

Oct. 16, 2024
MB# 24-060

MEDICAID BULLETIN

TO: All Providers

SUBJECT: Update to Hurricane Helene Emergency Flexibilities

On Sept. 25, 2024, Governor Henry McMaster declared a state of emergency in South Carolina in preparation for Hurricane Helene. On Sept. 30, 2024, U.S. Department of Health and Human Services Secretary Xavier Becerra declared a public health emergency (PHE) for the state of South Carolina, which was backdated to Sept. 25, 2024, and President Joe Biden approved a major disaster declaration for South Carolina. As part of the state's response to Hurricane Helene, the South Carolina Department of Health and Human Services (SCDHHS) submitted an initial and follow-up formal requests to the Centers for Medicare and Medicaid Services (CMS) to temporarily waive or amend some requirements to ensure continued access to care for Healthy Connections Medicaid members impacted by Hurricane Helene. The initial flexibilities approved by CMS were announced in [Medicaid Bulletin #24-056](#). Through this bulletin, SCDHHS is announcing additional temporary flexibilities that have been approved by CMS. The additional flexibilities that were not previously announced begin with “**(NEW)**” and are bolded in the bulletin below. **The temporary flexibilities described in this bulletin and those announced in [Medicaid Bulletin #24-056](#) are effective statewide retroactive to Sept. 25, 2024, and will expire Oct. 31, 2024, except where indicated below.**

Fair Hearings

- **(NEW)** Timelines to file for Medicaid fair hearings and to request reinstatement of benefits for service and eligibility fair hearings are temporarily extended. This flexibility applies to both fee-for-service (FFS) and managed care requests for Medicaid fair hearings.

Hospitals

- SCDHHS is temporarily waiving certain physical environment requirements to allow increased flexibilities for surge capacity. SCDHHS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care, provided the location is approved by the state and will ensure that safety and comfort for patients and staff are sufficiently addressed.

- SCDHHS will temporarily expand the ability for hospitals to offer long-term care services ("swing beds") for patients who do not require acute care but do meet the skilled nursing facility (SNF) level of care criteria as set forth at 42 CFR 409.31. Under section 1135(b)(1) of the act, eligibility requirements at 42 CFR 482.58(a)(1)-(4), "Special Requirements for hospital providers of long-term care services ('swing beds')" are temporarily waived to allow hospitals to establish SNF swing beds payable under the SNF prospective payment system to provide additional options for hospitals with patients who no longer require acute care but are unable to find placement in a SNF.

Skilled Nursing Facilities (SNFs)

- **(NEW)** Residents that exceed the 10-day bed hold prior to a nursing facility readmission will not require a new level of care (LOC) determination to return to the SNF.
- **(NEW)** SCDHHS will temporarily waive the 10-day hospital stay requirement for complex care applicants.
- SNF services will be temporarily covered without a qualifying three-day hospital stay for members that experience dislocations.
- Pre-admission Screening and Annual Resident Review (PASRR) processes are temporarily postponed if they cannot be completed due to impacts from the PHE. Retroactively performed screenings or resident reviews must document the reason for the delay in the completion of PASRR requirements. This flexibility applies to situations such as respite PASRR, new admission from a hospital and individuals coming from the community. Level II PASRR should be completed in certain situations to prevent a delay in admissions to a SNF.
- SCDHHS will temporarily waive the requirement for physicians and non-physician practitioners to perform in-person visits for nursing home residents and will allow visits to be conducted, as appropriate, via telehealth.
- SCDHHS will temporarily postpone the timeframes in which SNFs must conduct a comprehensive assessment and collect minimum data set data.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)

- SCDHHS will temporarily allow for rooms in ICF/IIDs not normally used as a resident's room to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity.
- SCDHHS will temporarily waive requirements for the facility to provide sufficient direct support staff so direct care staff are not required to perform support services that interfere with direct resident care. This will allow facilities to adjust staffing patterns while maintaining the minimum staffing ratios required.

State Plan Home Health and Hospice Services

- **(NEW)** Home health agencies and hospice providers may suspend two-week aide supervision by a registered nurse.
- **(NEW)** SCDHHS will temporarily waive the requirement for home health agencies to complete face-to-face encounters before the start of services. The face-to-face

requirement may occur at the earliest time feasible but still must occur by Oct. 31, 2024. Home health agencies must attempt to complete required encounters via telehealth or other electronic methods (e.g., telephonically) if they are unable to complete the encounter in person.

- Home health agencies will temporarily be allowed to perform initial assessments remotely or by record review.
- SCDHHS will temporarily modify timeframes for hospice providers to complete updates to their comprehensive assessment from 15 to 21 days. Hospice providers must continue to complete other required assessments (i.e., initial and ad hoc assessments based on a change in the patient's condition).
- SCDHHS will temporarily extend the timeframes related to OASIS transmission for home health agencies by:
 - Extending the 5-day completion requirement for the comprehensive assessment to 30 day and
 - Modifying the 30-day OASIS submission requirement.

Durable Medical Equipment (DME)

- Prior authorization requirements and quantity limits for oxygen therapy, positive airway pressure devices, respiratory assist devices, ventilators, suction devices, nebulizers and related supplies are temporarily waived.
- If DME is lost, destroyed, irreparably damaged or otherwise rendered unusable, SCDHHS will waive requirements for in-person assessments, new physician's orders and medical necessity documentation for DME providers. DME providers still must include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating the DME was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.
- To the extent otherwise allowable by professional licensing boards, professional practice acts and other laws and regulations, DME providers may temporarily continue to provide services, recurring medical supplies or DME rentals with otherwise valid provider orders that exceed SCDHHS' duration or timeliness standards.
- Requirements for Medicaid Certificates of Medical Necessity (MCMNs) for oxygen, enteral nutrition, parenteral nutrition and medical equipment are temporarily suspended. A valid physician order is still required for these services.

Pharmacy Services

- Replacement prescription refills may be permitted for a quantity up to the amount originally dispensed in circumstances where dispensed medication has been lost or otherwise rendered unusable by damage due to the emergency (controlled substances are excluded).

Prior Authorization

- **(NEW)** FFS prior authorizations (including existing pharmacy and physician-administered drug prior authorizations) may be extended to ensure continuity of care for Medicaid members whose authorizations cannot be re-issued due to impacts from the PHE. This flexibility only applies to existing prior authorizations.

Targeted Case Management (TCM)

- **(NEW)** SCDHHS will temporarily extend timelines for TCM annual face-to-face visits, annual and six-month reassessments and care plan updates, and ongoing monitoring and follow-up activities for Medicaid members that cannot be reached due to impacts of the PHE. Providers must attempt to complete these activities via electronic methods (e.g., telehealth, telephonic methods) and document these attempts. **If not completed via an electronic method, these activities must be completed in accordance with the agency's existing policy by Dec. 31, 2024.**

Home and Community Based Services (HCBS) Waiver Program Flexibilities

The temporary flexibilities listed in this section apply to Healthy Connections Medicaid-enrolled providers who serve Healthy Connections Medicaid members who are enrolled in the state's HCBS waiver programs. This includes the Intellectual Disability and Related Disabilities (ID/RD), Community Supports (CS), Head and Spinal Cord Injury (HASCI), Medically Complex Children (MCC), Palmetto Coordinated System of Care (PCSC), Community Choices (CC), HIV-AIDS and Mechanical Ventilator Dependent (VENT) waivers. The temporary flexibilities described below apply to each of the state's HCBS waivers unless otherwise noted below.

- **(NEW)** SCDHHS will extend LOC re-evaluation timeframes if the member cannot be reached via electronic methods to allow services to continue until the reassessment can occur. LOC evaluations and re-evaluations may be completed via electronic methods (e.g. telehealth or telephonically). **All re-evaluations delayed by the PHE must be completed by Dec. 31, 2024 and the reason for the delay must be documented.**
- **(NEW)** SCDHHS will temporarily allow for delay of review and revision of person-centered service plans (PCSP) beyond 12 months to prevent a lapse in service for Medicaid members that cannot be reached due to impacts of the PHE. The PCSP must still be updated when a member requests a revision and/or when circumstances or needs of the individual change significantly. Providers must attempt to complete these activities via electronic means (e.g., telehealth or telephonically) and document these attempts. **All PCSP updates delayed by the PHE must be completed by Dec. 31, 2024 and the reason for the delay must be documented.**
- **(NEW)** SCDHHS will temporarily waive the requirement to obtain beneficiary and provider signatures on the PCSP. Signatures can temporarily be obtained and documented via verbal consent and/or electronic signature processes.
- **(NEW)** SCDHHS will temporarily modify the requirement that members enrolled in an HCBS waiver receive at least two waiver services monthly, as applicable.

- **(NEW)** SCDHHS will temporarily allow all reviews by the state's quality improvement organization and other auditing activities to be performed as offsite, desk reviews of information shared by the provider, or deferred past the required timeliness period.
- **(NEW)** Case management/care coordination contacts that require a face-to-face visit may be temporarily completed via electronic methods (e.g., telehealth or telephonic).
- **(NEW)** Existing service authorizations may be temporarily extended to prevent a lapse or delay in services. This flexibility only applies to existing service authorizations and the reason for temporary extension must be documented.
- **(NEW)** In-home care providers may temporarily defer nurse supervisory visits for personal care and nursing services.
- **(NEW)** For members enrolled in the ID/RD, CS and CC waivers: Provision of adult day health care (ADHC) nursing may temporarily occur in the home if the ADHC provider suspends hours of operation.
- **(NEW)** For members enrolled in the ID/RD, CS and CC waivers: ADHC providers may temporarily bill for units less than the five-hour minimum requirement.
- **(NEW)** For members enrolled in the CC, HIV/AIDS and Vent waivers: Home-delivered meals (HDM) that are shelf-stable may temporarily be provided in lieu of hot, refrigerator-fresh or blast-frozen meals.
- **(NEW)** For members enrolled in the CC, HIV/AIDS and Vent waivers: Based on member's need, SCDHHS will temporarily allow up to one additional HDM per day, not to exceed two total in a day.
- **(NEW)** For members enrolled in the ID/RD, CS and HASCI waivers: SCDHHS will temporarily allow provision of day services (day activity, career preparation, community services, employment services) in residential settings licensed or otherwise recognized by the South Carolina Department of Disabilities and Special Needs (DDSN) as appropriate.
- **(NEW)** For members enrolled in the ID/RD and CS waivers: SCDHHS will temporarily allow provision of support center services in residential settings licensed or otherwise recognized by DDSN as appropriate.
- **(NEW)** For members enrolled in the ID/RD and HASCI waivers: SCDHHS will temporarily allow residential habilitation services to be provided in day activity centers or other settings recognized by DDSN, when needed, due to lack of power/water at the residential habilitation site.

South Carolina's Medicaid managed care organizations (MCOs) are required to ensure the applicable temporary flexibilities described in this bulletin are also applied to services covered by MCOs. This will support SCDHHS' goal to provide continued access to care for all Healthy Connections Medicaid members impacted by Hurricane Helene.

Providers should direct any questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at <https://www.scdhhs.gov/providers/contact-provider-representative>.

The authorities used to create these temporary flexibilities include a waiver request SCDHHS submitted to CMS under Section 1135 of the Social Security Act requesting a variety of temporary administrative and regulatory flexibilities; and a request SCDHHS submitted to CMS to temporarily amend several 1915(c) HCBS waivers with the Emergency Preparedness and Response Appendix K. Waivers included in SCDHHS' Appendix K amendment request include the ID/RD, CS, HASCI, MCC, PCSC, CC, HIV-AIDS VENT waivers.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/

Robert M. Kerr