

LTSS HCBS Enrollment Manual and Provisions:

The provider reviews the LTSS HCBS Provider Enrollment Manual and the Provider Provisions specific to the service they provide.

LTSS HCBS Enrollment Request: The provider completes and submits the LTSS HCBS Enrollment Request online form to its entirety, including all policy and documentation requirements outlined in the service-specific Provider Provisions.

LTSS Enrollment Policy Review: LTSS will review the submitted LTSS HCBS Enrollment Request online form and enrollment documentation. Outreach with correspondence to the Provider with any identified corrective action items within 10 days from date of submission.

Is all required enrollment policy information received?

NO

YES

Delayed Enrollment: Any incomplete documentation or missing information will delay enrollment process. When incomplete information is received with the HCBS Enrollment Request, LTSS will outreach with written correspondence for additional information within 10 days of receipt of HCBS Enrollment request.

Denied Enrollment: LTSS Enrollment and Contract process approval will not occur until all identified corrective actions are resolved by the Provider. Failure to respond or participate in enrollment process within 30 days from receiving corrective action will result in LTSS discontinuing enrollment process with the provider.

LTSS Enrollment Onsite Review: LTSS will schedule an onsite visit at the business location. Onsite criteria include business signage, hours of operation posted, and business located at address given.

Were all the onsite criteria met?

NO

YES

LTSS Contract Process: All providers requesting to provide LTSS HCBS services must submit a W-9 to LTSS in order to receive reimbursement. Most LTSS services require an LTSS Contract. The provider must submit insurance(s) to LTSS prior to proceeding with contract.

Has all contract documentation been received?

NO

YES

Receiving LTSS Contract: All providers that provide services that require a contract will receive the contract through DocuSign.

Is the Provider providing a Medicaid Service?

NO

YES

LTSS HCBS Provider Enrollment Workflow Chart



Verify SD Medicaid Enrollment: All providers providing a LTSS/Medicaid service must first be an approved SD Medicaid Provider. Once approved by SD Medicaid to provide service, LTSS can proceed with onboarding into LTSS Case Management System, Therap.

*If denied by SD Medicaid to provide service, LTSS will discontinue enrollment or service agreement with the provider if Medicaid Enrollment is a service requirement.

LTSS Set-up in Therap: Once the DHS/LTSS and SD Medicaid enrollment and contract requirements have been met, Therap set up will be initiated by LTSS. Once the Provider's Therap account set up is completed, the Provider will receive Therap system training from a Therap representative.

The Therap case management and billing system provides access to all LTSS HCBS Providers to receive referrals for the Provider's contracted services. The Provider must acknowledge and maintain Therap Service Auths and bill for services provided.

DHS/LTSS HCBS Services and Provider Enrollment Requirements Chart- Detailed

LTSS HCBS Service	SD Medicaid/ HOPE Waiver Service Codes	SD Medicaid Taxonomy Codes	LTSS KIND Services Service Codes	SD Medicaid Enrollment Required	DHS/LTSS Contract Required	LTSS Provider Policy Review Required	HCBS Settings Final Rule Review Required	LTSS HCBS QA Review Cycle
*In-Home: Homemaker	S5130	253Z00000X	03003	NO	YES	YES	NO	Annual
*In-Home: Personal Cares	T1019	253Z00000X	03004	NO	YES	YES	NO	Annual
*In-Home: Nursing	T1000	253Z00000X	08093	NO	YES	YES	NO	Annual
*In-Home: Adult Companion	S5135	253Z00000X	N/A	YES	YES	YES	NO	Annual
*In-Home: Chore	S5120	253Z00000X	N/A	YES	YES	YES	NO	Annual
*Respite Care	T1005	385H00000X	08055	NO	YES	YES	NO	Annual
Residential Respite Care	S5150	385H00000X	08055	NO	YES	YES	NO	3- year cycle
Assisted Living	T20231	310400000X	N/A	YES	YES	YES	YES	3- year cycle
Structured Family Caregiving	T2033	311Z00000X	N/A	YES	YES	YES	NO	N/A
Community Living Home	T2033	311ZA0620X	N/A	YES	YES	YES	YES	3- year cycle
Adult Day	S5100	261QA0600X	08055 (<60) OR 08094	NO	YES	YES	YES	3- year cycle
Community Transition Coordination	T1016	251B00000X	N/A	YES	YES	YES	NO	N/A
Community Transition Supports	T2038	251X00000X	N/A	YES	YES	YES	NO	N/A
Environmental Accessibility Adaptations Assessment	T1028	171WH0202X	N/A	YES	YES	NO	NO	N/A
Environmental Accessibility Adaptations	S5165	171WH0202X	N/A	YES	YES	NO	NO	N/A
Specialized Medical Equipment	T2029	332BN1400X	03020	NO	NO	NO	NO	N/A
Specialized Medical Supplies	T5999	332BN1400X	08095	NO	NO	NO	NO	N/A
Emergency Response Service	S5161	33330000X	08096	NO	NO	NO	NO	N/A
Nutritional Supplements	S9977	332BP3500X	08098	NO	NO	NO	NO	N/A
Meals	S5170	332U00000X	08098	NO	YES	YES	NO	N/A

*EVV-required service. All services in yellow can also be authorized under Medicaid State Plan services.