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Nov. 30, 2020

PUBLIC NOTICE

SUBJECT: Proposed Action for Setting Payment Rates for Long Term Care Facility Services (Excluding State-Owned Nursing Facilities)

The South Carolina Department of Health and Human Services (SCDHHS), pursuant to the requirements of Section 1902(a)(13)(A) of the Social Security Act, gives notice of the following proposed actions regarding its methods and standards for setting payment rates for long-term care facility services (excluding state-owned nursing facilities) under the South Carolina Medicaid State Plan (State Plan) under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for services provided on or after Oct. 1, 2020, SCDHHS proposes to amend the South Carolina Title XIX reimbursement methodology for long term care by:

1. Providing payments to nursing facilities based on the most recent cost report data available (i.e., fiscal year end (FYE) Sept. 30, 2019).
2. Updating the cost center standards using the most recent cost report data available (i.e. FYE Sept. 30, 2019) as well as determining the standards at 110% of the mean to account for COVID-19 occupancy issues.
3. Applying a 2.50% inflation factor in the calculation of the Oct. 1, 2020 payment rates.
4. Increasing the square footage allowance used for capital cost reimbursement purposes from \$215.55 to \$222.96 in accordance with the annual increase reflected in the RS Means Construction Cost Data Publication.
5. Providing for a facility-specific COVID-19 add-on to only account for COVID-19 employee testing based upon federal guidelines. Effective for services incurred on and after Jan. 1, 2021, the COVID-19 add-on will be eliminated from the Medicaid reimbursement rate. SCDHHS will then contract directly with an outside vendor to perform the employee testing and thus reimburse the vendor directly for Medicaid's share of the cost of employee testing.
6. Adjusting the total patient days used in the computation of the Oct. 1, 2020, nursing facility rates in order to consider the changes in nursing facility occupancy during the COVID-19 pandemic and the use of a minimum occupancy rate of 87.50%.
7. Determining the cost of capital per diem as well as the Non-Emergency Medical Transportation (NEMT) per diem using the greater of actual FYE Sept. 30, 2019, total patient days subject to a minimum occupancy rate of 90.00%.
8. Reimbursing impacted nursing facilities for Medicaid's share of Hurricane Dorian related evacuation costs due to the mandatory evacuation issued by Governor McMaster based upon FYE Sept. 30, 2019, Medicaid utilization rates.

SCDHHS is proposing the above actions in order to address the impact of the COVID-19 pandemic on prospective nursing facility payment rates and to provide payment to impacted nursing facilities for Medicaid's portion of costs related to the governor's mandatory evacuation issued as a result of Hurricane Dorian.

As a result of the proposed actions relating to the Medicaid reimbursement methodology changes for nursing facilities effective for services provided on or after Oct. 1, 2020, the weighted average rate is projected to be \$212.74. However, due to the elimination of the COVID-19 add-on for services provided on or after Jan. 1, 2021, the weighted average rate is projected to be \$202.00. The weighted average Oct. 1, 2019, rate was \$192.96. This represents a weighted average per diem increase of \$19.78 per Medicaid patient day, or a 10.25% increase in the Oct. 1, 2020, payment rates. For Jan. 1, 2021, payment rates, this represents a weighted average per diem increase of \$9.04 per Medicaid patient day, or a 4.69% increase.

SCDHHS projects that based upon the proposed actions, annual aggregate expenditures will increase by approximately \$47.0 million total dollars including Medicaid days paid while the recipient is under the hospice benefit.

Copies of this notice are available at each SCDHHS Healthy Connections Medicaid office and at www.scdhhs.gov for public review. Additional information concerning the proposed actions is available upon request at the address cited below.

Written comments may be sent to the SCDHHS, Division of Long Term Care Reimbursements, Post Office Box 8206, Columbia, S.C. 29202-8206. Comments may also be submitted to comments@scdhhs.gov. All comments must be received by 5 p.m. Dec. 30, 2020.

Any written comments submitted may be reviewed by the public at the SCDHHS, Division of Long Term Care Reimbursements, Room 1219, 1801 Main Street, Columbia, S.C., Monday through Friday between 9 a.m.-5 p.m.

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-549-0820 (رقم هاتف الصم والبكم: 888-842-3620). إذا كنت تتحدث اذك اللغة، فإن

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Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हद्दी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842-3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမူကတိ ကညီ ကျိအယ်, နမူနာ ကျိအတိမာစါလါ တလံာ်ဘျုးလါကံစါ နိတမံာ်ဘျုးသ့န့လိာ်. ကိ: 888-549-0820 (TTY: 888-842-3620)

എൻ.പി.എ. 1-888-549-0820 ന്റെ സഹായം ലഭിക്കാൻ 1-888-842-3620 ന്റെ സഹായം തേടുക. 1-888-549-0820 (സഹായം: 1-888-842-3620).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက်

စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ်ဆိုပါ။