

SOUTH DAKOTA

Overview

South Dakota does not require licensure for adult day services (ADS). Providers serving participants funded through the Older Americans Act (OAA), the State's Caregiver Program, and the Medicaid 1915(c) Home and Community-Based Services waiver for South Dakotans program must have an approved contract or signed agreement with the South Dakota Department of Social Services, Division of Adult Services and Aging and meet its requirements, which are presented in this profile.

ADS can be co-located within a senior center, nursing facility, assisted living facility, hospital, church, child day care center, or can be a standalone program.

Definitions

Adult day services provide structured activities, care, and supervision outside of the home for part of a day. This enables the primary caregiver to work or pursue other daytime activities and provides a needed respite for the caregiver. The program also offers a nutritious meal at lunch time and snacks during the day. Limited nursing services, such as health screening, blood pressure checks, medication management, and a general assessment of the individual's condition, may be provided.

Adult day care provided under OAA, Title III State and Community Programs furnishes regularly scheduled, structured health and social services outside an individual's home for part of a 24-hour period.

Parameters for Who Can Be Served

Individuals must: (1) have a permanent physical disability that severely restricts mobility; (2) be blind, chronically ill, or have an acute medical condition that severely restricts mobility and requires temporary services; or (3) have the potential of entering a nursing or assisted living facility unless the services are provided.

The three various funding programs have specific eligibility criteria, which indicate the parameters for who can be served.

OAA-funded providers may serve persons 60 years of age or older who are not capable of full-time independent living because of physical, social, or mental impairment but who do not need 24-hour institutional care.

Waiver program providers may serve Medicaid-eligible adults who need a nursing facility level of care and receive one or more waiver services at least once per month.

The **South Dakota Caregiver Program** is primarily a respite program for caregivers. The program has complex requirements based on the age of the caregiver and the age of the person being cared for and his or her diagnosis or level of disability.

Inspection and Monitoring

A survey is conducted by State Department of Social Services prior to approval of the ADS contract.

Required and Optional Services

All ADS programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Services	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling		X
Health Monitoring	X	
Medication Administration		X
Nursing Services		X
Physical Therapy, Occupational Therapy, or Speech Therapy		X
Skilled Nursing Services		X
Social Services	X	
Transportation		X

Medication Provisions

Licensed nurses or medication aides may assist with self-administration of medications.

Staffing Requirements

Type of Staff. Each program must have a *director*. The director and at least one other staff person must be certified in cardiovascular pulmonary resuscitation (CPR) and first-aid. A *registered nurse* or *licensed practical nurse* must be available to provide a monthly health screening for participants.

Staffing Ratios. None required.

OAA-Funded Providers

Type of Staff. A minimum of 10 hours of licensed nursing services shall be provided in the facility per month to provide general consultation and health screening services.

Staffing Ratios. The minimum ratio is one staff person to six participants and 1:5 if a high percentage of the participants are severely impaired.

Training Requirements

OAA-Funded Providers. Ongoing training includes at least four in-service training sessions per year to enhance quality of care and job performance. At the time of employment and annually each employee must receive training in the following: (1) needs of the ADS center's target population; (2) fire, safety, disaster, and emergency plans; (3) choking prevention and intervention techniques; (4) body mechanics/transfer techniques/assistance with activities of daily living; (5) basics of nutritional care, food safety, and safe feeding techniques; and (6) CPR and first-aid.

Location of Licensing, Certification, or Other Requirements

South Dakota Adult Services and Aging Programs Handbook. South Dakota Department of Social Services. [September 2010]
<http://dss.sd.gov/formspubs/docs/ELDERLY/ASAHandbook2010.pdf>

Older Americans Act, Title III State and Community Programs. South Dakota Department of Social Services.
<http://dss.sd.gov/elderlyservices/services/funding/oldact/titleIII.asp>

Adult Day Services. South Dakota Department of Social Services.
<http://dss.sd.gov/elderlyservices/services/adultdayservices.asp>

State Regulations, Article 67:40:19: Home and Community-Based Services. Office of Adult Services and Aging.
<http://legis.sd.gov/Rules/DisplayRule.aspx?Rule=67:40:19>

State Regulations, Article 67:40:20: Caregiver Support. Office of Adult Services and Aging.
<http://legis.sd.gov/rules/Displayrule.aspx?Rule=67:40:20>

Information Sources

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South Dakota Department of Social Services
Division of Adult Services and Aging

REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

Files Available for This Report

FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf
Arizona	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf
Arkansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf
California	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf
Colorado	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf
Connecticut	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf
Delaware	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf
District of Columbia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf
Florida	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf
Georgia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf
Hawaii	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf
Idaho	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf
Illinois	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf
Indiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf
Iowa	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf
Kansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf
Kentucky	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf
Louisiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf

Maine	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf
Texas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf
Utah	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf
Vermont	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf
Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf
Washington	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf
West Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf