

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: South Carolina

B. Waiver Title: 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),
Palmetto Coordinated System of Care for Children (PCSC)

C. Control Number: ID/RD: SC.0237.R06.05
HASCI: SC.0284.R05.08
CS: SC.0676.R03.01
CC: SC.0405.R04.05
HIV: SC.0186.R07.04
VENT: SC.40181.R06.01
MCC: SC.0675.R03.04
PCSC: SC.1686.R00.03

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

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

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, January 15, 2021, January 20, 2022, and July 29, 2022. With this amendment, beginning November 1, 2022, the State will utilize funds from section 9817 of the American Rescue Plan (ARP) to make a one-time supplemental retention payment to qualified in-home, case management or adult day services providers delivering services to waiver participants.

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: Six (6) 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.]

[Redacted]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

[Redacted]

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]

[Redacted]

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]:

[Redacted]

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

[Redacted]

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. 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].

Beginning November 1, 2022, the State will utilize funds from section 9817 of the American Rescue Plan (ARP) until February 28, 2023. Through the SCDHHS ARP spending plan, the state may make a one-time supplemental retention payment to qualified in-home, case management or adult day services providers delivering services to waiver participants. In order to be eligible for the one-time retention payment, the payment must be used to support the retention and growth of direct care workers who deliver HCBS waiver services. These payments will be available to providers who render waiver services to Medicaid members who participate in the following waivers:

- Community Choices (CC)
- Community Supports (CS)
- Head and Spinal Cord Injury (HASCI)
- HIV/AIDS (HIV)
- Intellectual Disability/Related Disabilities (ID/RD)
- Mechanical Ventilator Dependent (VENT)
- Medically Complex Children (MCC)
- Palmetto Coordinated System of Care for Children (PCSC)

To qualify for a one-time Workforce Retention payment, applicants must satisfy all of the following requirements:

- The applicant must be in “Active” status as a South Carolina Medicaid provider.
- The applicant must be enrolled in South Carolina Medicaid as a HCBS waiver provider of in-home services, case management, or adult day services for the waivers identified above.
- The applicant must be in good standing with South Carolina Medicaid. Good Standing is defined as a provider who:
 - has not been convicted of Medicaid fraud and placed on the OIG exclusion list and;
 - does not have any outstanding recoupments with SCDHHS as a result of a Program Integrity review
- The applicant must have incurred expenditures for services provided to waiver participants for SFY 2019 - SFY 2022.

Additionally, qualified providers must submit to SCDHHS a signed attestation form indicating:

- The funding will be used to support the retention and growth of employees delivering HCBS waiver services;
- The money received will be used only toward activities described in the application;
- All information contained in the application is correct;
- The entity (provider) agrees to comply with all provisions of the applicable program and all other applicable federal and state laws and regulations;
- The entity (provider) agrees to submit to an audit by SCDHHS to verify the activities per the attestation; and,
- Failure to abide by the requirements outlined in this application may result in recoupment of funds.

Workforce Retention payments are issued to direct care service providers and the supplemental payment will be based on the individual provider’s average service units for State Fiscal Year (SFY) 2019-SFY 2022. Each individual provider’s average service units from SFY 2019 – 2022 were divided by the total average service units from all eligible providers (providers that applied and are eligible to receive a one-time payment). This produced a percentage of the total available workforce retention funding to be issued to the provider agency. This approach takes into account the services rendered throughout the COVID-

19 public health emergency. The individual provider agency will receive 100% of the funds determined through this methodology and must utilize the funding to support the retention and growth of employees delivering HCBS waiver services. Final award amounts will be distributed in the same form and manner in which the provider currently receives payments from SCDHHS. Qualified direct care service providers are providers who:

- Have had paid fee-for service (FFS) claims for services through an HCBS waiver for dates of services during the SFY 2019 - SFY 2022.
- Are currently enrolled and in Good Standing with SCDHHS.
- Have agreed to not stop providing services or close their entity until the end of the ARPA period without written consent from the SCDHHS.

Applications for the January - February 2023 payment must be submitted no later than December 1, 2022 and applications will be reviewed on the following factors:

- Eligibility requirements; as well as,
- Applicants' attestation to section II requirements.

The state will issue payments to eligible providers beginning January 09, 2023, through February 28, 2023.

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]

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:
City: Columbia
State: South Carolina
Zip Code: 29201
Telephone: (803) 898-0047
E-mail: Margaret.alewine@scdhhs.gov
Fax Number:

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

First Name:
Last Name
Title:
Agency:
Address 1:
Address 2:
City
State
Zip Code
Telephone:
E-mail
Fax Number

8. Authorizing Signature

Signature: /S/

Date: 11/4/2022

Robert M. Kerr

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:
City Columbia
State South Carolina
Zip Code 29201
Telephone: (803) 898-2504
E-mail Rkerr@scdhhs.gov
Fax Number

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 which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification					
Service Title:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
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 type="checkbox"/>	Agency. List the types of agencies:	
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <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>		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Service Delivery Method					
Service Delivery Method <i>(check each that applies):</i>		<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed



ⁱ Numerous changes that the state may want to make 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; (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.