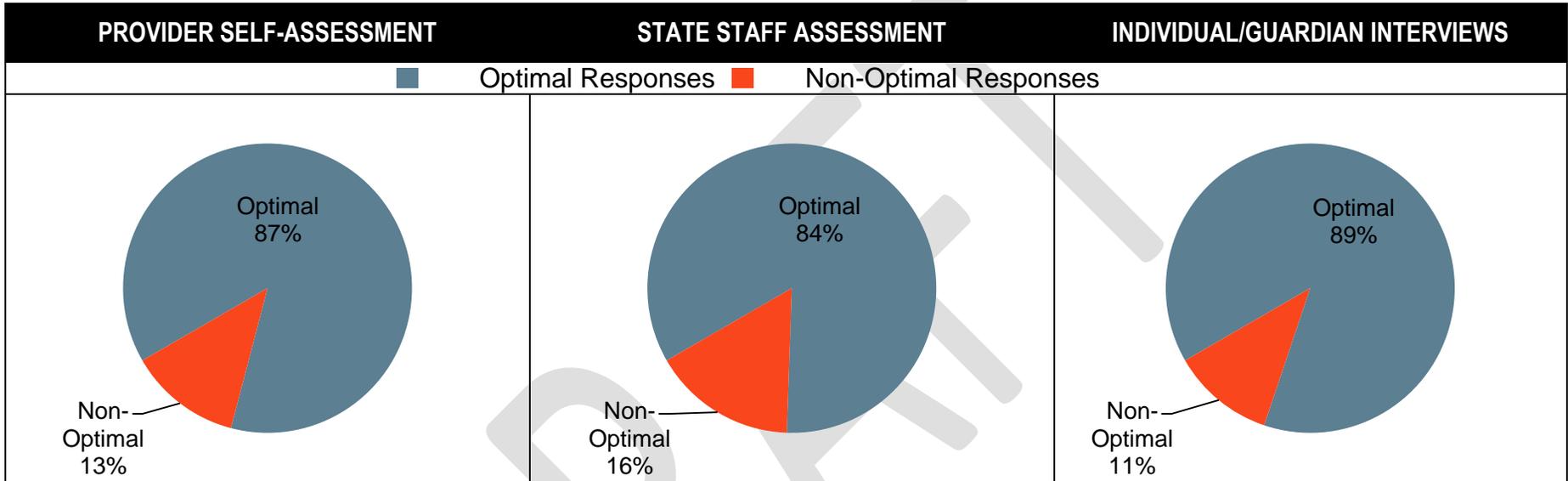
South Dakota closely monitors individual rights through DHS/DDD's SMART continuous quality assurance system, NCI, and the CQL Personal Outcome Measures Performance Indicators (POM) Report.

SMART	CQL	NCI
<ul style="list-style-type: none"> Personal Outcome Assessments Goals and Preferences 	<p>Basic Assurances[®] Factor 2c - Individuals have privacy</p> <p>Personal Outcome Measures[®] 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.

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 March 17, 2015 and to be completed by May 31, 2018.

ASSESSMENT RESULTS



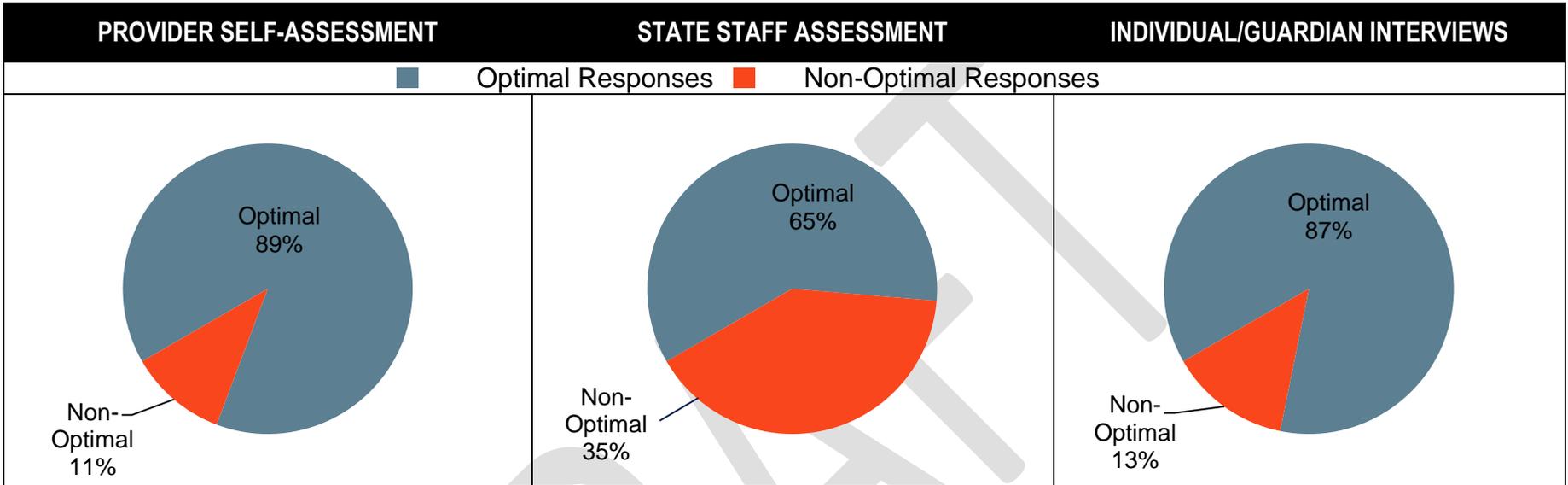
CONTINUOUS QUALITY MONITORING

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.

LIVING ARRANGEMENTS

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

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.

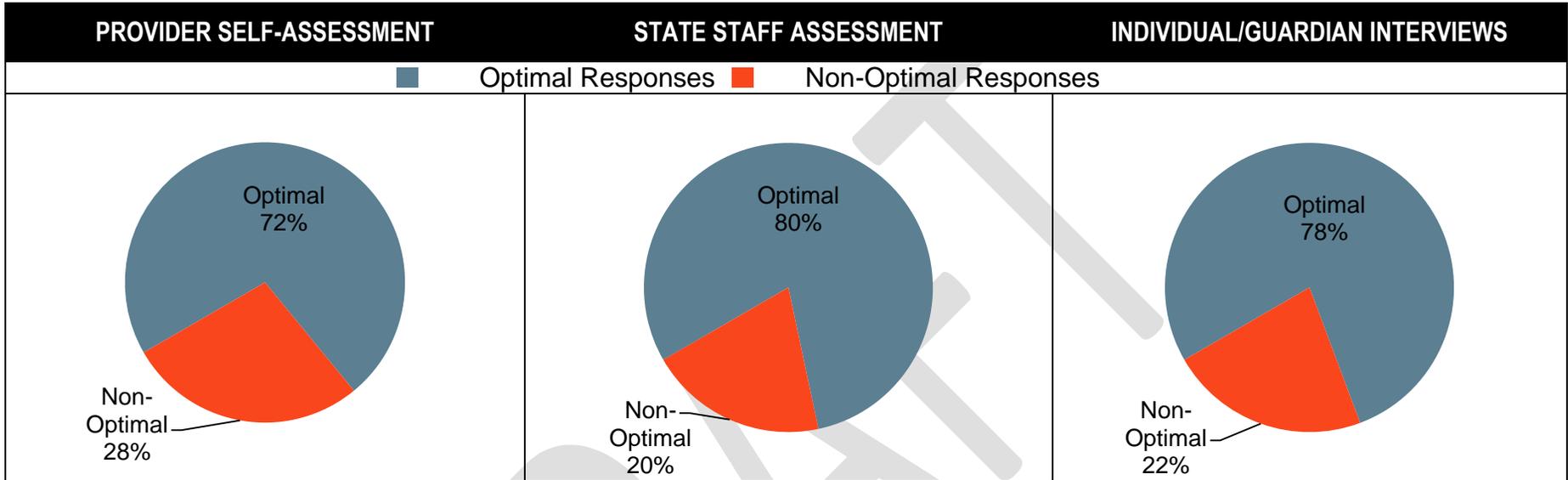
ACTION STEPS

#	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	June 30, 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	June 30, 2016		
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	June 30, 2016
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	May 31, 2016

#	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	May 31, 2016
4	Grievance information is posted in obvious locations. Individuals are able to make anonymous complaints.	2.3 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	June 30, 2016
		2.4 DHS/DDD will issue a guidance memo to qualified providers.	DHS/DDD will issue a guidance memo to qualified providers	DHS/DDD	April 30, 2015
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	June 30, 2016

COMMUNITY INTEGRATION

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

SMART	CQL	NCI
<ul style="list-style-type: none"> ▪ Goals and Preferences ▪ Rights Restrictions ▪ Due Process/Restorations Plans for Restrictions. ▪ Safety 	<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>13. People live in integrated environments.</p> <p>14. People interact with other members of the community.</p> <p>19. People participate in life in the community.</p>	<ul style="list-style-type: none"> ▪ People do certain activities in the community: shopping, religious practice, entertainment, vacations, meetings. ▪ Social capital within the community. ▪ Individual is employed in the community.

ACTION STEPS

#	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 training 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 qualified provider. 	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
		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

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
		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	May 31, 2016
		2.4 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
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 1, 2017
			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
		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

PLAN FOR CONTINUOUS COMPLIANCE

South Dakota will ensure compliance with the final rule for each 1915(c) waiver following the end of the transition plan. Each waiver identified specific activities to ensure on-going compliance.

ASSISTED 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 Final Rule.

CHOICES WAIVER

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) settings rule. For example, within the category of Dignity and Respect the DHS/DDD will monitor rights restrictions and due process through the Systemic Monitoring and Reporting Technology (SMART) system. 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. 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 our 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 the setting, DSS will develop recommendations for the provider and work individually with the provider to identify remedial actions.

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 Final Rule.

DRAFT

IMPLEMENTATION TIMELINE

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
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
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
CHOICES	Living Arrangements	4.2 Issue guidance memo to providers regarding grievance information and anonymous complaints.	April 30, 2015
HCBS (ASA)	Privacy	3.1 Educate providers of state and federal expectations.	June 30, 2015
HCBS (ASA)	Privacy	2.1 Document setting choice between private and shared bedrooms in person-centered care plan.	July 1, 2015
HCBS (ASA)	Privacy	3.2 Providers implement a policy that allows individuals choice of roommates as available	December 31, 2015
HCBS (ASA)	Living Arrangements	1.1 Educate providers about state and federal expectations.	December 31, 2015
HCBS (ASA)	Privacy	1.1 Educate providers of state and federal expectations.	January 31, 2016

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HCBS (ASA)	Living Arrangements	2.1 Educate providers about state and federal expectations.	February 28, 2016

Year 3: March 2016 – March 2017

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
HCBS (ASA)	Community Integration	2.1 Educate providers of state and federal expectations.	March 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	Community Integration	2.3 Require due process and relevant documentation of individual restrictions to access to community activities in SMART system.	May 31, 2016
CHOICES	Community Integration	2.4 Train providers on due process and documentation requirements of individual choice regarding access to community activities.	May 31, 2016
CHOICES	Living Arrangements	1.2 Update SMART System to include new tenant ARSD.	June 30, 2016
CHOICES	Living Arrangements	1.3 Train qualified providers on new tenant ARSD and compliance review process.	June 30, 2016
CHOICES	Living Arrangements	1.4 Implement biennial reviews of providers and settings compliance with new tenant ARSD.	June 30, 2016
CHOICES	Living Arrangements	2.1 Implement biennial reviews to ensure settings are not identifiable for individuals with disabilities.	June 30, 2016

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
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.	June 30, 2016
CHOICES	Living Arrangements	5.1 Implement biennial reviews to ensure individuals have access to keys to the setting.	June 30, 2016
HCBS (ASA)	Privacy	1.2 Document health and welfare concerns in person-centered care plan.	July 1, 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 use of natural supports.	July 31, 2016
HCBS (ASA)	Community Integration	2.2 Change HCBS (ASA) waiver eligibility requirements for earned income.	October 1, 2016
HCBS (ASA)	Settings Subject to Heightened Scrutiny Review	Complete additional analysis of settings and submit HCBS justification to CMS in HCBS (ASA) waiver renewal.	October 1, 2016

Year 4: March 2017 – March 2018

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
CHOICES	Community Integration	3.1 Update employment service definitions to promote competitive employment opportunities.	June 1, 2017
HCBS (ASA)	Community Integration	1.2 Collaborate with stakeholders and providers to perform further analysis.	June 30, 2017
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

Year 5: March 2018 – March 2019

WAIVER	CONCEPT AREA	COMPLIANCE ACTION STEP	TARGET COMPLETION
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

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

PUBLIC INPUT AND PUBLIC NOTICE

PUBLIC INPUT OPPORTUNITIES

In addition to the formal public notice period required by CFR, South Dakota Medicaid engaged providers, recipients, 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
- DHS Core Stakeholder Presentation: January 5, 2015
- DHS Community Support Providers Presentation: January 14, 2015

FORMAL PUBLIC NOTICE PERIOD

This section will be added upon completion of the Formal Public Notice Period.

COMMENTS

This section will be added upon completion of the Formal Public Notice Period.

MODIFICATIONS BASED ON COMMENTS

This section will be added upon completion of the Formal Public Notice Period.