

LTSS HCBS Provider Enrollment

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

LTSS provides home and community-based service (HCBS) options to individuals 60 years of age and older and 18 years of age and older with disabilities for South Dakotans who meet program eligibility. LTSS enters into 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 become approved HCBS LTSS Provider. Any provider interested in becoming an LTSS HCBS provider should review this manual in its entirety prior to initiating enrollment, as provider requirements vary depending on the program and services the provider would like to enroll in.

Provider Enrollment Request Process

LTSS provides services to individuals utilizing various funding sources including the Older Americans Act, Medicaid and non-Medicaid. All providers who wish to enroll as a LTSS HCBS provider for any of these programs, must complete and participate in the LTSS enrollment process and must be a contracted entity with DHS/LTSS if required as noted in Table 1.

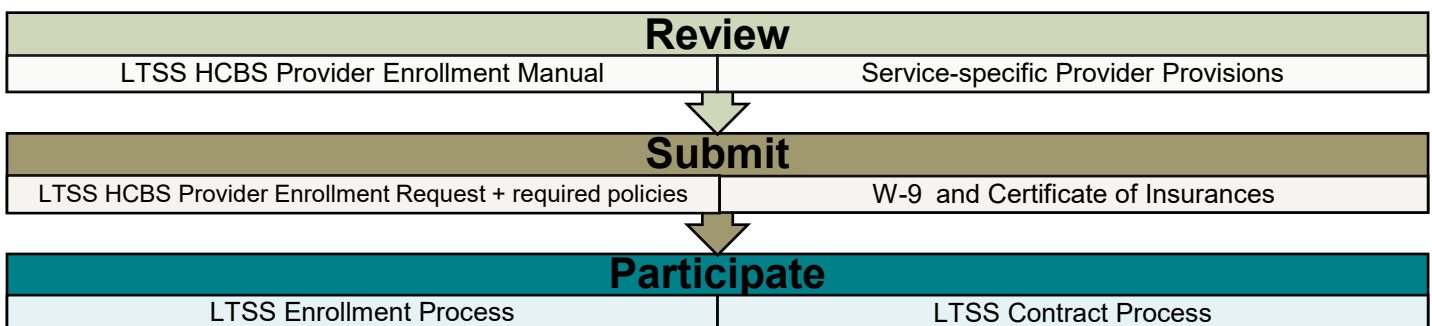
To initiate the LTSS enrollment process, Providers must submit the [LTSS HCBS Provider Enrollment Request](#). Prior to completing the LTSS HCBS Enrollment Request online, providers should review the LTSS HCBS Provider Enrollment Manual and [Service-specific Provider Provisions](#). Policies required in the service-specific Provider Provisions must be uploaded in the [LTSS HCBS Provider Enrollment Request](#) with the initial submission request.

LTSS Enrollment Process and LTSS Contract Process

Once the [LTSS HCBS Provider Enrollment Request](#) is submitted, LTSS will review the request and enrollment documentation submitted. LTSS will outreach the provider with corrective actions and/or follow-up items as required within 10 days from the date of submission. The provider will be given 30 days to respond and submit the follow up documents and corrective actions to complete the LTSS enrollment process.

Failure to respond or participate in the LTSS enrollment process within the timeframes given will result in LTSS discontinuing the enrollment process with the provider. The provider will be required to resubmit the [LTSS HCBS Provider Enrollment Request](#) to initiate the LTSS enrollment process again. Enrollment approval will not occur until all identified corrective actions are resolved by the provider.

Once all corrective action and follow items are completed and compliant, the LTSS Business Operations Manager will contact the provider to obtain certificates of insurance and W-9. LTSS must ensure applicable W-9 and appropriate insurance coverages are in place prior to proceeding with a contract.



SD Medicaid Enrollment and Reimbursement

When Medicaid Enrollment is desired or required by service (see Table 1.), the enrollment process is a collaboration between LTSS and South Dakota Medicaid. The provider must meet both LTSS requirements (See Table 1) and [SD Medicaid Enrollment requirements](#) prior to LTSS initiating a Purchase of Services Agreement (contract) with the provider. For services that are only available through the HOPE waiver (a Title XIX Medicaid program), SD Medicaid Provider Enrollment is required.

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.

Please refer to the [South Dakota Medicaid Provider Enrollment Chart](#) for additional details on enrollment eligibility and supporting documentation requirement. Although there is collaboration between the two agencies, please note that these are **two distinct processes**.

Table 1. DHS/LTSS HCBS Provider Enrollment Requirements Chart

LTSS HCBS Service	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, Personal Care, Nursing, Adult Companion, Chore)	NO	YES	YES	NO	Annual
*Respite/Residential Respite Care	NO	YES	YES	NO	Annual
Assisted Living	YES	YES	YES	YES	3- year cycle
Structured Family Caregiving	YES	YES	YES	NO	N/A
Community Living Home	YES	YES	YES	YES	3- year cycle
Adult Day	NO	YES	YES	YES	3- year cycle
Community Transition Coordination	YES	YES	YES	NO	N/A
Community Transition Supports	YES	YES	YES	NO	N/A
Environmental Accessibility Adaptations Assessment	YES	YES	NO	NO	N/A
Environmental Accessibility Adaptations	YES	YES	NO	NO	N/A
Specialized Medical Equipment	NO	NO	NO	NO	N/A
Specialized Medical Supplies	NO	NO	NO	NO	N/A
Emergency Response Service	NO	NO	NO	NO	N/A
Nutritional Supplements	NO	NO	NO	NO	N/A
Meals	NO	YES	YES	NO	N/A

*EVV-required service

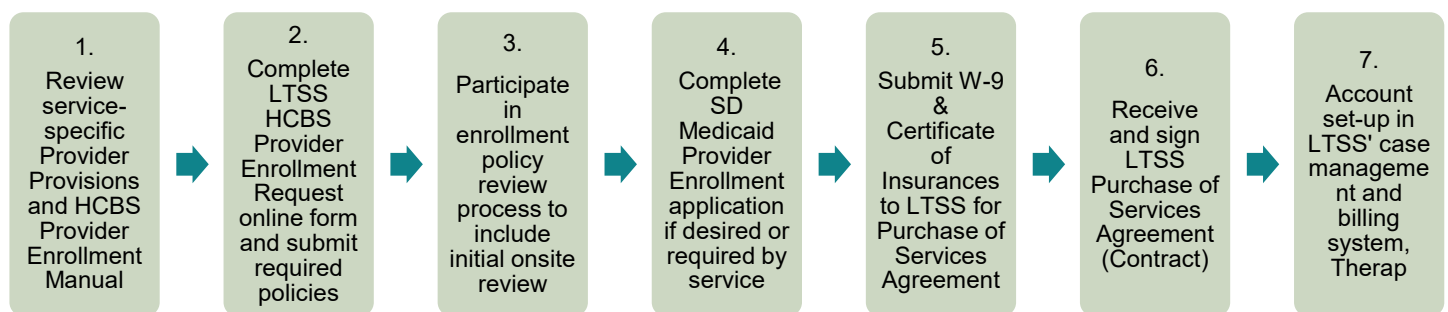
LTSS will confirm SD Medicaid Provider Enrollment approval has occurred prior to completing an LTSS contract. After SD Medicaid approval has been confirmed, LTSS will send a referral for a provider account to be initiated and completed in LTSS' case management system, Therap.

Therap Account Set-Up

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. It is the Provider's responsibility to acknowledge and maintain Therap Service Auths and maintain provider Therap account.

The Consumer will select the Provider of his/her choice. When a provider makes a referral to the State, the LTSS Service Coordinator will ensure the referring provider is made known to the Consumer, but the Consumer will be offered the choice of providers. This diagram below outlines the process by which an agency provider becomes an approved HCBS LTSS provider.



Eligible Consumers

If the provider wishes to determine if an individual not eligible for Medicaid and/or not authorized in Therap meets the eligibility criteria for assistance, the provider and/or individual may contact [Dakota at Home](#) or may submit a coverage request via the Medicaid Portal to determine if assistance with payment is available.

This must be done prior to the provision of services, as neither a Dakota at Home referral nor a coverage request ensures payment in full or in part. As a reminder, individuals must be 18 or older to qualify.

LTSS HCBS Provider Enrollment Process: Changes of Ownership

A change of ownership is the sale or transfer of ownership, assets, or control. The sale or transfer of ownership or control of an LTSS 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 detail to the change of ownership, to include the new or 'purchasing' business information, point of contact information and effective date of sale.

Changes in ownership that will result in a provider operating under a new NPI will require the existing provider account in the Therap case management system to be de-activated and a new provider account created. No overlap of provider coverage shall be authorized.

LTSS requests providers completing a change of ownership complete the LTSS HCBS Enrollment Request online form and submit new ownership details along with policies and procedures that are required as listed in the service specific Provider Provisions.

[Out-Of- State Providers Enrolling in LTSS HCBS Services](#)

To enroll as an LTSS HCBS/HOPE Waiver provider in any LTSS HCBS service, providers must complete the [LTSS HCBS Out-of-State Provider Enrollment Request](#) form. On this online request form, the provider will be required to identify the services they are requesting to enroll in, provide business information, provide enrollment documentation and complete the prior authorization requirement within their request submission.

To align with SD Medicaid Provider Enrollment Out-of-State Provider requirements and continue LTSS HCBS enrollment review, there must be an identified need for the provider's service in South Dakota and the provider must be providing services to a HOPE Waiver participant or locate a potential HOPE Waiver participant currently residing in South Dakota prior to LTSS Enrollment review.

The provider is required to submit the first and last name of an individual that currently resides in South Dakota in need of their business' services, applicable to DHS/LTSS HCBS services, within the LTSS HCBS Out-of-State Provider Enrollment Request. 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 required to submit another individual residing in South Dakota that may be eligible for HOPE Waiver services in order to proceed with LTSS HCBS enrollment.

If the individual is determined eligible for HOPE Waiver services and chooses the enrolling provider to provide applicable LTSS HCBS services, LTSS will pursue with an LTSS HCBS enrollment as described above in the LTSS HCBS Provider Enrollment Process section.

DHS/LTSS will review the online request form and enrollment documentation and outreach with correspondence to the provider with any identified corrective actions and eligibility determination within 10 days from date of submission. The provider will be given 30 days to respond and submit the follow up documents and corrective actions to complete the LTSS enrollment process.

LTSS will notify and coordinate enrollment efforts with SD Medicaid Provider Enrollment and confirm the provider has a pending SD Medicaid Provider application with applicable taxonomy code applied.