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**GUIDANCE FOR COMPLETING THE FIVE-YEAR STATE PLAN TEMPLATE  
DEVELOPMENTAL DISABILITIES COUNCIL**

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**SECTION I: COUNCIL IDENTIFICATION**

**PART A.** State Plan Period: October 1, 2026 through September 30, 2031

**PART B.** Contact Person: Jessica Lamb  
Phone Number: 605.773.6963  
E-mail: Jessica.lamb@state.sd.us

**PART C.** Council Establishment:

(i) Date of Establishment: 12/01/1976

(ii) Authorization:  State Statute  Executive Order  N/A

(iii) Authorization Citation: 2018-03

**PART D:** Council Membership. [Section 125(b)(1)-(6)].

(i) Council membership rotation plan: Council bylaws provide for members to serve two consecutive three year terms. Through the Designated State Agency (DSA), the Council works with the Governor's Office to keep appointments up to date. Each spring the Council encourages interested individuals about Council membership to complete an information sheet that provides contact information, interest level, and ability to be a member. This information is reviewed by the Council staff and the Executive Committee and then shared with the full Council (if time permits). Final recommendations are submitted to the DSA and then on to the Governor's Office. When searching for new members, the Council and DD Network partners specifically share the applications with members of diverse cultures and ethnic backgrounds to promote their representation on the Council. The need for geographic, racial and cultural representation is included with the recommendations and applications when submitted to the DSA and the Governor's Office. +

**Council Members:** Provide full names of all Council members, beginning and ending dates of each appointment, (reflecting the initial appointment date), and category of membership using the codes provided. If there are vacant positions, insert the word "vacant" in the name columns, "O" for gender, D8 for race, and E1 or E2 (as appropriate, the category code for the vacant member, the initial date of the vacancy, and an end date for the term.

Begin with agency/organizational representatives (category A), then list public members (categories B and C). For people representing an agency/organization, provide the name of the agency/organization and the name of any official proxy/alternate. If more than one agency/organization representative represents a particular federal program (e.g. IDEA Part B and Part C) put that category code (A2) next to their name and identify the appropriate program in the space provided.

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**Council Membership Category Codes**

**Citizen Member Representatives**

- B1 = Individual with DD
- B2 = Parent/Guardian of child
- B3 = Immediate Relative/Guardian  
of adult with mental impairment
- C1 = Individual now/ever in institution
- C2 = Immediate relative/guardian  
of individual in institution

**Race/Ethnicity**

- D1= White, alone
- D2= Black or African American alone
- D3= Asian alone
- D4= American Indian and Alaska Native alone
- D5= Hispanic/Latino
- D6= Native Hawaiian & Other Pacific Islander  
alone
- D7= Two or more races
- D8= Race unknown
- D9- Some other race

**Agency/Organizational  
Representatives**

- A1 = Rehab Act
- A2 = IDEA
- A3 = Older Americans Act
- A4 = SSA, Title XIX
- A5 = P&A
- A6 = University Center(s)
- A7 = NGO/Local
- A8 = SSA/Title V
- A9 = Other

**Gender**

- M= Male
- F= Female
- O= Other

**Geographical**

- E1= Urban
- E2= Rural

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#	Last Name	First Name	MI	Gender	Race/ Ethnicity	Geographical	Agency /Org. / Citizen Rep Code	Agency/Org. name	Appt. date	Appt. Expired Date	Alt/ Proxy for State Agency Rep Name
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Part E. Council Staff. [Section 125(c)(8)(B)]. Provide information about all full-time and part-time Council staff positions. Indicate full-time or part-time; for part-time staff, indicate percentage. Full-time staff on furlough should be counted as full-time staff. Do not include consultants. If the official classification of the staff member does not adequately describe the role of that position, include a working title (e.g., Council Executive Director, NOT Health Administrator IX).

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

- Y- Yes, has a disability (or previously had a disability)
- N- No, does not have a disability
- DWA- Does not wish to answer.

#	Position or Working Title	FT	PT	% PT	Last name of person in position	First name of person in position	M I	Gender	Race/Ethnicity	Disability
1	Executive Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Lamb	Jessica	T	M	W	None

**SECTION II: DESIGNATED STATE AGENCY** [Section 125(d)].

**PART A. The Designated State Agency (DSA).**

The DSA is:

The Council

Another agency:

1. Agency Name: Department of Human Services, Division of Developmental Disabilities
2. State DSA Official's: Name: Kevin Dunn
3. Address: 1707 4<sup>th</sup> Ave SE, Aberdeen, South Dakota 57401
4. Phone: 605-626-3200
5. FAX: 605-773-7562
6. E-mail: Kevin.Dunn@state.sd.us

**PART B. Direct Services. [Section 125(d)(2)(A)-(B)]**

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?

No

Yes

If yes, describe the general category of services it provides (eg. Health, education, vocational, residential, etc.).

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DHS/DDD contracts with individuals and community support providers for residential, vocational and home and community-based waiver services. Staff administer the family support and respite care programs.

- PART C. Memorandum of Understanding/Agreement. [Section 125(d)(3)(G)]**  
Does Your Council have a Memorandum of Understanding/Agreement with your DSA?  
 No  
 Yes

- PART D. DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]**  
If DSA is other than the Council, describe how the DSA supports the Council
- The DSA receives, accounts for and disburses funds, provides the required assurances, fiscal management, financial reporting, grant agreements, and contracts and amendments for services and projects activities.

- PART E. Calendar Year DSA was designated. [Section 125(d)(2)(B)] 1973**

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### **SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS** [Section 124(c)(3)]

#### **INTRODUCTION:**

Include a broad overview of the Comprehensive Review and Analysis (CRA) conducted by the Council. Below is information that can be included in the Introduction:

- The Council’s state planning process including obtaining multi-stakeholder and culturally diverse input to develop the CRA; the process used to identify state plan goals and objectives
- Any data, research and/or information that influenced the Council’s goal selections.
- How information was gathered from focus groups and/or directly from a culturally diverse group of people with developmental disabilities and their families.
- Information on any federally assisted State programs, plans and policies that are not included in State Information, Portrait of the State Services, Analysis of State Issues and Challenges and Rationale for Goal Selection; and
- Other, broader issues, such as social policy, culture change, funding issues, etc. that are not incorporated into State Information, Portrait of the State Services, Analysis of State Issues and Challenges and Rationale for Goal Selection.

The Council’s state planning process includes ongoing input to the Council from all members and other guests and grant applicants during regular quarterly meetings. This input included the areas of the state developmental disability service system, vocational rehabilitation, waivers, mental health, social services, special education, maternal and child health, and family supports.

Council members and staff participate in workgroups, steering committees, advisory boards, summits, and training institutes at which discussion is held concern various parts of the state service system for people with intellectual and developmental disabilities. Examples include the Family Support Council, Youth Leadership Forum Steering Committee, Brain Injury Workgroup, Early Learners South Dakota, Crisis Continuum Workgroup, and the Community Advisory Committee. Involvement in these groups and updates at Council meetings provide the members with many opportunities to keep current on activities across the state.

The Council uses a variety of information to gather information, including a survey of stakeholders, discussion at Council meetings, workgroup meetings, and summaries of public listening sessions held by other agencies and organizations. Council staff continuously monitor state agencies for new strategic plans, needs assessments and policy changes that impact people with I/DD.

In the Fall of 2025, the Council surveyed stakeholders and the results were shared with the Council. The five most important focus areas were 1) quality of services; 2) recreation / leisure activities / socializing with others in the community; 3) disability law and policies affecting people with disabilities;

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4) availability and access to community based services; and 5) transportation. Other focus areas that were highly rated included a) employment; b) housing, and c) mental health.

Specifically, people with intellectual and developmental disabilities (I/DD) noted that they were most focused on the issues of employment, self-advocacy and self-determination, and transportation, respectively. People with IDD suggested activities that would help in advocating for better transportation options, resources for connecting to getting assistance with a variety of needs and bringing ABLE to South Dakota.

Family members and guardians noted that they were specifically concerned with recreation / leisure activities / socialization in the community and quality of services. They suggested activities that help to prevent loneliness and isolation in their loved ones with I/DD, to help their family members become gainfully employed, a lack of child care or respite (limited availability for teens with disabilities, for those children who have high medical needs), and succession planning for what happens for their adults with IDD after they are gone. Additionally, the lack of resources in rural portions of the state is a concern for family members.

For community organization staff (including DSPs and educators) and government agency staff who responded to the survey, focus areas they noted were availability and access to community-based services, quality of services, and transportation. Many noted that issues surrounding transportation led to barriers in employment and ability to participate fully in the community. Others pointed to seeing a need for more training for all surrounding supported decision making / guardianship and helping employers to understand how they can support employees with I/DD or develop positions for them. Another theme noted was a desire to get more information in the hands of the people who need it. Activities suggested included an annual resource fair, resource guides, access to education and training, and a website of centralized information for South Dakota.

Specific to self-advocacy, comments included: resources that are clear and concise to advocate for needs, wants and to find help; more training on how to self-advocate and equipping caregivers and staff how to coach individuals in this area using real life scenarios; training for families similar to Partners in Policymaking but that is specific to special education law / disability services; and helping more self-advocates become Charting the Life Course Ambassadors.

**INSERT INFORMATION ABOUT DRAFT GOALS AND PUBLIC COMMENT HERE WHEN READY**

### **Describe how the DSA supports the Council**

The DSA receives, accounts for and disburses funds, provides the required assurances, fiscal management, financial reporting, grant agreements, and contracts and amendments for services and projected activities.

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### Poverty Rate Percentage

The US Census Bureau 2024 American Community Survey shows that 11.9% of the population in South Dakota is below poverty level.

### PART A. State Information

(i) Racial and Ethnic Diversity of the State Population:

Complete the chart below by entering information from the Census Bureau or some other source on the racial and ethnic diversity in the State.

Race/Ethnicity	Percentage of Population
White, alone	80.6%
Black or African American alone	2.0%
American Indian and Alaska Native alone	8.7%
Asian alone	1.5%
Native Hawaiian and Other Pacific Islander alone	0.06%
Some other race alone	1.7%
Two or more races:	5.3%
Two races including Some other race	6.7%
Two races excluding Some other race, and three or more races	4.9%
Hispanic or Latino (of any race)	4.4%

(iii) State Disability Characteristics

a) Prevalence of Developmental Disabilities in the State:

The estimated number of people living in South Dakota with developmental disabilities is estimated to be 14,009.

National Health Interview Survey-Disability Supplement (NHIS-D) prevalence rate of 1.58% of the general population was used to calculate South Dakota

Source: Larson, S.A., Lakin, K.C., Anderson, L., Kwak, N., Lee, J., & Anderson, D. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. *American Journal on Mental Retardation*, 106(3), 231-252.

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b) Residential Settings:

Complete the chart using the Residential Information Systems Project data on the number of people with developmental disabilities living in different types of residential settings. In terms of the definitions, A. should include foster/host homes and other similar non-family home settings with paid caregivers while C. and D. should not.

Commented [SM1]: Rephrase "Complete the chart using the Residential Information Systems Project data on the number....."

Year	Total Served	A. Number Served in Setting of <6 (per 100,000)	B. Number Served in Setting of >7 (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2023	4056				
2022	4210				
2021	4207				

South Dakota did not complete the FY 2021 RISP survey. Alternate data for ICF/IID and nursing home residents are from AHCA (2021a, 2021b, 2021c, 2023a, 2023b, 2023c). Intellectual or Developmental Disabilities (IDD); LTSS: Long-Term Supports and Services; ICF/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities; Group: Number of people with IDD in a setting (ICF/IID, group home or other); Waiver+: Medicaid Authorities 1115, 1915 (a)(b)or (b/c), 1915(c)

c) Demographic Information about People with Disabilities

Using information collected by the Census Bureau through the American Community Survey, complete the charts below.

People in the State with a disability	Percentage
Population 5 to 17 years	5.6% (9,136)
Population 18 – 64 years	21.3% (57,238)
Population 65 years and over	67.5% (49,213)

Race and Hispanic or Latino Origin of people with a disability	Percentage
White alone	13.1% (95,078)
Black or African American alone	4.9% (1,095)
American Indian and Alaska Native alone	17.1% (11,506)
Asian alone	7.6% (1,050)
Native Hawaiian and Other Pacific Islander Alone	N/A
Some other race alone	10.8% (1,614)
Two or more races	9.6% (5,375)

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Hispanic or Latino (of any race)	8.9% (4,039)
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<b>Employment Status Population Age 16 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
Employed	37.2%	72.2%
Not in labor force	61.2%	26.0%

<b>Educational Attainment Population Age 25 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
Less than high school graduate	10.2%	5.5%
High school graduate, GED, or alternative	37.1%	25.2%
Some college or associate's degree	32.1%	32.7%
Bachelor's degree or higher	20.6%	36.6%

<b>Earnings in Past 12 months Population Age 16 and Over with Earnings</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
\$1 to \$4,999 or loss	10.8%	7.5%
\$5,000 to \$14,999	20.1%	7.5%
\$15,000 to \$24,999	14.3%	9.4%
\$25,000 to \$34,999	11.3%	10.3%

<b>Poverty Status Population Age 16 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
Below 100 percent of the poverty level	20.6%	9.1%
100 to 149 percent of the poverty level	12.9%	6.3%
At or above 150 percent of the poverty level	66.5%	84.6%

**PART B. Portrait of the State Services [Section 124(c)(3)(A)(B)]:**

Use the following sub-sections to describe the state's services, supports, and other assistance available to people with developmental disabilities and their families. Only some of the fields in this section are required, as noted by the \* sign.

- (i) Health/Healthcare\*:
  - Describe available medical assistance, maternal and child health care, services for children with special health care needs, mental health services for children and adults, institutional care options, and other comprehensive health and mental health services.

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\* Required field

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- To the extent available also include information on public/private insurance access, prevention and wellness initiatives, and long-term services and supports.
- To the extent available, include data regarding the number of children and adults with developmental disabilities and, as applicable, their families receiving each type of such health services and supports;
- Information about health is **required** per Section 124(c)(3)(A)(i).

In Spring 2023, the South Dakota Department of Health (DOH), Office of Lifespan Health launched a five-year needs assessment to shape the 2025-2030 Title V Maternal Child Health State Action Plan. Findings from the needs assessment revealed notable strengths and remaining challenges:

In the Women/Maternal Health domain of the statewide survey, needs identified included: access to quality and affordable childcare, access to mental health services and providers; unemployment and underemployment, access to affordable health insurance, and access to safe and affordable housing. Also noted that while there has been progress in things like access to specialty care, more trained providers, and expanded mental health services, significant gaps include limited access to early prenatal care, ongoing transportation challenges, and the need for improved training in cultural support systems. Notable strengths in this area include programs like WIC, Families Together, and early childhood services.

For the Perinatal/Infant and Children’s Health domains, several key barriers were highlighted, including access to quality and affordable childcare, access to healthy food, poverty, caregiver substance misuse, access to affordable health insurance and child abuse and neglect. Some areas of progress were noted, including improvements in access to immunizations, diaper assistance, and expanded childcare that is supported by state grants. Additionally, seen as strengths were tribal communities expanding culturally safe sleeping practices, breastfeeding education, and car seat safety programs. Some areas also reported positive impacts of summer meal and backpack programs, improved access to eye screenings, and expanded library programming.

The survey also found several interconnected needs and challenges affecting Adolescent Health. Adolescents are facing limited or absent social connections, lacking healthy relationships with mentors or trusted adults, limited access to education or health care for reproductive health, and limited access to counseling or treatment for substance abuse. Health concerns varied across populations, with Hispanic and American Indian/Alaska Native adolescents reporting unique challenges and priorities. It was noted that public health campaigns, tribal services, youth programs, and local libraries all contribute to promoting health and resilience and that within schools, social workers, nurses, and community partnerships play a role in addressing food insecurity and supporting student’s health needs.

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Lastly, strengths in the Children & Youth with Special Healthcare Needs include community-based services as key assets for CYSHN, offering accessible, localized care. Strong collaboration, consistent funding, and the use of evolving technology are improving care coordination. Local services, such as therapy for children with autism and cerebral palsy – were frequently highlighted as effective. Lingering challenges to this domain include limited lack of awareness of available services, challenges accessing affordable pediatric therapies, and a lack of social support for speech therapy. Transportation to care is also of concern.

Priorities out of this needs assessment centered on post-partum visits for Women / Maternal Health; safe sleep for Perinatal/Infant Health; food sufficiency and medical homes for Child Health; adolescent well-visits for Adolescent Health; and medical homes and referrals for Children and Youth with Special Healthcare needs. The direct reimbursement program, Health KiCC/Children’s Special Health Services, was closed out in 2025 and a significant portion of the Title V block grant has gone to support the newborn screening program. CYSHN still purchases care seats for infants and children with special health needs, through a collaboration with DSS. Additionally, CYSHN partners with DHS to fund respite care for individual families. Other projects being funded include developing IT systems and improving data interoperability, working on improving referral pathways from newborn screening to Birth-3, audiology related support, and rural midwives.

Under South Dakota Codified Law (SDCL 34-24-17 to 34-24-25), newborn screening for all infants in South Dakota for hearing and for certain metabolic, inherited and genetic disorders is mandated and includes testing for amino acid disorders, hypothyroidism, elevated blood glucose, biotinidase deficiency, congenital adrenal hyperplasia, sickle cell disease, spinal muscular atrophy, X-linked adrenoleukodystrophy, galactosemia, phenylketonuria, cystic fibrosis, and fatty acid oxidation disorders. In 2015, a screening for severe combined immunodeficiency was mandated. These continue to be in South Dakota Codified Law (SDCL 34-24-17 to 34-24-25) and in the Administrative Rules of South Dakota (ARSD 44:19).

Other programs within the Office of Lifespan Health include WIC, Bright Start, and SD PLAN Family Planning. The WIC program is a supplemental nutrition program for eligible women, infants, and children. Provides nutrition education and counseling, breastfeeding support (information & breast pumps perinatal education), healthy foods, referral to doctors, nurses, health and social service agencies, and immunizations if needed. South Dakota PLAN provides services to help women and men determine if and when they want to have a child. The program helps keep people healthy and protects the client’s health and ability to have children in the future. Bright Start’s free personal nurse visiting program offers support, advice, and information to eligible moms during pregnancy and until the child turns 2. The program focuses on high-risk pregnant mothers, and new parents with limited economic and or/ social and health resources. Initially just offered in 10 counties and the Sioux Falls area, Bright Start is now a state-wide program.

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Other unique strengths and challenges that impact the health status of the MCH status population can be found in the fact that SD continues to be home to a growing healthcare industry.

The Department of Labor (DOL) notes that the Health Care Industry is projected to be among the state's largest growth industries through 2032, adding nearly 8,000 workers to the state's economy. This growth is being fueled by a large number of current employees getting set to retire and leave the workforce, and as these retirees age, they will subsequently require more healthcare themselves, which is a large challenge to the South Dakota healthcare landscape.

For several years, there has been work done to help increase workforce in healthcare fields in South Dakota. The Office of Rural Health established the SD Healthcare Workforce Center to not only be a repository of healthcare workforce-related data, but to develop and implement programs and projects that would assist individuals, agencies, and facilities to address current and projected workforce needs. Focus on high school graduates who can replace the retirees remains strong, spearheaded by the HOTT project, Health Occupations for Today and Tomorrow which provides health career information and opportunities for South Dakota students at all grade levels. The HOTT project is a collaboration of the SD Departments of Education, Health, Labor and Regulation, and the Board of Regents.

Despite the focus on increasing the healthcare workforce, according to data supplied by the South Dakota Office of Rural Health and Emergency Services, more than two-thirds of the state is considered a Professional Shortage Area. Fifty-six point 1 percent (56.1%) of counties are classified as maternity care deserts, significantly higher than the national average of 32.6% - the second highest in the country.

South Dakota has a Critical Access Hospital Program that is an effort to help small rural hospital adjust to the rapidly changing healthcare environment. The cornerstone of this program is the Critical Access Hospital (CAH), which is a facility that has met certain eligibility standards under Medicare including limitation of bed size and inpatient length of state. In exchange, the facilities receive cost-based reimbursement. As of January 2025, 40 hospitals are designated as CAH.

The Department of Social Services (DSS) houses many programs that benefit people with I/DD. The Division of Economic Assistance is responsible for administering the Children's Health Insurance Program(CHIP), Community Assistance Program (services for low-income families such as community transportation, food pantries and emergency services), Energy & Weatherization Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Eligibility, Temporary Assistance to Needy Families (TANF), and Child Care Assistance. These programs all serve low-income individuals, family and children. The Division of Medical Services covers all areas of Medicaid except the eligibility criteria. (Eligibility criteria is determined by the Division of Economic Assistance). The total number of South Dakotans

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eligible for Medical Services as of November 2024 was 140,074 individuals (55,906 adults and 93,191 children). During FY 25, approximately 75,200 individuals and just over 37,000 households received SNAP benefits. In October/Nov 2025, TANF was provided to 2,420 families or 4,924 recipients. Data is not available that would indicate if any of those receiving assistance were those with I/DD.

The Department of Social Services, Division of Behavioral Health Services (DSS/DBHS) provides services to children and adults with mental health disorders and chemical dependency through outpatient services, Children, Youth, and Family (CYF) services, Comprehensive Assistance with Recovery and Empowerment (CARE) services, and Individualized and Mobile Program of Assertive Community Treatment (IMPACT), which provides intensive services to adults with serious mental illness that significantly impacts their lives. The Division of Behavioral Health accredits and contracts with 11 community mental health centers across the state to provide quality services to adults and youth. Services provided may include screenings and assessments, case management, individual therapy, group therapy, crisis intervention, psychiatric evaluation, and medication management. Financial assistance for services is available for eligible individuals. The Human Services Center provides individuals who are mentally ill or chemically dependent with inpatient treatment.

The Division of Behavioral Health published a Fiscal Year 2025 State Profile Executive Summary, which introduced key statewide behavioral health outcomes, as reported by South Dakota's publicly funded behavioral health treatment services. The following information was found in the report.

Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that aligns with criteria from the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). Estimates are based on indicators of AMI instead of diagnostic status. Overall, 1 in 4 South Dakota adults had AMI in the past year. In 2021-2022, AMI in South Dakota adults had the following prevalence by age group - about 2 in 5 (or 39.3%) of young adults ages 18-25, and about 1 in 5 (or 22.6%) of older adults ages 26+.

Serious mental illness (SMI): a mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that aligns with the criteria from the DSM-IV. SMI is a subset of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. Estimates are based on indicators of SMI instead of diagnostic status. Overall, about 1 in 15 adults experienced SMI in the past year. In 2021-2022, SMI in South Dakota adults had the following prevalence by age group - about 1 in 7 (or 13.8%) of young adults ages 18-25, and about 1 in 20 (or 5.3%) of older adults ages 26+

Major depressive episodes (MDE): an individual experiencing at least 2 weeks of having a depressed mood or loss of interest or pleasure in daily activities and had a majority of

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specified depressed symptoms based on the criteria from the DSM-V. In 2023, any form of depression was higher in female adults (28.0%) than male adults (18.2%) in South Dakota. The prevalence of any form of depression among adults in South Dakota by age group in 2023, from highest to lowest, is as follows: - 36.4%, ages 18-24; 29.2%, ages 25-34; 23.9%, ages 45-54; 21.8%, ages 35-44; 20.4%, ages 55-64; and 14.4%, ages 65+. South Dakota adults who made an income of \$15,000 to \$24,999 had the highest proportion of any form of depression by income (36.0%; BRFSS).

The Department of Human Services Division of Developmental Disabilities provided the following number of people with IDD having dual diagnoses receiving services from the CHOICES Waiver - approximately 1,952 participants.

(ii) **Employment\*:**

- Describe job training, job placement, worksite accommodation, vocational rehabilitation, and other work assistance incentive and benefits programs that are available to people with developmental disabilities. You may choose to include information about “school to work” transition efforts here.
- To the extent available also include information on competitive, integrated employment efforts; sheltered workshops; Employment First policies/efforts; and sub-minimum wage.
- To the extent available, include data regarding the number of youth and adults with developmental disabilities receiving each type of such employment services and supports
- Information about employment is **required** per Section 124(c)(3)(A)(ii).

The Department of Human Services, Division of Rehabilitation Services (DHS/DRS) helps individuals with disabilities obtain or maintain employment, economic self-sufficiency, personal independence, and full inclusion into society. DRS has 11 offices statewide, providing individualized services to individuals with significant disabilities to help them secure and maintain compatible employment. Those who receive vocational rehabilitation (VR) services and achieve their employment goals report increased independence and reduced reliance on other support.

VR offers many services and benefits to support individuals with disabilities, including personalized employment plans focused on unique needs and goals; career counseling and guidance; job skills development, training, and education programs; assistive technology to help do the job; and job placement and retention services.

A disability can be any physical, mental, or emotional impairment that substantially limits one or more major life activities. This includes both visible and invisible disabilities, such as mobility impairments, sensory disabilities, intellectual and developmental disabilities, mental health conditions, chronic illnesses and health conditions, and learning disabilities.

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The mission of the DHS/Division of Service to the Blind and Visually Impaired is to provide individualized rehabilitation services that result in optimal employment and independent living outcomes for citizens who are blind or visually impaired. Services include Job Services for Adults who are Blind or Visually Impaired; independent living services for older adults who are blind or visually impaired; career preparation for students with visual impairments; SD Rehabilitation Center for the Blind; Assistive Technology for People who are blind or visually impaired; low vision services and trainings and workshops.

The Board of Vocational Rehabilitation Annual Report for 2025 states that DHS/DRS received a total of 1,945 applications for services, with 1,825 found eligible. A total of 4,280 people with disabilities received services. Primary Impairment of Individuals Who Applied for VR services were Mental Impairments 41%; Cognitive Impairments 37%; Physical impairments 19%; and Sensory Impairments 3%.

The report also shared the largest reported barriers to employment and the percentage of Yes responses on initial Individual Plans for Employment (IPE). There were: Low Income 27%; No Barrier Identified 26%; Long Term Unemployment 17%; Basic Skills Deficient/Low Levels of Literacy 11%; and Ex-offender 10%

DHS/DRS has a Business Specialist who provides individualized assistance and support to eligible South Dakotans with disabilities as they prepare for employment opportunities. Staff also serve as a single point of contact for businesses throughout the state, offering no-cost technical assistance related to employing individuals with disabilities. Staff can provide information and resources on a variety of disability-related topics, such as disability etiquette, workplace accommodations, and service animals. They also offer employee recruitment assistance and in-person training for human resources personnel, managers, and supervisors on disability awareness and inclusion in the workplace.

DHS/DRS is required to provide Pre-Employment Transition Services (Pre-ETS) to students with disabilities. Required services include job exploration counseling, work-based learning experiences, workplace readiness training, instruction in self-advocacy, and counseling on postsecondary education opportunities. During the 2024-2025 school year, VR received 675 applications for students with disabilities and served 1,723 students with disabilities which is an increase of 9.7% from the prior school year.

Project SEARCH is a one-year transition-to-work program that provides students with disabilities immersive workplace training, career development, and support to gain meaningful competitive employment. Participants complete internships in a host business setting, building job skills, independence, and confidence through a combination of classroom instruction and hands-on experience. The program is a collaboration between schools, VR, and business partners, with a proven track record of successful employment outcomes. During the 2024–2025 school year, five Project SEARCH sites operated across the state, serving a total of 30 students. Of these

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participants, 21 have secured competitive employment statewide, earning an average wage of \$15.92 per hour and working an average of 27 hours per week.

Project Skills is a cooperative arrangement between VR and local school. VR pays for the students' wages and benefits, and the schools find the work experience sites for the students and help the students learn the job tasks. This service gives students with disabilities the opportunity to gain work experience, build references, and develop essential employability skills needed for a successful transition into adulthood. During FY25, VR partnered with 104 schools statewide to provide Project Skills placements for 456 students.

The Youth Leadership Forum is a week-long summer program for students with disabilities where students learn from peers and successful adults with disabilities who serve as leaders and role models. Students explore their own strengths and challenges, gain a deeper understanding of their disabilities, learn about disability rights and laws, and develop leadership and self-advocacy skills. 46 students attended the 2025 Youth Leadership Forum.

The Legislative Research Council DHS Budget Brief FY27 shows that in SFY25 there were 499 successful employments; 4,764 participants in VR; 2,627 participants in Independent Living and 90 participants in Personal Attendant Care Program.

Employment Services through the DHS/Division of Developmental Disabilities (DDD) include the following information from the CHOICES and Family Support 360 (FS360) Billing Manuals.

For CHOICES:

Career Exploration services are designed to assist participants in identifying and developing skills to prepare them for integrated competitive jobs and compensation at or above minimum wage, but not less than customary wage and level of benefits paid by the employer for similar work performed by employees without disabilities. Career Exploration includes occupational training to teach participants skills for the competitive labor market, and personal training designed to develop appropriate worker traits. Occupational training through this service will include teaching concepts such as following directions, attendance, task completion, problem solving, and workplace safety. There are currently 7 participants utilizing this service.

Small Group Vocational Support services provide opportunities for a participant to be paid while gaining work experience in a community business setting. A participant receiving these services is not employed by the community business. The Community Support Provider holds a contract with the business for a job and the business pays the CSP for the contract. The CSP pays the participant or group of participants who complete the job.

Participants receiving Small Group Vocational Support services must have an outcome to sustain competitive, integrated, paid employment at or above minimum wage in an integrated setting in the general workforce in a job that meets personal and career goals included in their

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person-centered ISP. Unlike Individual and Group Supported Employment, which seeks to provide participants with the supports and training necessary to maintain a job in an integrated competitive employment environment, Small Group Vocational Support services are designed to create a pathway towards integrated community-based employment for those who are not yet ready to receive Group or Individual Supported Employment services. There are currently 158 participants utilizing this service.

Group Supported Employment services are supports to a group of participants to obtain and maintain a job in integrated competitive employment, customized employment, or self-employment. Group supported employment services are integrated work setting in the general workforce. Participants receiving group supported employment services receive compensation at or above the minimum wage. Group Supported Employment can be provided to a group of (2) to (4) individuals. Group supported employment services must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. There are currently 58 participants utilizing this service.

Individual Supported Employment services are integrated work setting in the general workforce, participants receiving group supported employment services receive compensation at or above the minimum wage, and Individual Supported Employment services must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. Individual Supported Employment services may include service and supports that assist the participant in achieving self-employment through the operation of a business. Individual Supported Employment services are provided on a 1:1 ratio and the individual in on the payroll of the community business. There are currently 398 participants utilizing this service.

For FS360:

Supported employment services consist of helping a participant obtain paid employment if the participants is unlikely to obtain competitive employment at or above the minimum wage is because of their disabilities need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings including work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by participants receiving waiver services including supervision and training. There are currently 10 participants utilizing this service.

For Community Training Services:

Group Supported Employment has 28 participants currently utilizing this service. Individual Supported Employment also has 28 participants currently utilizing this service.

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(iii) Informal and formal services and supports\*:

- Describe available social, child welfare, aging, independent living, and other such services not described elsewhere that are available to people with developmental disabilities and their families.
- To the extent available, also include information on family support efforts/policies, peer support initiatives, faith-based community efforts, volunteer activities, home and community-based services, and long-term services and supports.
- To the extent available, include data regarding the number of children and adults with developmental disabilities and, as applicable, their families receiving each type of such services and supports.
- Information about informal and formal services and supports is **required** per Section 124(c)(3)(A)(iii).

The mission of the DHS/Division of Developmental Disabilities (DDD) is to ensure that people with developmental disabilities have equal opportunities and receive the services and supports they need to live and work in South Dakota communities. DDD operates two Medicaid Waivers – Family Support 360 and the CHOICES (Community, Hope, Opportunity, Independence, Careers, Empowerment, Success) Waiver.

Family Support 360 (FS 360) helps people with intellectual and developmental disabilities and their families get the services they need to live in their own home and community as independently as possible. Family Support provides a person with flexible services and supports customized to the unique needs of the person and their family. It is self-directed, meaning the person and their family control which services they want and need, how their services are provided and how to spend the funding provided by the state, with help from their Family Support Service Coordinator. It is intended to maintain and strengthen the family's ability to provide care at home. It also provides assistance to people living on their own. It provides an individualized budget for families and the person to purchase their services and supports and is designed to meet the varied and changing needs of each person and family. FS 360 is self-directed, which allows the person or their guardian to choose their staff and schedule based on their needs.

Services include: Service Coordination, Companion Services, Specialized Medical Adaptive Equipment and Supplies, Respite Care, Specialized Therapies, Environmental Accessibility Adaptive Equipment, Vehicle Modifications, Supported Employment, Personal Care Services, Nutritional Supplements, Other

Services may include:

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- Help getting around the house: Changes to the home to improve independence, such as grab bars, ramps, bathroom accessibility remodels, and wheelchair lifts.
- Vehicle modifications: Changes to your vehicle to help you get around your community.
- Companion services: Services to build social skills and increase independence.
- Supported employment: Supports to find and keep a job where you earn at least minimum wage.
- Personal care in the home: Help with tasks such as bathing, eating, or personal hygiene.
- Special medical adaptive equipment and supplies: Items and medical supplies to help with daily living, such as adaptive bicycles, adaptive clothing, adaptive cooking and eating utensils, or medication minders.
- Specialized therapies: Therapies such as horse, art, and music.
- Nutritional supplements: Products prescribed by a doctor that are used to supplement the person's dietary needs.
- Environmental accessibility and adaptive equipment: Changes to the home to improve independence.

The CHOICES Waiver is a program for children and adults with intellectual and developmental disabilities. Services range from round-the-clock supports in a home setting to intermittent check-ins for those living in their own home as well as an array of daytime and employment services. A community service provider (CSP) provides direct services to people supported by the CHOICES waiver. CSPs are located throughout the state.

Services may include:

- Individual assistive technology: Devices include items such as iPads, Wayfinder, Amazon Alexa, Google Home, and other SMART home technology. These devices offer more independence as the devices can be programmed to remind the person to take medication, provide step-by-step instructions for completing activities of daily living, and make the home environment more accessible.
- Residential services: Services help people live as independently as possible, and support health and safety needs. Care ranges from around-the-clock supervision to intermittent daily check-ins.
- Supported employment: Services help people with intellectual and developmental disabilities gain and maintain employment, advance in their chosen fields, and explore new employment options as their skills, interests, and needs evolve. The goal of supported employment services is for a person to get ongoing paid employment at or above minimum wage in an integrated, general workforce setting.
- Career exploration: Services help people learn work skills and prepare the person for employment. Career exploration can be provided in a variety of settings.
- Day services: Supports help people to have meaningful life experiences. These services include leisure and recreational activities to help people get, keep, or build on their living skills.
- Case Management: Each person seeking CHOICES waiver services selects a case management provider as their first step. The case management provider cannot be the same as the service provider. This is to ensure an unbiased plan that meets the persons needs. The case manager will help gather and send required proof to determine if a person qualifies; make a high quality, person-

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centered plan for supports and services; identify, apply for, and access the supports the person needs and wants from available providers and resources; and advocate and problem solve.

Living options may include services to assist a person with an IDD to live in their home with minimal support. Another option is to assist a person to live in a community setting with more comprehensive residential support provided by a Community Support Provider. Services include:

- Residential services: Help people to live as independently as possible and to support health and safety needs. Care ranges from around-the-clock support to intermittent daily check-ins.
- Shared living: Shared living is a residential living option where a person with an intellectual or developmental disability lives with someone who wants to share a life and provide supports. The shared living provider can be anyone over the age of 18. Shared living Host Home and Companion Home providers are very diverse and can include college students, families, single people, couples, and empty nesters. Host Homes provide services to a person in the private home of a community member, friend, or family member.
- Companion care: Intermittent support from a paid helper to build social skills and increase independence.
- Supported living in the home: Services to assist a person to live in their home with minimal supports from paid help.
- Personal care: Help with tasks such as bathing, eating, or personal hygiene.

### Strengthening Families Program:

Strengthening Families Program helps families who have a child or an adult with a developmental disability get services or supports that they are not able to get from other places. Through this program eligible families can receive repayment for the purchase of eligible goods and services. Eligible services and supports may include: incontinence supplies, medications, nutritional supplements, recreational opportunities, adaptive equipment, housing modifications, travel expenses for medical care, and vehicle modifications.

### Respite Care Program:

Respite is planned or emergency care provided to a child or adult with a disability (or other conditions) in order to provide temporary relief to, or a short break for family caregivers who are caring for the child or adult. Respite care providers are chosen by the family and care for children or adults with disabilities or other conditions while families run errands, take a class, go to a movie, or go on a vacation. These breaks allow families to tend to the needs of their other family members, their spouses, and/or themselves.

### Community Training Services Program:

Community Training Services (CTS) are provided to a person who needs minimal supports to live and work in their communities. Services include community living training and expanded follow-along services. Community Living Training services provide and teach self-advocacy, self-care, financial management, safety and emergency procedures, accessing community resources, and decision-making skills. Expanded follow along services provide social skills development,

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assessment of the person's abilities and needs to match him/her with needed services and supports, telephone and/or personal contact with or on behalf of the person to community services and resources.

Currently the number of people with IDD served by DDD programs is:

FS 360 – 1,265

Respite Care – 410

Strengthening Families – 287

CTS – 117

CHOICES – 2,611

CHOICES Shared Living – 420

The Legislative Research Council DHS Budget Brief FY27 shows that in SFY25 there were 2,554 participants in the CHOICES Waiver and 1,412 in the FS 360 Waiver. Per person costs for the CHOICES waiver was \$92,830 and for FS 360 per person costs were \$9,810.

The South Dakota Developmental Center (SDDC) is the only state institution for people with IDD and provides comprehensive specialized services designed to enhance quality of life and community inclusion for people with intellectual disabilities and/or developmental disabilities. The people who receive services at the SDDC have diverse strengths, preferences, and abilities. Trained professionals use this information to help the person and their family/guardian develop an individualized treatment plan consistent with their personal goals.

SDDC offers a wide array of services. Teams work with each person to maximize self-determination and independence; focus on person-centered approaches and reinforce positive behavior; put into action best practices and ethical standards; advocate for the rights of persons with intellectual and developmental disabilities; and respect the dignity of those served.

Services may include, but are not limited to:

- Physical development and health to address needs like good nutrition, physical activity, primary and preventative health care, dental care, and overall good health.
- Physical and occupational therapy to help people maintain mobility and function throughout their day with as much independence as possible. Occupational therapy is used to help build or regain a person's ability to perform everyday activities on their own.
- Communication development services address speech disorders, communication barriers, hearing impairments, and improve communication skills with others.
- Behavioral and mental health services to help work more productively; cope better with everyday stress; maintain a positive outlook; and engage in healthy eating, sleeping, and exercise habits.
- Life skills to help manage one's emotions, health, finances, relationships, and educational pursuits to improve how people feel about themselves, their emotional balance, physical health, and independence.
- Vocational development to help people get and keep jobs that match their skills and interests.

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- Participation in leisure and recreation activities to help people better manage stress, reduce depression, and improve mental, physical, and overall health.
- Independent living skills and training to maintain and improve everyday activities and community involvement. Daily living skill development can include bathing, dressing, and eating independently. Other skills training can include shopping, preparing meals, learning to budget money, and taking medications as prescribed.

The Legislative Research Council DHS Budget Brief FY27 shows that in SFY25 there were 81 people at SDDC as of 6/30/25. There were 8 admissions and 7 discharges. The agency cost per person per day was \$999.

The DHS/Long Term Services and Supports (LTSS) enhances and promotes the quality of life for older adults, adults with disabilities, and their caregivers at home and in the community. The Home and Community-Based Options and Person-Centered Excellence (HOPE) waiver provides home and community-based services to people who need nursing facility level of care. The HOPE waiver allows people age 65 and older, and people age 18 and older who have a qualifying disability, to live at home or in the setting that is most independent for them. Services may include In-Home Services, Respite and Caregiver Services, Nutrition and Meals, Safety and Help Moving Around, Adult Day Services, Community Living Home and Assisted Living. To qualify, a person must be age 65 and older or age 18 and older with a qualifying disability; meet a nursing facility level of care; participate in an assessment of needs; not be a resident of a hospital, nursing facility, or an Intermediate Care Facility (ICF); have an assessed need for one or more waiver services at least one time per month; and meet financial eligibility as decided by DSS/Economic Assistance.

In-home services help older adults or people with disabilities stay in their home based on their needs and may include homemaker and chore services, personal care services, nursing services, paid family caregivers, adult companion services, emergency response systems and medical supplies and equipment

Respite and Caregiver Services - Each caregiver presents his or her own unique needs and preferences for the types of programs and services they wish to receive. The available programs and services vary to meet the needs of each caregiver and help care for a person at home as long as possible. Services may include companionship for the care receiver; help with care receiver's daily activities; meal preparation; light housekeeping; and help with personal hygiene. Those eligible for respite and caregiver services include: 1) primary caregivers who provide unpaid care to a care receiver of any age, related to aging, disability, or chronic illness; 2) adult family members or other informal caregivers age 18 and older providing care to individuals age 60 and older; 3) adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer's disease and related disorders; 4) grandparents and other relatives (not parents) age 55 and older providing care to children age 17 and younger; and 5) grandparents and other relatives (not parents) age 55 and older providing care to adults age 18-59 with disabilities.

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Nutrition and meals - Nutritious meals for older adults may be available in a community setting like a senior center, community building, restaurant, or local kitchen. Home delivered meals may be available depending on a person's needs. In addition, the programs provide nutrition screening, assessment, education, and counseling. Eligible people include people age 60 and older and their spouses or caregivers can eat at adult nutrition meal sites throughout the state; a person who is age 60 or older may get home-delivered meals and the spouse or caregiver of a qualified homebound person, or a person age 59 and younger who is dependent on a qualified person who gets home-delivered meals, may also get home-delivered meals; and people with disabilities who live in congregate housing facilities for older adults and where a congregate meal site exists.

Safety and Help Moving Around - Services include safety and accessibility adaptations for homes – changes to a home that help keep a person safe, secure and more independent. These adaptations can include installing ramps and grab-bars; widening doorways; modifying bathroom facilities; and installing specialized electric or plumbing systems needed to accommodate the medical equipment and supplies that are needed for the person's welfare. Services do not cover changes like carpeting, roof repair, central air conditioning, or others that are not of direct medical benefit.

Safety and Help Moving Around includes transportation services that can provide people who are aging or have a disability with free rides. Transportation services can provide people a free ride to community services and resources listed in a care plan. DHS offers funding to some local transit systems in partnership with the Department of Transportation. Nonprofit organizations or local government agencies also provide transportation services. Rides to and from medical providers and facilities, shopping and banking, senior centers, nutrition programs, adult day services programs, and essential errands. People age 60 and older or adults 18-59 with a qualifying disability may ride transit systems for a suggested donation.

Adult Day Services offer places where aging adults and adults with disabilities can get regular care, supervision, and structured activities for part of the day in a community-based setting. Adult day services provide an opportunity to spend the day socializing with others in a supervised community setting. Adult day services help caregivers so they can work or pursue other daytime activities while continuing to care for the person at home. Adult Day Services are available in Sioux Falls and Rapid City.

A Community Living Home offers services and supports in a family-style residence with up to four adults that is licensed by the SD Department of Health. The person can live in their community while getting needed care and supervision in an integrated setting. Needs are addressed to support and enable the person to maximize abilities to function at the highest level of independence possible. Community living homes are an alternative to an assisted living center or nursing facility.

Structured Family Caregiving offers ongoing support, training, and a small stipend for a family member who provides substantial care for an aging adult or an adult with a disability. The goal is to enable the person to live in their community while supporting the family caregiver, so the needed

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care and supervision can be provided. The principal caregiver helps with personal care, supervision, prompts and reminders, medication management (to the extent permitted under state law), and other things such as transportation for necessary appointments and community activities, shopping, managing finances, and phone use. Structured Family Caregiving is an option for a person who is age 65 or older or age 18 or older with a disability; interested in this type of living arrangement; and a current participant of or qualifies for the HOPE waiver.

Nursing homes or nursing facilities provide care to people who cannot be cared for at home or in the community. They offer personal care and health services for people who are unable to care for themselves due to physical, emotional, or mental health needs.

The Legislative Research Council DHS Budget Brief FY27 shows that in SFY25 Dakota at Home had 20,662 contacts, 677,551 transportation trips were provided and 1,492,568 nutrition meals served. There were 7,056 participants in the HOPE Waiver with an average expenditure per participant of \$6,613. There were 1,069 participants in Assisted Living with an average expenditure per participant of \$20,360. The HOPE Waiver serves approximately 75 participants with IDD. There were 3,832 participants supported by Medicaid in Nursing Facilities with an average expenditure per participant of \$62,352.

(iv) Interagency Initiatives\*:

- Describe the extent to which agencies operating other federally assisted State programs (including activities authorized under section 101 or 102 of the Assistive Technology Act of 1998 (29 U.S.C. 3011, 3012)) pursue interagency initiatives to improve and enhance community services, individualized supports, and other forms of assistance for individuals with developmental disabilities.
- To the extent available, also include information on other state collaborations, such as the state early learning councils required under the Head Start program, State Interagency Coordinating Councils required under Part C of IDEA, Work Investment Boards, Centers for Independent Living, State Rehabilitation Council, Aging and Disability Resource Centers and other relevant state-established Councils, Committees, and/or Cabinets.
- As possible, include specific information about participation of individuals with developmental disabilities, family members, and organizations representing people with disabilities on these Councils, Committees and/or Cabinets. Information about interagency initiatives is **required** per Section 124(c)(3)(B).

Dakota at Home, South Dakota's aging and disability resource center, provides free unbiased information, referral, and assistance to individuals, regardless of age, disability, income, or resources. Dakota at Home is a free service to help you find the supports you need. The Dakota at Home team can provide you with objective information and options planning regardless of age, disability, or income, and can help you identify and access public and private services in your community.

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The information below was sourced from IRIS, DDD's intake module system. There have been 985 inquiries from Dakota at Home for DDD so far during this fiscal year (06/01/2025 – 04/16/2026). These inquiries reflect the utilization of Dakota at Home; however, diagnosis information is not collected until the eligibility screening process (where we receive supplemental documentation). As a result, it is unclear from this data how many individuals contacting Dakota at Home have an IDD.

A brief note on this, not all phone calls/emails are entered into inquiries (ex. requests for LTSS or other programs), so if someone needs a resource and we don't move forward with sending applications/information for DDD programs we do not create an inquiry instance.

(Note: 442 participants who called in do have a recorded diagnosis, which accounts for 45% of the calls received. For the other 55%, there is no diagnosis recorded.)

The Legislative Research Council DHS Budget Brief FY27 shows that in SFY25 Dakota at Home had 20,662 contacts

Since 1995 DakotaLink has provided direct services to individuals with disabilities and the elderly. These services include individual assessments, equipment sales, installation and training of assistive technology. This one stop concept has helped DakotaLink evolve into a statewide organization that has 6 certified rehabilitation technicians located in 4 regional offices. DakotaLink provides direct services to hundreds of individuals per year and partners with many agencies, including DRS, DSBVI, schools, the Veterans Administration, private individuals and businesses. Services include equipment loans/reuse; low interest loan fund; evaluations and trainings; equipment and software.

Early Learner South Dakota (ELSD) is a program of the South Dakota Association for the Education of Young Children. This program is a community-driven, grassroots effort that brings awareness and support to the importance of how access to a variety of early learning environments impacts our community's future. ELSD maintains a data dashboard where statistical data can be reviewed. Among those statistics, the site shows that South Dakota ranks highest in the Economic Well Being category while Children's Health sits at 45<sup>th</sup> out of 50 states. SDs ranking by category showed Child Well-Being 26<sup>th</sup>; Childhood Education 31<sup>st</sup>; Children's Health 45<sup>th</sup>; Economic Well-Being 9<sup>th</sup> and Family & Community 24<sup>th</sup>. ELSD defines South Dakota early learners as children between the ages of 0 and 8. Brain development starts prenatally and children are developing the skills to become effective learners up through the 3rd grade. There were 108,020 early learners under the age of 9 in South Dakota in 2021.

State Interagency Coordinating Councils required under Part C of IDEA – The Departments of Education, Health, Human Services and Social Services are involved in an Interagency Agreement to ensure collaboration in the maintenance and implementation of a statewide,

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comprehensive , coordinated, multidisciplinary and interagency service delivery system for children eligible under Part C of IDEA. This system is designed to ensure the availability and accessibility of early intervention services for all eligible infants and toddlers and their families. Principles of the program are family-centered focus, integration of services, universal application (Individual Family Services Plan), cost effectiveness and high-quality services. Each agency supports the attainment of 12 mutual objectives outlined in the agreement.

SD Workforce Development Council through the Department of Labor and Regulation oversees implementation of workforce training programs in South Dakota funded by the Workforce Innovation and Opportunity Act (WIOA).

There are two Centers for Independent Living within South Dakota that provide independent living services across the state. Services include information and referral; independent living skills training; peer counseling; individual and systems advocacy; transition services; and assistive technology. Eligible for services is any person who lives in South Dakota and has a physical, mental, cognitive, or sensory impairment; limited ability to live independently in their home or community; limited ability to get, keep, or advance in a job; and the ability to live or move toward living independently in their home or community, or in a job, with the support of Independent Living services.

Graduates of the Council funded Partners in Policymaking program continue to serve on many state boards and commissions including the Board of Vocational Rehabilitation, Board of Services for the Blind and Visually Impaired, Special Education Advisory Panel. Informal workgroups within the Division of Developmental Disabilities often include Partners graduates and members of the DD Council.

Family Support Council: According to authority, membership of the council consists of 15 members as follows: a) members of the council shall be immediate family members of a person with a developmental disability or have a developmental disability themselves – there are currently 13 family members represented on the council; b) At minimum, two members of the council shall be Native American; c) At minimum, one member of the council shall have a developmental disability – there are currently 2 members that are self-advocates. The Council defines the principles and philosophy of family support services, advises the Department of Human Services, Division of Developmental Disabilities in the Department's planning, policy, goals, implementation and evaluation of family support services, and provides an annual report to the Governor and Legislature according to the Council's by laws.

Legislative Committee:

The South Dakota Developmental Disability Service Delivery Committee, as created by Senate Bill 15 during the 2026 Legislative Session, is a nine member legislative committee tasked with examining the Medicaid waiver programs, administered by the Department of Human Services, which provide home and community-based services to individuals with intellectual and

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developmental disabilities, for the purposes of: streamlining provider biennial review and accreditation requirements to reduce administrative burden, improve clarity and consistency, and support sustainable, individual-centered service delivery; and assessing roles and responsibilities to ensure that current practice, policy, and service delivery match system realities; Hear testimony from the Department of Human Services on the operation of, and changes to, the waiver programs; seek feedback from individuals with intellectual and developmental disabilities, their family members, community support providers, and case management organizations regarding services provided under the waiver programs; and Consider proposed legislation or changes to the waiver programs to improve services and efficiency. The Committee consists of nine member including the chairs of the health and human services committees of the House of Representatives and the Senate, the chairs of the appropriations committees of the House of Representatives and the Senate; Two members of the House of Representatives, appointed by the speaker of the House of Representatives; two members of the Senate, appointed by the president pro tempore of the Senate; and one member of the minority party.

### Family Workgroup:

Another group through the Division of DD is the Family Workgroup. This workgroup is collaborating with people who receive HCBS services and/or their family members. Meetings occur ad hoc and may focus on a variety of issues affecting waiver service recipients. The Family Workgroup is a way for people to help DDD plan for the future of self-direction.

### (v) Quality Assurance:

- Provide information on monitoring of services, supports, and assistance to prevent abuse, neglect, sexual or financial exploitation, violation of legal or human rights, and inappropriate use of restraints or seclusion; interagency coordination and systems integration efforts that result in improved and enhanced services, supports, and other assistance; access to person-centered planning services; and training in leadership, self-advocacy, and self-determination.
- This information is **optional**.

### ADD info on SMART reviews, etc.

DHS/LTSS also includes Adult Protective Services (APS) that protect vulnerable adults from abuse, neglect, or exploitation. Adult Protective Services (APS), which operates within the Long Term Services and Supports (LTSS) Division, along with law enforcement and other oversight entities, each have distinct statutory and operational roles in responding to abuse, neglect, exploitation, and other critical incidents involving waiver participants. APS investigations are conducted independently in accordance with South Dakota Codified Law (SDCL) 22-46 and APS policy. LTSS Case Management Specialists are mandatory reporters under South Dakota law and follow Adult Protective Services policies when abuse, neglect, or exploitation is suspected or reported. Providers

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are also mandated reporters and are required by contract to maintain policies and training consistent with mandatory reporting laws and to notify LTSS of incidents, concerns, or changes affecting participant health and welfare. All reports of abuse, neglect, or exploitation are entered into the Adult Protective Services (APS) data management system. APS Specialists conduct screening and investigation activities in accordance with SDCL 22-46 and APS policy, which may include collateral contacts, attempts to locate and engage the alleged victim, coordination with law enforcement, and consultation with supervisors prior to case closure.

Each division within DHS has a process in place to monitor services and supports – both of providers and as participants. Participants have a case manager to support them with their services and supports. Providers have ongoing monitoring based on the requirements noted in the specific waiver. There are surveys with the National Core Indicator based on the type of waiver the participant or provider works with. These results help ensure monitoring of the services provided.

(vi) Education/Early Intervention:

- Provide information on general and special education services; early intervention services; early childhood services; private school services; education supports; and teacher training.
- This information is **optional**.

The SD Department of Education, Special Education Programs provides leadership and support for educators, parents, and students with disabilities receiving special education and related services throughout South Dakota s public schools and communities. The CHILD COUNT for April 2025 for public schools included total numbers of students served by age, disability and educational setting.

Total Ages 3-5 – 2,920

Total Ages 6-21 – 21,340

Prolonged Assistance (Ages 0-2) – 243

Autism Spectrum Disorder – 2,528

Cognitive Disability – 1,730

Deaf – 46

Deaf/Blind 2

Emotional Behavioral Disability – 1,494

Hearing Loss – 121

Multiple Disabilities – 899

Orthopedic Impairments – 61

Other Health Impaired 3,252

Developmental Delay – 1,554

Specific Learning Disabled – 7,329

Traumatic Brain Injury – 47

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## FIVE YEAR STATE PLAN TEMPLATE GUIDELINES DEVELOPMENTAL DISABILITIES COUNCILS

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Vision Loss - 55

### Educational Settings

General Classroom – 17,619

Resource Room – 3,142

Self-Contained Classroom - 1,309

Separate Day Program - 146

Residential Facility - 80

Home/Hospital – 39

EC 10 hrs. + services in EC – 236

EC 10 hrs. + sv other location – 934

EC less than 10 hrs. services in EC – 33

EC less than 10 hrs. sv other location – 75

Separate Class 4 - 67

Separate school – 19

Residential Facility – 2

Home – 16

Service Provider Location – 143

Total Ages 3-21 – 24,260

Within Division of Special Education and Early Learning is the Birth to Three program, Head Start Collaborative and Preschool Section 619 (3-5 yr olds).

Birth to Three contributes to the success of children with developmental delays and their families by providing early intervention services and supports building on family strengths through every day routines and learning experiences. The Birth to Three Early Intervention Program serves children from birth to 36 months with developmental delays or disabilities and their families. Per the CHILD COUNT, 243 children were supported as of April 2025.

Head Start and Early Head Start Programs provide free comprehensive services to pregnant women and children birth to 5 years. From the 2024 Head Start & Early Head Start Profile:

\$31,664.845 total funding in FY23

4,613 seats funded statewide

2,068 seats funded at Head Start programs

545 seats funded at Early Head Start programs

1,617 seats funded at American Indian/Alaska Native Head Start Programs

363 seats funded at American Indian/Alaska Native Early Head Start Programs

32,766 home visits conducted

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77 pregnant women served  
1,799 newly enrolled children completed behavioral screenings  
331 children received care for a chronic health condition  
3,848 children received preventative dental care  
2,6904 children up-to-date on Early and Periodic Screening, Diagnostic and Treatment Screenings

357 homeless families served  
3,055 families received services that promote family outcomes  
1,121 fathers involved in their child's educational experiences

251 Head Start and Early Head Start classrooms  
1,311 Total Head Start and Early Head Start staff  
2,698 parents employed, in school or in job training

(vii) Housing:

- Provide information on the availability of affordable, accessible, integrated housing; housing supports and services; and services related to renting, owning, or modifying a residence.
- This information is **optional**.

(viii) Transportation:

- Provide information on accessible public transportation services, paratransit services, and/or programs that promote community accessibility.
- This information is **optional**.

(ix) Childcare:

- Provide information on before-school, after-school, and early care services in communities.
- This information is **optional**.

(x) Recreation:

- Provide information on recreational, leisure, and social activities in communities that are available to individuals with developmental disabilities.
- This information is **optional**.

**PART C. Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:**

Use the sub-sections to summarize the Councils' comprehensive analysis of the extent to which individuals with developmental disabilities directly benefit from the available community services, supports, and other assistance provided in the state. Focus on the ability of individuals with developmental disabilities to access and use services provided in their communities; to participate in opportunities, activities, and events offered in their communities; and to contribute to community life. Describe how people experience the services and supports they receive or do not receive, and how

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## FIVE YEAR STATE PLAN TEMPLATE GUIDELINES DEVELOPMENTAL DISABILITIES COUNCILS

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they view their lives rather the service system. Summarize the Council's analysis of obstacles that impact the ability of people with developmental disabilities and their families in the state to fully participate in and contribute to their community through full integration and inclusion in economic, political, social, cultural, and education activities. Fields required are noted by the \* sign.

(i) **Criteria for eligibility for services\*:**

- Summarize the Council's analysis of the eligibility criteria used to determine access to specialized services provided by State agencies that may exclude individuals with developmental disabilities from receiving services.
- This may include if available an analysis of eligibility criteria for generic services, waiver services, early intervention services, special education services, employment services, and long-term services and supports.
- Information about eligibility for services is **required** per Section 124(c)(3)(C)(ii).

The information below was sourced from the Eligibility Team and ARSD

We do not complete eligibility determinations for admissions to LifeScape Childrens or eligibility determinations for admissions to SDDC. We do complete disability determinations for LifeScape Children's discharges needing DDD services and for SDDC discharges needing DDD services.

To be determined eligible for a DDD waiver program there are two steps to the process. The individual must have a Developmental Disability and qualify for Medicaid.

**Overall Eligibility Criteria:**

- Needs to have a diagnosed developmental disability.
- The developmental disability needs to have been diagnosed prior to the age of 22.
- The diagnosis needs to continue indefinitely.
- Need to meet ICAP eligibility.

The Division of Developmental Disabilities completes a disability determination for waiver services (CHOICES and Family Support) and eligibility for state-funded services (Strengthening Families, Respite, and CTS).

When someone wants to switch waivers (FS360 to CHOICES or CHOICES to FS360) they need to go through the same process (disability determination and financial eligibility) to redetermine if they continue to be eligible for waiver services. The same process is followed when someone wants to change from a state funded program (Strengthening Families, Respite, or CTS) to waiver services (CHOICES and Family Support).

**Strengthening Families Eligibility:**

ARSD 46:11:10:07. Strengthening families program eligibility. An individual must meet the following criteria to be eligible to receive items and services under the strengthening families program:

- (1) The individual must be a resident of this state;

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- (2) The individual must have a developmental disability as defined in SDCL 27B-1-18 or be a child, birth through two years of age, who has been identified by the Department of Education as a child needing prolonged assistance as defined in § 24:05:24.01:15; and
- (3) If the individual is under 18 years of age, the individual must be living in a home with a parent or guardian.

### Respite Eligibility:

ARSD 46:11:12:02. Eligibility. A family residing in South Dakota may be eligible for respite care if the family has a child or adult family member who lives with a parent or other family member on a full-time basis and one of the following apply to the child or adult family member:

- (1) Is a child or an adult and has a developmental disability as defined in SDCL 27B-1-18;
- (2) Is three years of age or younger and has a developmental delay;
- (3) Is a child and has a serious emotional disturbance as defined in SDCL 27A-15-1.1; (4) Is an adult and has a severe and persistent mental illness as defined in subdivision 46:20:18:01(22);
- (5) Is a child and has a chronic medical condition;
- (6) Is a child and a member of a post-adoptive family; or
- (7) Is a child or an adult and has a traumatic brain injury.

An adult or child eligible for family support waiver services is not eligible for services under this chapter.

### Family Support 360/CHOICES Eligibility:

Must meet both DDD eligibility and DSS Financial eligibility criteria to be determined eligible for waiver services.

67:54:04:05. Criteria for determining developmental disabilities -- Documentation required. The provider shall maintain documentation signed by a physician or psychologist which indicates that the individual is developmentally disabled. An individual is considered developmentally disabled if the individual meets all of the following criteria:

- (1) The individual has a severe, chronic disability attributable to intellectual disability, cerebral palsy, epilepsy, head injury, brain disease, or autism or any other condition, other than mental illness, closely related to intellectual disability and requires treatment or services similar to those required for individuals with intellectual disabilities. To be closely related to intellectual disability, a condition must cause impairment of general intellectual functioning or adaptive behavior similar to that of intellectual disability;
- (2) The disability manifested itself before the individual reached age 22; and
- (3) The disability is likely to continue indefinitely.

(Please note that the individual needs to meet ICAP eligibility also.)

67:54:04:03. Financial eligibility requirements. HCBS may be available to an individual who meets one of the following requirements:

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- (1) Is receiving TANF, SSI, or a foster care maintenance payment under Title IV-E of the Social Security Act; or
- (2) Is aged, blind, or disabled and has an income less than 300 percent of the SSI standard benefit but is not eligible for SSI.

CTS Eligibility:

46:11:11:03. Eligibility. To be eligible to receive CTS a participant shall meet the following criteria:

- (1) Have a developmental disability as defined in SDCL 27B-1-18;
- (2) Be at least 16 years of age or if 21 years of age or younger, may not be eligible for special education services pursuant to chapter 24:05:24.01;
- (3) Have three or more substantial functional limitations determined by an ICAP; and
- (4) Meet the income guidelines in § 46:11:11:05 or meet the criteria for a special emergency provision pursuant to § 46:11:11:06.

An ICAP must be completed initially to determine eligibility, as changes occur, and every three years to determine continued eligibility.

- (ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families\*:
  - State what populations are identified by the Council as unserved and underserved. This may include populations such as: gender, individuals from racial and ethnic minority backgrounds; Lesbian Gay, Bi-Sexual, Transgender, Queer, and Questioning (LGBTQQ), disadvantaged individuals, people who speak a primary language other than English, individuals from underserved geographic areas (rural or urban); specific groups of individuals within the population of individuals with developmental disabilities, including individuals who require assistive technology in order to participate in and contribute to community life; or some other group.
  - Describe the process the Council used to identify the unserved and underserved population in the State and the rationale for identifying these population(s) over others.
  - Review and analyze barriers to full participation of unserved and underserved groups is **required** per Section 124(c)(3)(C)(iii).
  - Review and summarize the needs for the identified unserved and underserved population(s) including the needs of individuals with developmental disabilities from culturally and linguistically diverse backgrounds.
- (iii) The availability of assistive technology\*:
  - Summarize the Council's analysis of the availability of assistive technology, assistive technology services, rehabilitation technology, and/or the availability of information about these three things, to individuals with developmental disabilities.
  - This may include if available information about access to generic technologies, such as universally designed technology, smart home-based technology, monitoring technology, etc.

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- Information about the availability of assistive technology is **required** per Section 124(c)(3)(C)(iv).

Information Sourced from CHOICES and Family Support Billing Manuals, more information can be found in Waiver Appendix C for types of technologies. Participant counts sourced from programmatic authorizations.

### CHOICES:

Assistive Technology means a device, item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of the participant. Assistive Technology service is available to those participants whose Individualized Service Plan (ISP) specifies a need for the assessment of adaptive functioning needs and/or specifies the use of particular assistive technology is necessary to ensure the participant's health, welfare, and safety. Examples of Assistive Technology include: Communication devices (ex. iPad with Proloque2go), Home automation devices (such as smart home controls), Text to speech software, Apps that can help participants access the community or perform activities of daily living, Apps that promote independence and/or replace the need for staff assistance. There are currently 166 participants utilizing this service, representing 13 providers.

Specialized Medical Equipment and Drugs is a service available to those participants whose Individualized Service Plan (ISP) specifies a need for the assessment of adaptive functioning needs and/or specifies the use of particular equipment and supplies as necessary to carry out the participant's ISP. Participants can utilize this service to obtain an assessment of their functional limitations and needs, or to purchase, rent, repair, or maintain medical equipment and drugs in accordance with their Individualized Service Plan. Examples of Specialized Medical Equipment and Drugs includes: Wheelchair parts and repairs; Adaptive clothing and specialized shoes; Bathing lifts/chairs; Adaptive beds; Adaptive eating and cooking utensils; Medication minders; Thickening agents. There are currently 333 participants utilizing this service, representing 20 providers.

### Family Support:

Specialized Medical and Adaptive Equipment and Supplies (SMAES) include devices, controls, or appliances specified in the plan of care which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment. Specialized Medical Adaptive Equipment and Supplies includes, but is not limited to Modified bicycles or tricycles; Wheelchair parts and repairs; Adaptive clothing and specialized shoes; Communication devices/books recommended by the therapist, school, or doctor; Bathing lifts/chairs; Adaptive beds; Adaptive eating and cooking utensils; Medication reminders; Sensory equipment (sensory chew toys, small indoor trampolines, weighted blankets,

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platform swings, noise cancelling headphones, and sensory chairs); Electronic tablet as part of a system of environmental controls and as an augmentative communication device; Thickening agents; Specialized Car Seat. There are currently 607 participants utilizing this service, representing 8 providers.

Environmental Accessibility Adaptations is a physical adaptation to the home, owned by the participant or the participant’s family, required by the participant’s plan of care, which is necessary to ensure the health, welfare, and safety of the participant, or which enable the participant to function with greater independence in the home and without which, the participant would require institutionalization. Environmental accessibility adaptations include, but is not limited to: Ramps (portable and permanent); Grab-bars; Widening of doorways; Bathroom modifications; Power door openers and door locks; Wheelchair lifts; Door sensors and cameras used to support an individual’s independence in the home; Ceiling track system personnel; and Installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the participant; Outdoor fences may be covered for individuals with documented unsafe wandering or running behaviors. There are currently 84 participants utilizing this service, representing 8 providers.

Vehicle Modifications consist of adaptations or alterations to an automobile or van to accommodate the special needs of the participant. The vehicle must be the waiver participant’s primary means of transportation. Vehicle modification funding includes, but is not limited to: Conversions including rear, side access, and pickup; Mobility seating; and Wheelchair vehicle lifts. There are currently 29 participants utilizing this service, representing 7 providers.

(iv) **Waiting Lists\*:**

Numbers on Waiting Lists in the State:

- Provide the number of people waiting for residential services per 100,000.
- To the extent possible, include state data on all other types of waitlists per 100,000.
- Information on the number of people with developmental disabilities on waiting lists for services is **required** per Section 124(c)(3)(C)(v).

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop.	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2017						
2016						

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2015						
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- a) Entity who maintains wait-list data in the state for the chart above:
- Case management authorities
  - Providers
  - Counties
  - State Agencies
  - Other \_\_\_\_\_
- b) There is a statewide standardized data collection system in place for the chart above:
- yes
  - no
- c) Individuals on the waitlist are receiving (select all that apply) for the chart above:
- No services
  - Only case management services
  - Inadequate services
- d) To the extent possible, provide information about how the state places or prioritizes individuals to be on the waitlist:
- Include if available whether the state has uniform statewide guidance regarding wait-lists, whether the state breaks the wait-list into categories or tiers, how individuals are prioritized, breakdowns by urgency of need, demographic characteristics, wait-lists for specific services, order of selection policy, evaluation policy, etc.
- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
  - Other \_\_\_\_\_
- e) Description of the state’s wait-list definition, including the definitions for other wait lists:

Use space below to provide any information or data available related to the response above:

The information below was sourced from the Administrative Rules of South Dakota

**Family Support Waiver:**

46:11:09:09. Waiting list. If a waiting list develops, the division shall assign a level of priority for applicants to the waiver. The first level is priority status, which is reserved for individuals who are at significant risk. An individual at significant risk is one under any of the following circumstances:

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- (1) Whose health, welfare, or safety is in jeopardy;
- (2) Who is at imminent risk of being institutionalized; or
- (3) Who is institutionalized.

Any other individual shall be placed in the second level, which is applicant status.

An individual in priority status shall be placed at the top of the waiting list and receive services on a first come, first serve basis.

An individual in applicant status shall receive services on a first come, first serve basis, but only after those in priority status.

CHOICES Waiver:

46:11:08:07 Waiting list. If a waiting list develops, the division shall assign a level of priority for applicants to the waiver. The first level is priority status, which is reserved for individuals who are at significant risk. An individual at significant risk is one under any of the following circumstances:

- (1) Whose health, welfare, or safety is in jeopardy;
- (2) Who is at imminent risk of being institutionalized; or
- (3) Who is institutionalized.

Any other individual shall be placed in the second level, which is applicant status. An individual in priority status shall be placed at the top of the waiting list and receive services on a first come, first serve basis. An individual in applicant status shall receive services on a first come, first serve basis, but only after those in priority status.

- f) Individuals on the waitlist have gone through an eligibility and needs assessment:
- yes  
 no

Use space below to provide any information or data related to the response above:

- g) There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., person-centered planning services):
- yes  
 no

- h) Specify any other data or information related to wait-lists:  
[Provide any other relevant information that is available related to the waitlists in the state.](#)

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- i) **Summary of Waiting List Issues and Challenges**  
Based on the information provided in items a – h, describe the Councils’ analysis of the issues, challenges, and limitations, if any related to the state waiting list(s).
- (v) **Analysis of the adequacy of current resources and projected availability of future resources to fund services\*:**
- Using available tools and/or data, summarize the State’s current resources to fund services for people with developmental disabilities and their families.
  - In reviewing the State resources, Councils may want to:
    - Include information about the State’s fiscal resources to fund home and community-based services, long-term services and supports, education services, employment services, transportation services, etc.
    - Estimate the State’s future resources for funding services (sources for this type of information may be the State’s proposed budget, studies of State spending trends, etc.).
    - Use data from the National Core Indicators project, the State of the State in Developmental Disabilities study, the Annual Residential Services and Trends Report, the Annual Report on Day and Employment Supports, and the Special Education Expenditure Project.
  - Information about resources is **required** per Section 124(c)(3)(C)(vi).

Commented [SM2]: These reports are not available.

There are three major resources for DDD, General funds (funded by the state), Waiver funds (funded at FMAP rate by Federal/State) and Other funds (like Local school districts for children educational services, grants for special projects, etc.) that we use to fund services and supports.

- (vi) **Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive \*:**
- Provide information that describes the Council’s analysis of the adequacy of health care and other services, supports, and assistance that people with developmental disabilities who are in facilities receive. This description should be based in part on each independent review (pursuant to section 1902(a)(30)(C) of the Social Security Act (42 U.S.C. 1396a(a)(30)(C))) of an Intermediate Care Facility within the State, which the State shall provide to the Council not later than 30 days after the availability of the review.
  - Adequacy may be described in terms of quality and/or population served versus need.
  - Facilities can include state-run institutions, privately run institutions, intermediary care facilities, nursing homes or some other type of facility identified by the Council.
  - Information about health care and other services, supports, and assistance is **required** per Section 124(c)(3)(C)(vii).

Commented [SM3]: I know this is in the DD Act, but Councils do not get a report as described.

The analysis of the adequacy of health care and other services, supports, and assistance provided to individuals in facility-based settings is informed by SMART review data for independent ICFs. These reviews assess both policy implementation and participant outcomes across key service areas.

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For FY26, Dakota Reach’s policy implementation review findings show that nearly all areas achieved full compliance. The only area that did not reach 100% was critical incident reporting, due primarily to reporting timelines. This gap reflects an administrative compliance issue rather than a deficiency in the quality of care or support delivered to participants. All participant medical review components for Dakota Reach in FY26 achieved 100% compliance, indicating that required health care, services, and supports were fully in place. This suggests that individuals receive appropriate and adequate health care services within the facility.

LifeScapes’s FY26 review is still in progress, however, FY25 data shows that LifeScape achieved 100% compliance across all areas of policy implementation. This demonstrates a consistent pattern of adherence to required standards and supports the conclusion that services provided are adequate. The data indicates a high level of adequacy in health care and related services within facilities, particularly in participants-focused areas.

- (vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c)))\*:
- Summarize the Council’s analysis of the adequacy of services provided through home and community-based waivers for people with developmental disabilities authorized under Section 1915(c) of the Social Security Act.
  - Adequacy may be described in terms of quality and/or population served versus need.
  - Information about home and community-based waivers services is **required** per Section 124(c)(3)(C)(viii).

The analysis of the adequacy of services provided through home and community-based waivers is informed by SMART review data, including service plan accuracy, documentation, and monitoring requirements.

For the FY26 CHOICES Waiver Assurance Report (as of April 16, 2026), SMART data indicates that service plans address participants’ assessed needs, including health and safety risk factors. Statewide, 91.44% of services plans were found to appropriately assess and address risk factors. Additionally, 96.77% of plans addressed participants identified needs, and 99.24% reflected participants’ preferences and goals.

Service plans are also largely maintained and updated appropriately. Approximately 97.16% of plans were updated annually as required and 86.11% were revised as needed based on changes in participants needed. (This drop in percentage is due primarily to administrative documentation requirements and is not a reflection of the adequacy of services provided).

Data related to participant choice shows high levels of compliance. Nearly all participants were afforded choice in providers and services with rates ranging from 96% to 100%. Overall, these findings

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show that areas for improvement are primarily related to administrative/process related issues with documentation clarity and consistency, as well as monitoring practices, rather than the actual delivery of services, care, or supports.

### **PART D. Rationale for Goal Selection [Section 124(c)(3)(E)]:**

- Provide a rationale for the Council’s selection of specific goals based on and related to the information in Part A and information from the CRA provided in Parts B and C; including rationale for strategies selected to address the goals. There should be a direct relationship between the goals and the needs identified based on the data collected and/or reviewed and feedback from a wide range of diverse stakeholders.
- Given that the DD Act provides a broad mandate to address needs in the State, it is essential that Councils prioritize their work. Not all the issues identified and analyzed in Parts B and C can be addressed by the Council. Include a brief explanation of how the Council prioritized issues to be addressed in the Plan.
- The rationale is **required** per Section 124(c)(3)(E).

### **Collaboration [Section 124(C)(3)(D)]**

Describe how, through interagency agreements or other mechanisms, the UCEDD(s) and P&A will collaborate with the Council to achieve outcomes consistent with the Council purpose. **Information about DD Network collaboration is required per Section 124(c)(3)(D).**

- As a Network: Describe the planning of collaborative efforts (other than the required Collaboration activity of the Council, P&A, and UCEDD(s), and how each entity will use their resources in collaboration with the effort(s) that are supported by the Comprehensive Review and Analysis.
- With each other: Describe plans the Council has to collaborate with the UCEDD(s). Describe plans the Council has to collaborate with the P&A and how each of these plans will assist in the Council purpose.
- With other entities: Describe how the DD Network will collaborate with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services, to assist with the goals and outcomes of the Council’s 5 year state plan. Identify the organizations and summarize the collaborative activities planned, such as joint meetings, joint public education events/initiatives joint trainings, etc.

**Commented [SM4]:** Can this be clarified - maybe on the “with each other” item, indicate this needs to the planned collaboration objective?

### **PART E. 5-YEAR GOALS [Section 124(4); Section 125(c)(5)]**

Identify the 5-year state plan goals, objectives, and expected goal outcomes (note: expected outcomes should be reflected for the 5-year goal(s)).

• Goal (s)
• Objective (s)

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- Expected Goal Outcomes – (expected outcomes should be reflected for the 5-year goals)

### Included in the Council's goals are

#### Self-Advocacy Goal(s)/objectives

1-3 Goals, objectives to address the self-advocacy requirement to:

- Establish or strengthen a program for the direct funding of a State self-advocacy organization led by individuals with developmental disabilities.
- Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders; and
- Support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions

*Note: For each of the years of a 5-Year State Plan, there must be obvious work being done related to the three requirements of self-advocacy (as mandated in the DD Act– strengthen a statewide SA organization, SA leaders training others, and; SA as part of coalitions.*

Include at least one goal, objective, or activity to address the following two components during the 5-year State plan implementation:

#### Targeted Disparity

Based on the findings of the comprehensive review and analysis (1) identify a subpopulation (i.e., racial, ethnic, sexual orientation, gender minority groups with developmental disabilities) vulnerable to disparities (e.g., health, education, employment, housing, etc.) (2) Identify a disparity and develop an impact statement in a targeted area of emphasis around individual/family advocacy and/or systems change; and implement strategies to decrease the differences in access, service use, and outcomes among such sub population during the course of the 5 year state plan implementation. The identified targeted disparity could be a goal, an objective, or an activity within a goal or objective. These strategies should include evidenced based, best and/or promising practices, to the extent feasible.

#### DD Network Collaboration

As a Network: Describe the required collaborative effort (a goal or objective with corresponding activities of a goal or objective) of the Council, P&A, and UCEDD(s), and how each entity will use their resources in collaboration with the effort(s) that are supported by the Comprehensive Review and Analysis.

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### Evaluation Plan [Section 125(C)(3) And (7)]

- **Outline how the Council will examine the progress made in achieving the goals of the State.**
  - The extent to which the goals were achieved.
  - The strategies that contributed to achieving the goals.
  - Factors that impeded achievement of the goal(s).
  - Separate information on the self-advocacy goal and the three required elements.
  - As appropriate, an update on the results of the comprehensive review and analysis; and
  - As appropriate, consumer satisfaction with Council supported or conducted activities.
- **Explain the methodology, which may be qualitative or quantitative, that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.**
  - Define the procedures the Council will use to monitor progress in meeting its goals including tracking the progress to address the targeted disparity.
  - Discuss Council activities that will measure or otherwise address the Council's effectiveness.
  - The evaluation plan should not be limited to measuring the progress of the performance measures. The evaluation plan should also measure the extent to which the intended sub-outcomes for the given objective are being met. This is above and beyond the performance measures. The performance measures are solely a snapshot of a piece of data that should be assessed in the larger context of the intended sub-outcome measures of the objective and achievement of the goal.
  - Councils are encouraged to develop its own methods and measures for determining progress, such as annual benchmarks for the goals that are tied to measuring outcomes.
  - In describing the evaluation plan, Councils are required to use and submit a logic model. The logic model generally summarizes the logical connections between the needs that are the focus of the Council, Council goals and objectives, the target population, Council inputs (resources), the proposed activities/processes/outputs directed toward the target needs/population, the expected short- and long-term outcomes the Council plans to achieve, and the data sources the DD Council will use to measuring the extent to which proposed processes and outcomes actually occur and have been achieved.
- **Describe the Council's role in reviewing and commenting on the progress towards reaching the goals of the Plan.**
- **Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.**

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**Logic Model**

Develop a 5-year logic model that presents the logical connections between DD Council activities and desired DD Council outcomes. The logic model should reflect an understanding of the relationships among the resources a DD Council has to operate, the strategies/activities the DD Council plans to implement, and the outputs and outcomes the DD Council expects to achieve.

**SECTION V: PROJECTED COUNCIL BUDGET** [Section 124(c)(5) (B) and 125(c)(8)]

Goal	Subtitle B \$	Other(s) \$	TOTAL
<b>1. Goal</b>			
<b>2. Goal</b>			
<b>3. Goal</b>			
<b>4. Goal</b>			
<b>5. Goal</b>			
<b>6. General management (Personnel, Budget, Finance, Reporting)</b>			
<b>7. Functions of the DSA</b>			
<b>8. TOTAL</b>	\$	\$	\$

Provide the budgeted amount for each goal, federal dollars, and other funds.

A Council State plan budget is required for the first fiscal year of the state plan and annually thereafter. The budget is a projection of planned spending organized by goals and includes funds anticipated to be expended for staff activities implementing the state plan as well as planned activities, general management, and designated state agency functions. Additionally, Councils will indicate the amount of non-federal funds they expect to receive directly or offered by sub-grantees to meet overall requirements for the non-federal share of project activities related to the federal fiscal year's expenditures.

The federal share of the cost of projects or activities may not be more than 75% of the cost of such activities (25% non-federal share requirement).

There are two exceptions:

- 1) In the case of projects undertaken by the Council or Council staff to implement State plan activities, the federal share of the cost of all such project may not be more than 100% of the aggregate necessary cost of such activities (e.g. no non-federal share requirement).

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- 2) In the case of projects whose activities or products target individuals with developmental disabilities who live in urban or rural poverty areas, as determined by the Secretary, the Federal share of the cost of all such projects may not be more than 90% (e.g. 10% non-federal requirement); if 20% or more of an urban or rural area is living below the poverty level, the area is designated as a poverty area.

**Column information:**

**Subtitle B \$**

This column should represent the amount of federal funds the Council has planned to use on specified goals, general management, and functions of the DSA.

**Other(s) \$**

This column should represent the amount of other funds the Council has planned to use on specified goals, general management, and functions of the DSA.

**Total**

This column should be the total of columns Subtitle B\$ and Other(s) \$.

*Line item information:*

The “General management” item refers to the administrative costs for the Council.

The “Functions of the DSA” item refers to the amount of money a DSA can request for reimbursement of costs to support the Council. Subtitle B funds (federal funds cannot exceed 5% of Council grant award or \$50,000, whichever is less, up to ½ of expenses found to be necessary for the proper and efficient exercise of the functions of the Designated State Agency). Costs in this category are considered administrative costs.

The Subtitle B\$ amount for General management and Functions of the DSA cannot exceed 30% of the Council’s annual award.

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### **SECTION VI: ASSURANCES** [Section [124(c)(5)(A)-(N)]

Obtain the appropriate signatures for the Assurances for the 5-year State plan. Indicate assurances have been obtained and keep the original copy of the Assurances on file should OIDD request them. Assurances only have to be obtained at the beginning of the 5 -year plan, unless there have been substantive changes to the plan, or the Council Chairperson or Designated State Agency has changed since the assurances have last been signed.

- Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) – (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

### **Approving Officials for Assurances**

- For the Council (if the Council is its own DSA, the Chairperson)  
 For the State or Territory (DSA is to assist the DD Council in obtaining assurances)

### **SECTION VII: PUBLIC INPUT AND REVIEW** [Section 124(d)(1)]

The DD Act requires public input and review of the Council Plan. Provide information on how the Council received and used public input on the Plan.

- (i) Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.  
(ii) Describe the revisions made to the Plan to consider and respond to significant comments.

## **ANNUAL WORK PLANNING**

### **Annual Work Plan Template with Guidance**

*State Plan Goals [Section 124(4); Section 125(c) (5)]*

#### **Goal**

Identify the State Plan goal in the box below.

#### **Description:**

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**Area of Emphasis:**

For each goal, check all the area(s) of emphasis that relate to the goal statement.

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

**Activities to be used in achieving each goal:**

Check all that apply.

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers

**Demonstration of New Approaches to Services and Supports**

If “Demonstration of New Approaches to Services and Supports” has been checked, a box will drop down in the ACL system. Provide a justification including but not limited to the following: (1) description of the approach to be demonstrated; (2) estimated length of the activity; (3) strategies to locate on-going funding from other sources after 5 years.

- Demonstration of Projects or Activities
- Other Activities

**This goal addresses:**

Check each box that applies.

- Individual/Family Advocacy
- System Change
- Self-Advocacy Requirement
- Targeted Disparity

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- DD Network Collaboration
- Rights of Individuals
- Capacity Building

**Collaborators Planned for this goal (if known)**

Identify all organizations/agencies the Council plans to work with and/or has commitments from in addressing the goal.

- State Protection and Advocacy System
- University Center(s)
- State DD agency
- Other

**Objective:** Enter each objective separately

For each federal fiscal year, Council staff will develop an annual work plan. Council staff will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council staff will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.

**Key Activities:** Enter each key activity separately.

Identify the major activities the Council will use to reach the objective and support progress towards the 5-year goal.

General management activities should not be included as a key activity. General management is typically defined as any activity that is a standard part of implementing the DD Council program. Examples of general management activities are: Council meetings, RFP and contracting activities, staff, and committee work activities to review the state plan, awarding grants, paying invoices.

Examples or key activities include: Conduct community engagement events, develop a quarterly newsletter to share advocacy information/opportunities, train self-advocates on leadership skills and public speaking.

**Expected Outputs:** enter each expected output separately.

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Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

**Expected Objective Outcomes:** each expected objective outcome separately.

These are the effects a key activity produced for people with developmental disabilities and their families, and outcomes from issues the Council addressed through an activity. Examples include: People with DD and their families in rural areas are more knowledgeable about services and access new services to meet their needs; community education efforts increased volunteerism opportunities by 10% in “ABC” community; policymaker education and information increased affordable housing options.

**Data Evaluation and Measurement:** enter each data and evaluation measurement separately.

Data evaluation is the process of collecting and analyzing data to determine if and to what extent the project, objective, and 5-year goals have been achieved. Measurement is collecting data and is typically thought about in two ways – quantitative (numbers) and qualitative (stories and experiences).

Identify the data you will measure (examples of data include program records, pre and post-tests, surveys, interviews, focus groups). Note: Data evaluation and measurement should NOT be the same as items listed under “Expected Objective Outcomes”.

Project the performance measure(s) that will be targeted for each objective. Fill out the chart below. For more detailed information on projecting performance measures, refer to the Document for Council Staff (AIDD DD Council Performance Measures with guidance. For information about connecting the state plan development tools, refer to Linking the 5 Year Plan, Logic Model and Annual Work Plan.

**Individual & Family Advocacy IA (Also known as IFA)**

IA CODE (IA)	TARGETED #
IA 1.1 # of people with DD who participated in council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	
IA 1.2 # of family members who participated in council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	
IA 2.1	

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IA CODE (IA)	TARGETED #
% of people with DD who report increasing their advocacy as a result of Council work	
IA 2.2	
% of family members who report increasing their advocacy as a result of council work.	
IA 2.3	
% of people who are better able to say what they want, what services and supports they want or say what is important to them	
IA 2.4	
% of people who are participating now in advocacy activities	
IA 2.5	
% of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions	
IA 3.1	
% of people with developmental disabilities satisfied with a project activity	
IA 3.2	
% of individuals and families satisfied with Council supported activities	

**System Change (SC)**

Systemic change activities is defined as a sustainable, transferable and replicable change in some aspect of service or support availability, design or delivery that promotes positive or meaningful outcomes for individuals with developmental disabilities and their families.

SC CODE (SC)	TARGETED #
SC 1.1	
# of policy and/or procedures created or changed	
SC 1.2	
# of statute and/or regulations created or changed	
SC 1.3	
LEAVE BLANK	
SC 1.3.1	
# of promising practices created	

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SC CODE (SC)	TARGETED #
SC 1.3.2	
# of promising practices supported	
SC 1.3.3	
# of best practices created	
SC 1.3.4	
#of best practices supported through Council activities	
SC 1.4	
#of people trained or educated through Council systemic change initiatives	
SC 1.5	
# of council supported systems change activities with organizations actively involved	
SC 2.1	
# of Council efforts led to improvement	
SC 2.2	
# of Council efforts implemented	
SC 2.1.1 – SUB OUTCOME MEASURES	
# of policy, procedure, statute, regulation changes improved	
SC 2.1.2	
# of policy, procedure, statute, regulation changes implemented	
SC 2.1.3	
# of promising and/or best practices improved	
SC 2.1.4	
# of promising and/or best practices implemented	