LTSS HCBS Provider Enrollment Manual

May 1, 2026

DEPARTMENT OF HUMAN SERVICES | DIVISION OF LONG TERM SERVICES AND SUPPORTS

Division of Long-Term Service and Supports (LTSS) Overview

LTSS provides home and community-based service (HCBS) options to South Dakotans 60 years of age and older and 18 years of age and older with disabilities who meet program eligibility. LTSS enters purchase-of-services agreements with agency providers who provide services to eligible individuals based on program requirements. This manual describes the process by which agency providers can become approved HCBS LTSS Providers.

Any provider interested in becoming an LTSS HCBS provider should review this manual in its entirety before initiating the LTSS Provider Enrollment Request, as provider requirements vary depending on the program and services the provider would like to enroll in.

LTSS Provider Enrollment Request Process

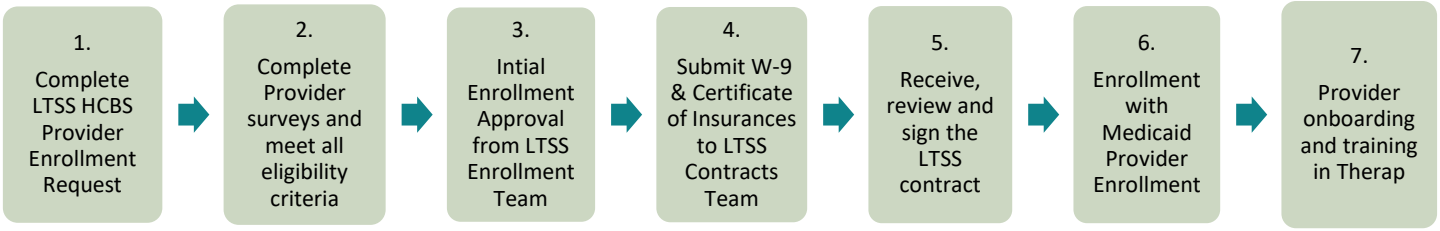
LTSS provides services to individuals utilizing various funding sources including Medicaid and non-Medicaid funding, and the Older Americans Act. All providers who wish to enroll as an LTSS HCBS provider for any of these programs must complete and participate in the LTSS HCBS enrollment process. Upon successful completion of this process, providers will receive a contract with DHS LTSS as identified in Table 2 on page 5.

Before completing the LTSS HCBS Enrollment Request online, providers are expected to review the LTSS HCBS Provider Enrollment Manual and LTSS Provider Policy Manual. The LTSS Provider Policy Manual includes standard program and policy requirements and service-specific requirements for the service(s) the Provider is requesting to render. The LTSS Provider Policy Manual is incorporated into the DHS LTSS contractual agreement(s) and references policy and procedure requirements as well as provider standards.

To initiate the LTSS enrollment process, Providers must submit the LTSS HCBS Provider Enrollment Request. The LTSS HCBS Provider Enrollment Request serves as the intake form, collecting basic provider details for the LTSS Provider Enrollment Process. The LTSS Provider Enrollment Request has an upload option available for providers to submit documents to support their request with their initial Enrollment Request. Examples of documentation the Provider may choose to upload include brochures outlining services offered, coverage area, and service fees. Policies and requirements outlined in the LTSS Provider Policy Manual will be collected during the LTSS Enrollment Process.

Providers denied for failure to complete the enrollment process or meet the eligibility criteria outlined will be subject to a ninety (90) day waiting period before resubmitting a new LTSS HCBS Provider Enrollment Request.

Table 1. LTSS Provider Enrollment Process Overview



LTSS Enrollment Eligibility Criteria

LTSS Business Location Standards

Upon submission of the LTSS HCBS Provider Enrollment Request, LTSS will review the application, verify preliminary eligibility requirements, and, depending on the service type, will conduct an unannounced onsite review of the provider's business location within ten (10) business days of submission. Failure to demonstrate compliance with the LTSS Business Location Standards at the time of the onsite review will result in LTSS discontinuing the enrollment process and denying the LTSS HCBS Provider Enrollment Request.

For Assisted Living, Community Living Home, and Adult Day providers, the onsite review will be scheduled and conducted only after the provider has successfully completed the LTSS Policy and Procedure Verification process.

The provider's business location must be open and accessible to LTSS participants during hours of operation. LTSS Provider Enrollment determinations are based on verification of compliance with the LTSS Business Location Standards at the time of application and onsite review.

Providers are expected to maintain a business environment that reasonably supports ongoing administrative operations, workforce management, provider oversight, participant communication, and compliance responsibilities.

The business location must support day-to-day administrative and operational functions, including:

- Ensuring privacy, HIPAA compliance, and participant confidentiality;
- Maintaining confidential recordkeeping and secure administrative operations;
- Supporting staff supervision, meetings, training activities, and routine business operations during posted office hours;
- Receiving mail at the business location;
- Displaying professionally produced and semi-permanent business signage affixed to the building or suite entrance;
- Displaying signage that is visible from outside the building and identifies the provider agency's legal business name and/or DBA name; and
- Posting office hours with administrative coverage during posted business hours.

If the business location is in a home office or residential setting, the office space must:

- Be a separate, private office room with a door and lock;
- Not consist of shared household living space, including bedrooms, kitchens, living rooms, or other common residential areas; and
- Adequately support confidential recordkeeping, secure administrative operations, staff supervision, participant communication, and routine day-to-day business activities during posted office hours.

Residential business locations may be subject to additional review and may not be appropriate for all provider types, staffing structures, geographic service areas, or operational models.

If the business location operates in a shared and/or open-floor office space, there must be private office space, separate from shared common areas, to conduct day-to-day business while safeguarding privacy and confidentiality best practices.

LTSS HCBS Provider Enrollment Self-Assessment and Policy & Procedure Verification

The purpose of the LTSS HCBS Provider Enrollment Self-Assessment is to ensure provider understanding of and adherence to the LTSS Provider requirements and provisional enrollment requirements as outlined in the LTSS Provider Policy Manual and, for Assisted Living, Community Living Home, and Adult Day providers, the HCBS Settings Guide to Expectations and Compliance, outlined in Table 2 on page 5. The Self-Assessment evaluates the Provider's understanding and application of required policies and procedures and identifies gaps in knowledge or compliance that must be addressed prior to enrollment approval.

Providers are required to complete the LTSS HCBS Provider Enrollment Self-Assessment in full, including responses to quality assurance questions and submission of required supporting policies identified within the LTSS Provider Policy Manual and HCBS Settings Guide to Expectations and Compliance, as determined in Table 2 on page 5.

Providers must complete and submit the Self-Assessment within thirty (30) calendar days from the date issued by LTSS. Providers are expected to meet the following response milestones to support timely progression through the enrollment process:

- **Initial Submission:** Providers must submit the completed Provider Self-Assessment within thirty (30) calendar days of issuance by LTSS.
- **LTSS Review:** LTSS will review the submitted Provider Self-Assessment and notify the provider of any identified corrective actions, deficiencies, or follow-up items within thirty (30) calendar days of receipt.
- **Follow-up Responses:** If corrective actions or additional information are required, providers will be given up to two (2) additional ten (10) calendar day response periods to submit requested updates or clarifications.

Enrollment approval will not be granted until LTSS has reviewed the completed Provider Self-Assessment, all required responses, and submitted policies and determined to be compliant with all applicable enrollment requirements. All identified corrective actions must be fully resolved prior to approval. Failure to respond or participate within the established timeframes will result in LTSS discontinuing the enrollment process and denying the LTSS HCBS Provider Enrollment Request.

Compliance & Good Standing

LTSS Providers must be in good standing with DHS if they are currently or were previously enrolled to provide LTSS services or are currently providing other DHS-administered services. Providers must not have any outstanding corrective action plans, unresolved compliance concerns, or violations related to complaints, critical incidents, documentation requirements, Electronic Visit Verification (EVV) compliance, compliance with the HCBS Settings Final Rule, or participation in required quality assurance activities and reviews.

LTSS Private Pay Rates, Coverage Area, Referrals, and Inclusion Form

- **Private Pay Rate Verification:** Providers must attest to their established private pay rate, also known as the usual and customary charge, at the beginning of each state fiscal year. The private pay rate is the individual Provider's normal charge to the general public for a specific service. Rates serve as informational resources for providers and do not guarantee payment at specific rates listed. All rates for LTSS services are located on the LTSS Provider Portal.

- **Coverage Area:** Upon LTSS enrollment approval, LTSS Providers may be requested to attest to their agency's coverage area, depending on the type of service being provided.
- **Referrals:** LTSS Providers must be able to evaluate and consider all service referrals.
- **Provider Inclusion Form to the Dakota at Home Resource Directory:** The Dakota at Home Resource Directory is an online resource that provides access to information and services available in South Dakota. The Resource Directory is a free service that provides older adults, people with disabilities, their caregivers, and the general public access to agencies, organizations, and providers of home and community-based services and supports.

LTSS Provider Contract Requirements

When LTSS Initial Enrollment is approved, the LTSS Contracts team will contact the requesting provider to obtain certificates of insurance and a W-9. LTSS must ensure applicable W-9 and appropriate insurance coverages are in place before proceeding with a contract initiation.

- **Business & Tax Documentation:** LTSS Providers must provide the necessary insurance documents, a compliant W-9, and tax information, and be a registered business with the Secretary of State's office.
- **Transportation (if applicable):** LTSS Providers must have a personal or company-owned vehicle for work-related travel, along with auto liability insurance.

SD Department of Health Licensed Services and LTSS Enrollment

When SD Department of Health (SDDOH) licensure is required, as identified in Table 2 below, LTSS requires the Provider to obtain a license from the South Dakota Department of Health (SDDOH) to operate an Assisted Living Center or Community Living Home before submission of the LTSS HCBS Provider Enrollment Request. Failure to complete SDDOH licensure prior to submission of the LTSS HCBS Provider Enrollment Request will result in LTSS discontinuing the enrollment process and denying the LTSS HCBS Provider Enrollment Request.

SD Department of Social Services Medicaid Provider Enrollment and LTSS Enrollment

When SD Medicaid Enrollment is desired or required for an LTSS service, the enrollment process is a collaboration between DHS LTSS and South Dakota Medicaid Provider Enrollment. The provider must receive approval of the LTSS Initial Enrollment process and ensure a purchase of services agreement (contract) is in place with DHS LTSS before submitting an application through the SD Medicaid Provider Enrollment portal. Failure to do so may result in SD Medicaid Provider Enrollment application denial.

Services only available through the HOPE waiver (a Title XIX Medicaid program) require SD Medicaid Provider Enrollment. Services that are only available through the HOPE Waiver include: Adult Companion, Chore, Assisted Living, Structured Family Caregiving, Community Living Home, Community Transitions Coordination and Supports, and Environmental Accessibility Adaptations. The Medicaid Enrollment process is administered through the Department of Social Services.

Refer to the South Dakota Medicaid Provider Enrollment Chart for additional details on enrollment eligibility and supporting documentation requirements. Although there is collaboration between the two agencies, please note that these are **two distinct processes.**

Table 2. DHS/LTSS HCBS Provider Enrollment Requirements Chart

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LTSS HCBS Service	SDDOH Licensure Required	DHS LTSS Contract Required	LTSS Policy and Procedure Review Required	HCBS Settings Final Rule Review Required	LTSS HCBS QA Review Cycle
*In-Home (Homemaker, Personal Care, Nursing, Adult Companion, Chore)	NO	YES	YES	NO	Annual
*Respite	NO	YES	YES	NO	Annual
Residential Respite Care	YES	YES	NO	YES	3- year cycle
Assisted Living	YES	YES	YES	YES	3- year cycle
Structured Family Caregiving	NO	YES	YES	NO	Annual
Community Living Home	YES	YES	YES	YES	3- year cycle
Adult Day	NO	YES	YES	YES	3- year cycle
Community Transition Coordination and Supports	NO	YES	YES	NO	N/A
Environmental Accessibility Adaptations	NO	YES	NO	NO	Annual
Specialized Medical Equipment	NO	NO	NO	NO	N/A
Specialized Medical Supplies	NO	NO	NO	NO	N/A
Emergency Response Service and Assistive Technology	NO	NO	NO	NO	N/A
Nutritional Supplements	NO	NO	NO	NO	N/A
Meals	NO	YES	YES	NO	N/A
*EVV-required service					

Therap Provider Account Set-Up

The provider must meet LTSS requirements (See Table 2 above) and SD Medicaid Enrollment requirements before access to LTSS's IT system, Therap, can be initiated. LTSS will confirm SD Medicaid Provider Enrollment approval has occurred before initiating access to LTSS's IT system, Therap.

Once the Provider's Therap account has been established, the Provider will receive system onboarding and training coordinated through Therap. Therap access allows approved LTSS HCBS providers to receive participant referrals and manage authorized services within the system.

It is the Provider's responsibility to maintain accurate agency and staff account information within Therap and ensure appropriate staff access and system use in accordance with LTSS requirements.

Therap Services and LTSS Provider Accounts

Therap is the web-based case management, service documentation, and billing platform used by LTSS providers and state staff to support HCBS service delivery, oversight, and reimbursement activities.

Providers use Therap to:

- Document service delivery;
- Manage and acknowledge Service Authorizations;
- Complete billing-related activities;
- Support compliance with Electronic Visit Verification (EVV) requirements; and
- Maintain required participant and provider documentation.

LTSS staff use Therap to authorize services, monitor compliance, review documentation, support provider operations, and assist with claims-related processes. The system supports centralized documentation, real-time data management, and coordination between providers and LTSS to support accurate service delivery and reimbursement. Providers are responsible for regularly monitoring and acknowledging Therap Service Authorizations and maintaining accurate agency, staff, and operational information within the Provider's Therap account.

Eligible LTSS Participants

Through conflict-free case management, LTSS participants are offered a choice of qualified providers for HCBS services. If a provider referral is made to LTSS, the LTSS Case Management Specialist will ensure the participant is informed of the referring provider while also being offered a choice of available providers.

If a provider wishes to determine whether an individual may qualify for LTSS services or payment assistance, and the individual is not currently Medicaid eligible and/or does not have an authorized service in Therap, the provider or individual may contact Dakota at Home or submit a coverage request through the Medicaid Portal to explore eligibility and funding options. These steps must occur prior to the provision of services, as neither a Dakota at Home referral nor submission of a coverage request guarantees eligibility, authorization, or payment in full or in part. Individuals must be age 18 or older to qualify for LTSS HCBS services.

Out-Of- State Providers Enrolling in LTSS HCBS Services

To enroll as an LTSS provider for any LTSS HCBS service, providers must complete the LTSS HCBS Out-of-State Provider Enrollment Request form. The LTSS HCBS Out-of-State Provider Enrollment Request serves as the intake form for the LTSS HCBS Out-of-State Provider Enrollment Process. Basic provider details for enrollment and prior authorization requirements are included in the request. The request has an upload option available for providers to submit supporting documentation with their initial request (for example, brochures for business outlining services, coverage area, and service fees). Policy requirements outlined in the LTSS Provider Policy Manual are collected during the LTSS Enrollment Process.

The provider must submit the first and last name of an individual who currently resides in South Dakota and needs the services the Provider offers. This information is required as part of the LTSS HCBS Out-of-State Provider Enrollment Request submission. LTSS will determine if the individual residing in South Dakota is eligible for HOPE Waiver services.

If it is determined that the individual identified in the online request form is not eligible to receive HOPE Waiver services, the provider will be notified by LTSS, and the application will be denied. If the individual is determined eligible for HOPE Waiver services and chooses the enrolling provider to provide applicable LTSS HCBS services, LTSS will pursue an LTSS HCBS enrollment as described above in the LTSS HCBS Provider Enrollment Process section.

LTSS HCBS Provider Enrollment Process: Change of Ownership

A change of ownership (CHOW) is the sale or transfer of ownership, assets, or operational control of an LTSS-contracted provider agency. The sale or transfer of ownership or control of an LTSS contracted provider agency requires at least **30 days' advance notice in writing** before the effective date. This notice must come from the previous or 'selling' business owner with specific details about the change of ownership, including the new or 'purchasing' business information, point of contact information, and effective date of sale.

The new or 'purchasing' business must initiate the LTSS HCBS Enrollment Request online form and include supporting ownership transfer documentation, to include:

- Bill of Sale, Asset Purchase Agreement, or other legal ownership transfer documentation;
- Updated ownership disclosure information, including individuals with ownership or controlling interest;
- Updated business information, including legal business name, DBA name (if applicable), Tax ID/EIN, NPI, business address, and contact information;
- Attestation indicating whether the new ownership will adopt existing policies and procedures or implement revised policies and procedures; and
- Updated insurance documentation, licensure, or other enrollment-related documentation, as applicable.

If the new ownership intends to adopt the existing provider agency's policies and procedures, the new owner must attest to this as part of the LTSS HCBS Provider Enrollment Request. LTSS may conduct a review of provider operations, business compliance requirements, and applicable policies and procedures as part of the ownership transition process.

If the new ownership intends to implement new or revised policies and procedures, the provider must identify this within the LTSS HCBS Provider Enrollment Request and successfully complete all applicable LTSS enrollment, contracting, and Medicaid provider enrollment requirements prior to service authorization or reimbursement under the new ownership.

Changes in ownership resulting in a new National Provider Identifier (NPI) require the existing provider account in the Therap case management system to be deactivated and a new provider account established upon completion of the LTSS enrollment and contracting process and approval through SD Medicaid Provider Enrollment. LTSS will coordinate transition activities with both parties to support continuity of provider operations and system access, when applicable. LTSS reserves the right to request additional documentation necessary to evaluate the ownership transition, provider eligibility, operational readiness, or continued compliance with LTSS Provider requirements.

Seller

- Provide 30 Days advance notice in writing to DHS LTSS before the effective date of the sale. Include both owners' details regarding sale of business.

Buyer

- Complete the LTSS HCBS Provider Enrollment Request. Include both owners' details regarding sale of business.

LTSS HCBS Provider Enrollment Process: Heightened Scrutiny Settings

Certain HCBS settings (Assisted Living, Community Living Home, Adult Day) may be subject to additional review under the HCBS Settings Final Rule, known as Heightened Scrutiny. Heightened Scrutiny may apply to settings that are newly constructed, located on or near institutional grounds, determined to have institutional characteristics, or otherwise may have the effect of isolating individuals receiving HCBS from the broader community.

Providers identified as potentially subject to Heightened Scrutiny may be required to submit additional documentation and participate in additional review activities, including onsite reviews, evidentiary submissions, and public comment processes. Certain settings may also require review and approval by the Centers for Medicare & Medicaid Services (CMS) prior to enrollment approval or service delivery.

Settings subject to Heightened Scrutiny review may experience extended enrollment or approval timelines pending completion of applicable state and federal review processes.