

# APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

## Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>1</sup> This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

## Appendix K-1: General Information

### General Information:

A. State: South Carolina

B. Waiver Title(s):

Intellectually Disabled and Related Disabilities (ID/RD),  
 Head and Spinal Cord Injury (HASCI),  
 Community Supports (CS),  
 Community Choices (CC),  
 HIV/AIDS (HIV),  
 Mechanical Ventilator Dependent (VENT),  
 Medically Complex Children (MCC)

C. Control Number(s):

ID/RD: SC.0237.R06.01  
 HASCI: SC.0284.R05.05  
 CS: SC.0676.R02.06  
 CC: SC.0405.R04.01  
 HIV: SC.0186.R07.01  
 VENT: SC.40181.R05.04  
 MCC: SC.0675.R03.01

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

**E. Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.) This amendment is additive to Appendix K approvals issued on April 21, 2020, September 22, 2020, and January 15, 2021. With this amendment, the State will raise temporarily payment rates for multiple waiver services, for Community Supports waiver, increase individual cost limits, and for Head/Spinal Cord Injury waiver, add the group option for employment services. The state will be submitting formal waiver amendments to implement the temporary rate increases on a permanent basis.

**F. Proposed Effective Date: Start Date:** January 27, 2020 **Anticipated End Date:** six months after the end of the PHE

**G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

**H. Geographic Areas Affected:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

**I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:**

N/A

**Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver**

**Temporary or Emergency-Specific Amendment to Approved Waiver:**

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

**a.  Access and Eligibility:**

**i.  Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

Community Supports (SC.0676) currently has an individual cost limit (lower than institutional costs) of \$17,858 for waiver year 5. With the rate increases implemented via this Appendix K amendment, the individual cost limit for entrance to the waiver is being increased to \$23,900, (which is also lower than institutional costs) effective July 1, 2021.

**ii.  Temporarily modify additional targeting criteria.**

[Explanation of changes]

**b.  Services**

**i.  Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

**ii.  Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

Temporarily increase service limits for waiver case management (WCM) from no more than 10 hours per calendar quarter to no more than 10 hours per month for waivers SC.0284 and SC.0676 effective January 1, 2022.

**iii.  Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv.  Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

**v. \_\_\_ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver).** [Explanation of changes]

**c. \_\_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

**d. \_\_\_ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. \_\_\_ Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

**ii. \_\_\_ Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

**iii. \_\_\_ Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

**e. \_\_\_ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]



**f. X Temporarily increase payment rates.**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

Effective for dates and services noted, temporarily increase rates to account for impact associated with the COVID-19 public health emergency. Rate development methodology applied remains consistent with currently approved waivers.

Service	Affected Waiver(s)	Existing Rate	Temporary Rate	Effective Date
Respite	SC.0676, SC.0284, SC.0237	\$3.17/15 min	\$4.05/15 min	July 1, 2021
Adult Day Health Care	SC.0676, SC.0237, SC.0405	\$56.40/day	\$60.00/day	October 1, 2021
Residential Habilitation (daily)	SC.0237	\$196.99	\$204.78	July 1, 2021
Residential Habilitation (daily)	SC.0284	\$196.99	\$239.39	July 1, 2021 – December 31, 2021
		\$196.99	\$226.71 (eight tiered rates with an aggregate unit rate of \$226.71)	January 1, 2022
Home Delivered Meals	SC.0237, SC.0676, SC.0405, SC.0186, SC.04181	\$5.23	\$6.40	January 1, 2022
Care Coordination	SC.0675	Care coordination contact: \$28.00/15 min. Care coordination visit: \$45.00/15 min. Care advocate contact: \$15.00/15 min.	Care coordination contact: \$33.60/15 min. Care coordination visit: \$54.00/15 min. Care advocate contact: \$18.00/min.	January 1, 2022
Day Services (Day activity, Career Preparation,	SC.0676 SC.0284 (excluding Community	\$31.29	\$36.93/ 1/2 day	January 1, 2022

Community Services, Employment Services Group)	Services for SC.0284)			
In-Home Support	SC.0676	\$13.31	\$16.20/hr	January 1, 2022
Employment Services (Individual)	SC.0676 SC.0284	\$21.95	\$24.74/15 min.	January 1, 2022
Attendant Care (U1/UAP)	SC.0284	\$4.01	\$4.05/15 min.	January 1, 2022
Waiver Case Management, Transitional Waiver Case Management – with Travel	SC.0676 SC.0284	\$25.42	\$27.28/15 min.	January 1, 2022
Waiver Case Management, Transitional Waiver Case Management – without Travel	SC.0676 SC.0284	\$15.63	\$16.77/15 min.	January 1, 2022

**g. \_\_\_ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

**h. \_\_\_ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

**i. \_\_\_ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or**

**when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

**j. \_\_\_ Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

**l. \_\_\_ Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

**m. \_\_\_ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

**Appendix K Addendum: COVID-19 Pandemic Response**

**1. HCBS Regulations**

- a.  Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

**2. Services**



- a.  Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
  - i.  Case management
  - ii.  Personal care services that only require verbal cueing
  - iii.  In-home habilitation
  - iv.  Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
  - v.  Other *[Describe]*:

- b.  Add home-delivered meals
- c.  Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d.  Add Assistive Technology

**3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**

- a.  Current safeguards authorized in the approved waiver will apply to these entities.
- b.  Additional safeguards listed below will apply to these entities.

**4. Provider Qualifications**

- a.  Allow spouses and parents of minor children to provide personal care services
- b.  Allow a family member to be paid to render services to an individual.
- c.  Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d.  Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

**5. Processes**

- a.  Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b.  Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c.  Adjust prior approval/authorization elements approved in waiver.
- d.  Adjust assessment requirements

- e.  Add an electronic method of signing off on required documents such as the person-centered service plan.

## Contact Person(s)

**A. The Medicaid agency representative with whom CMS should communicate regarding the request:**

**First Name:** Margaret  
**Last Name** Alewine  
**Title:** Program Manager III  
**Agency:** South Carolina Department of Health and Human Services  
**Address 1:** 1801 Main St.  
**Address 2:** Click or tap here to enter text.  
**City** Columbia  
**State** South Carolina  
**Zip Code** 29201  
**Telephone:** (803) 898-0047  
**E-mail** Margaret.alewine@scdhhs.gov  
**Fax Number** Click or tap here to enter text.

**B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:**

**First Name:** Click or tap here to enter text.  
**Last Name** Click or tap here to enter text.  
**Title:** Click or tap here to enter text.  
**Agency:** Click or tap here to enter text.  
**Address 1:** Click or tap here to enter text.  
**Address 2:** Click or tap here to enter text.  
**City** Click or tap here to enter text.  
**State** Click or tap here to enter text.  
**Zip Code** Click or tap here to enter text.  
**Telephone:** Click or tap here to enter text.  
**E-mail** Click or tap here to enter text.  
**Fax Number** Click or tap here to enter text.

## 8. Authorizing Signature

**Signature:** /S/  
**Robert M. Kerr**

**Date:** 12/31/21

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State Medicaid Director or Designee

**First Name:** Robert  
**Last Name** Kerr  
**Title:** State Medicaid Director  
**Agency:** South Carolina Department of Health and Human Services  
**Address 1:** 1801 Main St.  
**Address 2:** Click or tap here to enter text.  
**City** Columbia  
**State** South Carolina  
**Zip Code** 29201  
**Telephone:** (803) 898-2504  
**E-mail** [rkerr@scdhhs.gov](mailto:rkerr@scdhhs.gov)  
**Fax Number** Click or tap here to enter text.

## Section A--Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification			
Service Title:	Employment Services – SC.0284 ( <span style="background-color: yellow;">adding group employment information</span> ) effective January 1, 2022.		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
<p>Employment Services are provided in regular competitive employment settings such as factories, offices, stores, restaurants, etc. where people without disabilities are employed. Employment Services provides an intensive or ongoing supports so a HASCI waiver participant for whom competitive employment at or above the minimum wage, is unlikely can perform in a paid work setting. It may include assisting the participant to locate a job or to have a job developed specifically for him or her. The service may be provided in a variety of work settings, particularly sites where persons without disabilities are employed; such as an enclave or a mobile crew, or an individual job placement in the community.</p> <p>Participants can choose from among these three services (Employment Services, Career Preparation, and Day Activity) in developing their service plans, but only one of them can be authorized at any given time. If a participant chooses to change the selected service, he or she can request to change his or her service plan.</p> <p><span style="background-color: yellow;">Reimbursement for employment services will be made at two rates: a group rate or an individual job placement rate. When provided as a group service, the transportation will be provided from the participant’s residence to the habilitation site when the service start time is before 12:00 noon. Transportation will be available from the participant’s habilitation site to their residence when the service start time is after 12:00 noon. The cost for transportation (group) is included in the rate paid to the provider. Transportation is not included as part of the service when not delivered as a group or the rate paid for individual job placement.</span></p> <p><span style="background-color: yellow;">Employment Services – Group is not a prerequisite for Employment Services – Individual.</span></p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			<span style="background-color: yellow;">Employment services providers</span>
			DDSN/DSN Board/Contracted Provider
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

<b>agency</b>			DDSN employment services standards. The DSN Board or qualified provider must operate a facility or program licensed by SCDDSN or its contracted QIO under SCDDSN Licensing Day Facility Standards. The DSN Board or qualified provider must comply with SCDDSN Day Services Standards and Employment Services Standards.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>agency</b>	<b>DDSN</b>	<b>Initially; Annually; QIO Reviews are conducted on a 12-18 month cycle depending on past provider performance.</b>

**Service Delivery Method**

<b>Service Delivery Method (check each that applies):</b>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed



<sup>i</sup> Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.