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.[i] 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 Waiver (ID/RD), Community Supports (CS), Head and Spinal Cord Injury (HASCI)

C. Control Number(s):

ID/RD: SC.0237.R05.02
CS: SC.0676.R02.02
HASCI: SC.0284.R05.01

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

X	**Pandemic or Epidemic**
O	**Natural Disaster**
O	**National Security Emergency**
O	**Environmental**
O	**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.)

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** January 26, 2021

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 statewide 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:***

The South Carolina Department of Disabilities and Special Needs (SCDDSN) maintains a Disaster Preparedness Plan (SCDDSN Disaster Preparedness Plan) on its website as well as agency directive for each SCDDSN facility and DSN provider to maintain a disaster plan.

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.]

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]

ID/RD: For waiver participants displaced from Day Programs and Adult Day Health Care (ADHC) Services (authorized on the individual plan of care), respite services and personal care services may be added in excess of established limits to supplant services lost due to closure or diversion from Day Programs or ADHCs. The number of combined hours of respite or personal care added to the participant's care plan may total up to those lost by not receiving Day Program or ADHC services.

ID/RD, HASCI, CS: Adjust limits on Waiver Case Management to allow up to 80 units (20 hours) per calendar quarter when warranted without prior authorization by the Medicaid agency. The current waiver states "participants may receive no more than 10 hours per calendar quarter. In exceptional cases, where medical necessity has been demonstrated, additional hours can be approved through a prior authorization process." Temporary adjustment of limits will allow for case management to address emergency needs.

ID/RD: Remove limits on Adult Attendant Care (currently limited to 28 hours per week). HASCI: Remove limits on Attendant Care/Personal Assistance (currently limited to 49 hours per week). The service increases are for needs directly related to closure of SCDDSN Day Program(s) or ADHC center(s) and may total up to those lost by not receiving Day Program or ADHC services.

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]:

Allow for Day Services (Day Activity, Career Preparation, Community Services, Employment Services) to be provided in residential settings licensed or otherwise recognized by SCDDSN as appropriate.

Allow the provision of ADHC Nursing in participant's home if the ADHC provider suspends hours of operation. Services provided in this manner can be billed as an hourly unit at 1/5 the rate of the ADHC per diem.

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.]

To allow redeployment of direct support and clinical staff to needed service settings during the emergency, staff qualified under any service definition in the ID/RD, HASCI and CS waiver may be used for provision of any non-professional service under another service definition in C-1/C-3.

All staff must receive training on any participant's Service Plan (Support Plan) for whom they are providing support. Training on the Support Plan must consist of basic health and safety support needs for that individual.

Direct care workers must have a national federal fingerprint-based criminal background check if the prospective employee cannot establish South Carolina residency for the 12 months preceding the date of the employment application and/or the prospective employee will work with children under the age of 18. For the purposes of Appendix K, this requirement may be temporarily waived if:

- The direct care worker is a family member of the participant;
- A state and national background check is obtained that is equivalent in scope to the waived background check, but for the use of fingerprints to verify the worker's identity;
- The participant, or participant's legal guardian, provides informed consent; and
- The direct care worker obtains a fingerprint background check within 90 days.

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.]

For Residential Habilitation, current requirements are for providers to be licensed in accordance with Code of Laws of SC, 1976 as amended: 40-20-710 through 44-10-1000; 44-20-10 et seq.; and 44-21-10 et seq.; SC licensing regulations: 61-103. Allow, when needed, Residential Habilitation to be provided in settings other than settings licensed by the state such as non-licensed group homes and adult host homes. SCDDSN will issue provisional licenses for settings whose licenses expire and cannot be renewed due to COVID-19.

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.]

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.]

PCSP that are due to expire within the next 60 days can be renewed for an additional 12 months if a meeting is held with the individual and/or representative. The PCSP may be a continuation of the services currently being rendered under the current service plan if the case manager contacts the participant using allowable remote contact methods to verify with the participant and/or representative that the current PCSP assessment and service, including providers, remain acceptable and approvable. The state will verify by obtaining electronic signatures from service providers and the individual and/or representative, in accordance with the state's HIPAA requirements.

The state will ensure the service plan is modified to allow for additional supports/and or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The PCSP will be updated no later than 30 days from the date the service was initiated.

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]

ID/RD, CS, HASCI: Allow for completion of critical incident or ANE final report outside of typical timeframes (10 days) upon approval of an extension request. No changes are requested to incident response or initial reporting requirements.

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]

The state will modify the requirement of receipt of two (2) waiver services monthly to if the individual receives waiver services less than monthly the individual will receive monthly monitoring.

Allow all reviews by the state's Quality Improvement Organization and other auditing activities to be performed as off-site, desk reviews of information shared by the provider, or deferred past the required timeliness period if onsite reviews are required.

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]:*

ID/RD, HASCI, CS: Case managers must ensure that the same number of contacts required by each waiver, including at least one case management activity per month, is completed. The contacts that require a face to face visit (initial visit, quarterly visits, and re-evaluation visits) will be completed during telephonic communication during the declared public health emergency.

For in-home habilitation, only hourly units of residential habilitation offered in a Supervised Living Program Level I may be allowed to be offered telephonically.

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, and legal guardians, 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 II
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; (803)563-3733 (cell)
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:	Mary
Last Name	Poole
Title:	State Director
Agency:	South Carolina Department of Disabilities and Special Needs
Address 1:	3440 Harden St. Ext.
Address 2:	Click or tap here to enter text.
City	Columbia
State	SC
Zip Code	29203
Telephone:	(803)898-9600
E-mail	Mary.poole@ddsn.sc.gov
Fax Number	Click or tap here to enter text.

8. Authorizing Signature

Signature: **Date:**

_____

State Medicaid Director or Designee

First Name:	Joshua
Last Name	Baker
Title:	State Medicaid Director
Agency:	SCDHHS
Address 1:	1801 Main St.
Address 2:	Click or tap here to enter text.
City	Columbia
State	SC
Zip Code	29201
Telephone:	(803)898-2504
E-mail	Joshua.baker@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:	In-Home Support Services (ID/RD, HASCI)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope)**:**

This service is being added to the ID/RD and HASCI waivers. Service definition and specifications remain the same as the current definition and specifications in the CS waiver.

Care, supervision, teaching and/or assistance provided directly to or in support of the participant and provided in the participant's home, family home, the home of others, and/or in community settings. Community activities that originate from the home will be provided and billed as In-Home Support. These services are necessary to enable the person to live in the community by enhancing, maintaining, improving or decelerating the rate of regression of skills necessary to continue to live in the community.

If the caregiver or participant incurs cost for vehicle operation to or from activities or other transportation costs, additional reimbursement beyond the payment of the hourly rate paid to the In-Home Support provider will not be made.

This service may be participant-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Provider Specifications				
Provider Category(s) *(check one or both)***:**	√	Individual. List types:		Agency. List the types of agencies:
	Independent In-Home Support Providers			

Specify whether the service may be provided by *(check each that applies):*	√	Legally Responsible Person	√	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Individual			Direct care workers at Community Residential Care Facilities, Home Health Agencies, Personal Care Agencies, Adult Day Health Care Agencies, Nursing Homes providing respite, Waiver Case Managers and SCDDSN direct care staff are required to have following:

Service Specification			
Service Title:	In-Home Support Services (ID/RD, HASCI)		
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:			
			a. National federal fingerprint-based criminal background check if the prospective employee cannot establish South Carolina residency for the 12 months preceding the date of the employment application and/or the prospective employee will work with children under the age of 18. For the purposes of Appendix K, this requirement may be waived due to inability to obtain during COVID-19 emergency. b. South Carolina Law Enforcement Division (SLED) – not required if a. above is performed c. DSS Child Abuse and Neglect Central Registry d. Medicaid Exclusion List e. Proof of current licensure as a South Carolina Registered Nurse, if applicable f. Nurse Registry, if applicable g. Sex Offender Registry

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	√	Participant-directed as specified in Appendix E		Provider managed

Service Specification	
Service Title:	Home Delivered Meals

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope)**:**

The objective of Home Delivered Meal Services is to provide at least one nutritionally sound meal per day to persons unable to care for their nutritional needs because of a functional disability/dependency and who require nutrition assistance to remain in the community. Meals delivered to the participant's residence providing a minimum of one-third but no more than two third of the current recommended dietary allowance. These can be hot, shelf-stable, refrigerator fresh or blast frozen meals.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Allow for up to two (2) meals per day/fourteen (14) meals per week for ADHC recipients who are not able to access ADHC services due to program shut down or personal health.

Provider Specifications

Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	√	Agency. List the types of agencies:
				Meals Providers

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	√	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	√	Provider managed

[i] 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.