CHAPTER 46:11:08

CHOICES WAIVER SERVICES

46:11:08:01. Description of services. CHOICES waiver services shall be tailored to the preferences and priorities of each participant. Each participant must receive at least one of the following waiver services each month:

(1) Case management to include:

(a) Developing the individualized support plan (ISP) utilizing the state's standardized ISP;

(b) Promoting and documenting participant involvement in the ISP monitoring process;

(c) Documenting the team meeting and making sure scheduling facilitates participation of all members;

(d) Observing, monitoring, and documenting the implementation of the ISP at least quarterly;

(e) Meeting minimally, for one face-to-face visit per quarter with each participant;

(f) Ensuring implementation and revisions of the ISP;

(g) Reviewing critical incident reports;

(h) Reviewing instances of abuse/neglect/exploitation (ANE), participant health and safety or other pertinent information;

(i) Submitting monthly quality reports summarizing case management activities;

(j) Assisting participants in finding paid and unpaid natural supports;

(k) Arranging, reviewing, and approving assessments;

(l) Administering the inventory for client and agency planning (ICAP):

(m) Conducting person centered planning;

(n) Assisting participants in selecting services and supports;

(o) Assisting participants to identify individual budgets;

(p) Assessing individual eligibility status and referring individuals to necessary eligibility resources;

(q) Assisting individuals to access integrated community employment;

(r) Ensuring human rights committee (HRC)/behavior intervention committee (BIC) has afforded due process; and

(s) Developing emergency backup plans in the event the case manager is out of the office or is unavailable when the participant or their family is in need of case management services; or

(2) Day services to include:

(a) Services to assist the participant to gain opportunities for meaningful life experiences, in coordination with the participant's personal goals and supports, and agreed upon by the ISP team;

(b) Services not limited to fixed site facilities; and

(c) Services that pay no wages for participation in activities; or

(3) Career exploration to include:

(a) Services that are designed to assist participants in identifying and developing skills that prepare them for integrated competitive jobs and compensation at or above minimum wage, but not less than customary wage and level of benefits paid by the employer for similar work performed by employees without disabilities;

(b) Services that are time limited; and

(c) Services intended to result in paid employment and work experience to further career development and individual integrated community-based employment; or

(4) Residential habilitation to include:

(a) Services provided to a participant living in their own home, including those living with other family members; and

(b) Assistance with acquisition, retention, or improvement in:

(i) Activities of daily living;

(ii) Food preparation;

(iii) Money management;

(iv) Safety skills; and

(v) Social and adaptive skills necessary to enable the participant to reside in a non-institutional setting; or

(5) Supported employment to include services that are intensive with ongoing supports which enable the participant for whom competitive employment, at or above the minimum wage, is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting; or

(6) Medical equipment and drugs may include devices, controls, or appliances, specified in the ISP which enable a participant to increase the participant's ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live; or

(7) Nursing services limited to those nursing services which are not available under the Medicaid state plan and are limited to:

(a) Screenings and assessments;

(b) Nursing diagnosis treatment;

(c) Staff training;

(d) Monitoring of medical care and related services;

(e) Policy and procedure development; and

(f) Review and response to medical emergencies, tuberculin tests, and phlebotomy for hepatitis screening; or

(8) Other medically related services to include:

(a) Speech, hearing, and language services;

(b) Direct therapies, treatment, and services limited to those not available under the Medicaid state plan and provided by:

(i) Physicians;

(ii) Psychiatrists;

(iii) Physician assistants;

(iv) Speech, physical, or occupational therapists;

(v) Pharmacists;

(vi) Optometrists;

(vii) Dentists or dental hygienists;

(viii) Audiologists;

(ix) Podiatrists;

(x) Chiropractors; or

(xi) Dietitians;

(c) Services, therapies, and treatments provided directly to the participant as indicated in the ISP; and

(d) Evaluations, program design, direct services, staff training, policy, and procedure review unless covered by the Medicaid state plan.

Source: 40 SDR 102, effective December 3, 2013; 43 SDR 9, effective August 2, 2016.

General Authority: SDCL 27B-2-26(3)(9).

Law Implemented: SDCL 27B-2-26(3)(9).

CHAPTER 46:11:11

COMMUNITY TRAINING SERVICES

46:11:11:02. Community training services. Community training services, or CTS, are those services a participant may receive during a given week. These services must meet the service standards of chapter 46:11:05. These services include:

(1) Career exploration;

(2) Community living training; or

(3) Expanded follow-along services.

Source: 40 SDR 102, effective December 3, 2013; 44 SDR 65, effective October 16, 2017.

General Authority: SDCL 27B-2-26(3).

Law Implemented: SDCL 27B-2-26.

46:11:11:03. Eligibility. To be eligible to receive CTS a participant shall meet the following criteria:

(1) Have a developmental disability as defined in SDCL 27B-1-18;

(2) Be at least 16 years of age or if 21 years of age or younger, may not be eligible for special education services pursuant to chapter 24:05:24.01;

(3) Have three or more substantial functional limitations determined by an ICAP; and

(4) Meet the income guidelines in § 46:11:11:05 or meet the criteria for a special emergency provision pursuant to § 46:11:11:06.

An ICAP must be completed initially to determine eligibility, as changes occur, and every three years to determine continued eligibility.

Source: 40 SDR 102, effective December 3, 2013.

General Authority: SDCL 27B-2-26(2).

Law Implemented: SDCL 27B-2-26.