

**SFY 2024**  
**Supplemental Provisions**  
**Adult Nutrition Program**

DEFINITIONS:

- A. ADLs: Activities of Daily Living or ADLs are the basic self-care tasks an individual performs. They include walking, dressing, eating, toileting, bathing, grooming and mobility.
- B. Capstone: An online case management documenting software for Title III C meals.
- C. Catered Meal Site: A subcontractor that has been licensed by the Department of Health (DOH) to prepare food and has a subcontracted with an approved Nutrition Provider to provide congregate and/or home-delivered meals to eligible participants.
- D. Congregate Meal: A nutritious meal per the Provider's scheduled mealtime provided to an eligible participant at an Adult Nutrition Program meal site.
- E. Congregate Nutrition Services: Nutritious meals provided to eligible participants in a group setting including adult day settings, multigenerational community centers, senior centers, senior housing, and restaurants.
- F. IADLs: Instrumental Activities of Daily Living or IADLs include self-care tasks that may require more complex thinking skills that allow an individual to remain independent. They include managing finances, shopping and meal preparation, house cleaning, medication management and transportation.
- G. Eligible Participant: A HOPE Waiver participant, or a person who is 60 or older; the spouse of a person age 60 or older; an individual with a disability who resides with an individual age 60 or older; or an individual with a disability who resides in a housing facility where congregate nutrition services are provided. For home delivered meals participants are unable to leave the home due to illness or disability.
- H. Greatest Economic Need: The need resulting from an income level at or below the federal poverty line.
- I. Greatest Social Need: The need caused by non-economic factors, including physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.
- J. Home-Delivered Meals: Nutritious meals delivered to older adults who are not able to attend congregate meal sites
- K. Homebound Participant: Persons age 60 or over who are frail, or homebound due to illness or incapacitating disability, or otherwise isolated, or the NAPIS assessment indicates a need for home-delivered meals.

- L. HOPE Waiver Participant: A person who has been determined to meet the level of care and financial eligibility requirements for the HOPE Waiver Program and has an assessed need for home-delivered or congregate meals as indicated in the Home Care Assessment (HCA).
- M. Nutrition Education: Education presented to eligible participants that encourages a healthy lifestyle and informs them of the benefits of proper nutrition to reduce hospitalization and adverse health effects.
- N. Nutrition Outreach: Promotes the Adult Nutrition Program to eligible participants & community members and encouraging participation and community involvement at the meal site.
- O. Reimbursable meals: Any meals provided to an eligible Title III C participant.
- P. Reporting Requirements: Statistical and other information which the State requires in order to meet its planning, coordination, evaluation and reporting requirements. The information must be available upon request.
- Q. Title III (C): Title III (C) of the Older Americans Act (OAA) 42 U.S.C. 35 and is designed to promote the general health and well-being of older individuals. The services are intended to reduce hunger, food insecurity and malnutrition in older adults, and promote socialization of older individuals.
- R. Therap: The online case management documenting and billing software for Waiver and state funded meals.

#### REQUIREMENTS:

##### A. Nutrition Requirements for all LTSS Nutrition Programs

Providers agree to comply with the following:

1. At least one congregate or home-delivered meal must be available to eligible participants at least five days per calendar week. In rural areas where such frequency is not feasible, the five-meal requirement can be met by providing a supply of meals at a frequency that has been approved by the Nutrition Program Manager. These meals may be hot or cold and may include the use of shelf stable meals or other meal items as appropriate.
  1. For Title III C meals, more than five eligible meals per calendar week may be offered if the additional meals are within contracted funding limits.
  2. For HOPE Waiver and Long Term Services and Supports (LTSS) Meals, meals must be authorized by the LTSS Services Coordinators in Therap.
2. Provide meals which adhere to the current Dietary Guidelines of Americans.

3. The meals provided must meet a minimum of one-third of the Dietary Reference Intakes as determined by the National Institute of Health.
  1. For Title III C meals, all menus must be analyzed and approved by a Registered Dietician (RD).
  2. If a provider does not have an RD on staff, this can be accomplished by providing the State with menus no later than three weeks prior to the planned serving date.
4. Provide menu options that are appealing to older adults.
5. Provide meal options that meet dietary needs of older adults who may have different health, religious, ethnic or cultural requirements.
6. Make shelf stable or frozen meals available to eligible participants for weather-related emergencies.

#### B. Reporting Requirements for Title III C Meals

Provider must:

1. Collect and maintain current information on eligible participants in Capstone (DHS's Nutrition Program Software) including all National Aging Program Information System (hereinafter "NAPIS") data.
2. Keep and submit accurate reportable data to the State monthly using the process designated by the State.
3. Collect the required cash match from non-federal sources and report collected cash match to the State monthly.
4. Provide a completed confidentiality agreement for each user in the data management system Capstone before access is permitted.
5. Notify the State within 30 days of any changes related to Capstone users.
6. If the NAPIS assessment indicates the participant is at high risk for malnutrition, make a referral to the State's Dietitian Consultant within five working days after the assessment has been completed.

#### C. Reimbursement Requirements for HOPE Waiver & LTSS Meals

1. The [rate\(s\) for services](#) are specified in the Meal Fee Schedule. All services authorized and delivered by the Provider to eligible consumers will be reimbursed at the rate determined on the fee schedule.

1. The State will only consider rate changes during the contract year in extraordinary circumstances. If a Provider wishes to update/change their established rate during the contract year, the Provider must receive approval from the State prior to implementation of their new rate.
3. To receive payment for authorized services the Provider will submit claims in the manner approved by the State.
4. The Provider must review the Therap Service Auth to ensure the details including the rate, recipient ID, units and frequency are correct prior to acknowledging the Therap Service Auth. If any of the Therap Service Auth information is incorrect or inaccurate, the Provider must contact the LTSS Case Management Specialist to mitigate potential claims error(s).
5. If the Provider is reimbursed at the incorrect rate resulting in an overpayment, necessary action to resolve this overpayment will be initiated by the State, including voiding of Medicaid claims and ACH recoupment for State-funded services. If the Provider is reimbursed at the incorrect rate resulting in an underpayment, the Provider will be required to initiate the necessary action(s) in order to correct the underpayment, including voiding of Medicaid claims and initiation of an ACH return for State-funded services. The Provider must resubmit the claims at the correct rate to receive appropriate reimbursement.
6. For assistance with claim denials and billing issues, Providers must notify the State within the 6-month time limits outlined in ARSD 67:16:35:04. For all claims inquiries, Providers must submit a claims resolution template to [ltsstherap@state.sd.us](mailto:ltsstherap@state.sd.us) for further review. Providers are encouraged to resubmit all previously denied claims every 90 days for SD Medicaid and SD DHS/LTSS claims compliance. Claims inquiries will be reviewed by appropriate LTSS staff in the order in which they are received. The claims resolution template is located on the DHS LTSS Provider Resources Page at: <https://dhs.sd.gov/ltss/ltssproviders.aspx>.

LTSS will not address or review SD Medicaid or LTSS State-funded claims issues that are not in alignment with SD Medicaid 6-month Timely Filing Rule. LTSS staff will not review and research claims if there is not a claim submitted to Medicaid or LTSS within 6 months of the date of service and every 3 months thereafter per Medicaid billing requirements. It is ultimately the responsibility of the Provider to submit a request for reimbursement for services provided within established guidelines.

LTSS will assist Providers with claims resolution if there is a Claims Resolution Template submitted within 3 months of the date of service. This will ensure there is still time to resolve the issue prior to the timely filing deadline. A Medicaid Remittance Advice may also be submitted as supplementary information, along with the Claims Resolution Template for LTSS staff to reference.

7. The Provider must only bill for services authorized, detailed, and acknowledged in Therap and delivered by the Provider. Total units authorized are a maximum for the entire duration of the Therap Service Auth. The scheduled frequency and duration of each service is included in the Therap Service Auth and must be followed. Reimbursement received for units above and beyond the total units, frequency, and/or duration specified in the Therap Service Auth will be recouped by the State and the Provider will be responsible to continue to provide services at the scheduled frequency and/or duration as indicated on the Therap

Service Auth. If overutilization occurs, the Provider must provide care logs for services rendered during the affected timeframe upon request.

8. The State's reimbursement for HOPE Waiver and LTSS meals shall be considered payment in full. Except for the cost-share for waiver services, the Provider may not bill the consumer for any additional fees. The Provider will be advised of the consumer's cost-share, if any, and will be responsible for collecting the cost-share from the consumer.

D. Facility, Safety and Sanitation for all LTSS Nutrition Programs

Providers agree to the following:

1. Ensure that all meal sites meet safety and sanitation requirements which are outlined in the State of South Dakota's Food Service Code found in [Administrative Rules of South Dakota \(ARSD\) 44:02:07](#).
2. Ensure that all congregate meal sites are accessible per the [Americans with Disabilities Act](#) (ADA)..
3. Ensure that all congregate meal sites adhere to the [Building and Fire Safety Code](#) located within the Administrative Rules of South Dakota.
4. Provide the State a 30-day written request of any proposed changes in the status of meal sites. Should a meal site close in a contracted location, the Provider must submit written documentation as to how continuity of services for the contract period will be provided.
5. Provide the State a 30-day written notice of any closures of meal sites and/or meal services.

E. Program Requirements for all LTSS Nutrition Programs

Providers agree to:

1. Display the full price of a meal in a conspicuous location at each meal site. Collect the full price of a meal served to everyone who does not meet the eligibility criteria, excluding paid staff or volunteers who are on-site and working during mealtimes.
2. Display the suggested donation or otherwise make it available to Title III C eligible participants. HOPE Waiver and LTSS participants are not subject to suggested donations.
3. Provide an opportunity for confidential participant donations for Title III C meals. Provider shall not means- test or require payment from eligible participants. HOPE Waiver and LTSS participants are not subject to suggested donations.

4. Assist participants in accessing any benefits that may be available to them under the Supplemental Nutrition Assistance Program (SNAP) and to utilize their SNAP benefits as a suggested donation.
5. Expend Department of Health and Human Services Nutrition Services Incentive Program (NSIP) funds received from the State for the purchase of food produced only in the United States. (HOPE Waiver and LTSS participants are not subject to this requirement.)
6. Submit a Cost Report to the State within 120 days following the close of the provider's fiscal year.
7. Review and update meal sites' emergency plan and staff phone list(s) annually. The plan and phone lists must be available in a public, conspicuous place at each meal site.
8. Have a consumer grievances policy. The consumer grievance policy must include how the consumer is notified of the grievance policy, where grievances are reported and the process for addressing and resolving consumer grievances and feedback.
9. Develop a policy and procedure in compliance with South Dakota Codified Law § 22-46-11 Voluntary Reporting of Abuse, Neglect, or Exploitation. Providers must ensure that all staff and volunteers are trained on the policy annually and have a procedure in place to report suspicions of abuse, neglect, or exploitation to the appropriate officials.

F. Site Assessment and Desk Reviews for all LTSS Nutrition Programs

Provider agrees to:

1. Cooperate with quality performance review activities conducted by the State. Reviews may be completed in a manner and on a schedule determined by the State.
2. Participate in any evaluation and/or consumer satisfaction program developed and conducted by the State to determine the effectiveness of service provision statewide

The State agrees to:

1. Make payment for eligible meals upon Providers' completion of reports generated in Capstone and/or Therap.
2. Grant Providers access to the State approved data management system(s) and help coordinate technical assistance related to entering and maintaining information in the system(s).