

TRANSITION PLAN

For Complying with the CMS Home- and Community-Based Services Medicaid Rule

FOR THE STATE OF SOUTH DAKOTA

The CMS-approved South Dakota transition plan can be found at:

https://dss.sd.gov/docs/medicaid/hcbs/View_SD_Statewide_Transition_Plan_2.6.19.pdf

SITE-SPECIFIC ASSESSMENTS

<p>Types of Settings/ Residents and Funding Authorities</p>	<p>South Dakota provides HCBS services through the four 1915(c) waivers:</p> <ul style="list-style-type: none"> • Assistive Daily Living Services (ADLS) waiver: Serves individuals with quadriplegia that meet nursing facility level of care living in their own home or family home. It is intended to maximize independence and safety and support full community access and integration. The waiver is operated by the Department of Human Services, Division of Rehabilitation Services. • CHOICES waiver: Serves those with intellectual/developmental disabilities who would otherwise not be able to live in a home and community-based setting and would require institutional care. • Family Support 360 waiver: Serves individuals with an intellectual and/or developmental disability of any age and offers individuals the opportunity to self-direct some or all their services. It is operated by the Division of Developmental Disabilities (DDD). • HOPE waiver: provide services to the elderly and consumers with a qualifying disability over the age of 18 in their homes or at the least restrictive community environment available to them. <p>Types of settings:</p> <ul style="list-style-type: none"> • Group Homes • Host Home Shared Living • Supervised Apartments • Day Habilitation • Group Supported Employment • Assisted Living • Day Services • Career Exploration
<p>Compliant/Non-Compliant</p>	<p>HOPE Waiver Assessment 2014: Number of settings which require heightened scrutiny review: 53</p>

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	<p>Number of settings which substantially meet federal requirements: 47 Number of settings will require modifications: 23 Number of settings unenrolled since 3/12/2015: 9</p> <p>2018:</p> <p>Number of settings which are presumptively non-home and community based: 26 Number of settings that fully align with federal requirements: 2 Number of settings that will require modifications: 73 Number of settings which cannot meet federal requirements: 14</p> <p>CHOICES Residential Assessment:</p> <p>2014:</p> <p>Completed by all 20 Community Support Providers for 277 HSBS residential setting sites: Number of settings that fully comply with federal requirements: 62 Number of settings that will require modifications: 215</p> <p>CHOICES non-residential assessment:</p> <p>Completed by all 20 Community Support Providers for 173 HCBS non-residential setting sites. Number of settings which will require modifications: 33 Number of settings which fully align with federal requirements: 140</p>
<p>Reasons for Non-Compliance</p>	<p>South Dakota identified the following as areas for improvement:</p> <p>HOPE Waiver Assessment:</p> <ul style="list-style-type: none"> • Bedroom door locks and shared bedrooms • Access to food • Access to setting 24/7- keys, staff, keypad, key fob, etc. • Access to community activities and events from the setting at any time • Access to employment in an integrated setting <p>CHOICES residential assessment:</p> <ul style="list-style-type: none"> • Sole source of transportation and supervision; conflicting policy issues
<p>Transition plans</p>	<p>South Dakota’s analysis of the federal regulation was implemented in two ways: through a review of State Policies and an assessment of residential and non-residential HCBS settings in South Dakota.</p> <p>South Dakota identified seven key concept areas for assessment: location, living arrangements, privacy, dignity and respect, physical accessibility, autonomy, and community integration. Fifty-Seven</p>

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	<p>assessment questions were developed using guidance from CMS’ HCBS Tool Kit and South Dakota’s analysis of the federal regulation for the provider self-assessment. A pilot group consisting of three Community Support Providers and three Assisted Living providers were engaged to complete a draft assessment and provide feedback. Additionally, South Dakota Medicaid held a series of webinars detailing the assessment and how data gathered would be used. To validate results of the self-assessment survey, site visits were performed. A sampling of recipients from both the CHOICES and HOPE were interviewed to understand a participant’s experience. Any follow-up assessments were performed by Long Term Services and Supports Regional Managers. A similar assessment process was used to assess non-residential settings. When needed, provider(s) will be considered for heightened scrutiny.</p> <p>If the provider cannot or will not come into compliance, beneficiaries will be transferred into a setting that meets all HCBS settings requirements.</p>
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SETTINGS PRESUMED INSTITUTIONAL

<p>% Presumed Institutional (No. of Residents Affected)</p>	<p>South Dakota’s initial assessment suggested that 59 of 132 Assisted Living settings may require heightened scrutiny review. Six of the settings unenrolled since 2015. The State reduced the number to 43 after confirming that settings on the grounds of or adjacent to privately-owned institutions are not subject to heightened scrutiny. Based on on-site analysis. South Dakota anticipates all settings will meet HCBS requirements or they will not require heightened scrutiny review.</p>
<p>Type of Setting/Residents</p>	<p>Assisted Living</p>
<p>Reason for Presumption</p>	<p>For those at risk of heightened scrutiny, settings are both an AL facility and a long-term care nursing facility. All the settings are in rural communities, where there is often only one HCB option in the community.</p>
<p>Heightened Scrutiny Process</p>	<p>Four questions were used to identify settings subject to heightened scrutiny review according to the federal regulation and guidance released by CMS:</p> <ul style="list-style-type: none"> • 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?

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	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 self-assessment. The follow-up assessment assessed the nature of the setting, community integration options, availability of other home and community-based services and settings in the community and documented the location setting.
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NON-COMPLIANCE COMMUNICATION

% Cannot/Will Not Comply (No. of Residents Affected)	South Dakota anticipates that all enrolled settings will be able to comply with the federal regulation.
Type of Setting/Residents	Not known
Reason for Determination	Not known
Communication Strategy	If/when it is determined that a setting will not be able to be compliant with the final rule, South Dakota’s LTSS Specialists and DHS Division of Developmental Disabilities Resource Coordinators will meet with the recipient by January 31, 2020 or within 30 days of CMS notice of denial of a heightened scrutiny request as applicable.
Assistance to Residents?	The LTSS Specialists and DHS Division of Developmental Disabilities Resource Coordinators will ensure that participants are offered informed choice and assistance in locating a residential or non-residential setting in which home and community-based services are provided. Individuals and family members will be given at least 30 days to evaluate options for relocation. Staff will provide individuals with detailed information about the options available in their community and the state. Options for individuals will prioritize other HCB services available in the community. If no options are available in the community, options for HCB services in other communities will be discussed with the individual. In cases where other HCB options are not available, relocation may also include intermediate care facilities or skilled nursing facilities when an individual meets the level of care requirements.

ONGOING MONITORING

Monitoring Procedures	<p>ADLS Waiver:</p> <ul style="list-style-type: none"> Evaluation of services and providers at time of waiver renewal <p>CHOICES Waiver:</p> <ul style="list-style-type: none"> Systemic Monitoring and Reporting Technology (SMART): Online review system that reviews compliance of federal reporting requirements, calculates Health & Welfare performance measures, and produces meaningful information for systemic improvement
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	<ul style="list-style-type: none"> • National Core Indicators (NCI): Gathers a standard set of performance and outcome measures to use to track performance and satisfaction over time. • The Council on Quality and Leadership (CQL): Ensures accountabilities for health safety and welfare through provider compliance reviews of licensing and certification standards. <p>HOPE Waiver:</p> <ul style="list-style-type: none"> • Settings will sign an Addendum to the Medicaid Provider Agreement attesting to compliance with the federal regulation requirements. Compliance will be evaluated during annual on-site reviews. <p>Family Support 360 Waiver:</p> <ul style="list-style-type: none"> • Evaluation of services and providers at time of waiver renewal
<p>Quality Assurance Measures</p>	<p>Data from CQL’s Person Centered Excellence tool can help providers focus their efforts toward quality assurances and systemic improvements.</p>