

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

C. Control Number: HIV/AIDS: SC.0186.R07.06;
ID/RD: SC.0237.R06.08;
HASCI: SC.0284.R06.01;
CC: SC.0405.R04.07;
MCC: SC.0675.R03.07;
CS: SC.0676.R03.03;
PCSC: SC.1686.R00.04;
Vent: SC.40181.R06.03

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

<input type="radio"/>	Pandemic or Epidemic
<input checked="" type="checkbox"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	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.

- 1) 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 for the state of South Carolina and President Joe Biden approved a major disaster declaration for South Carolina.
- 2) The number of individuals affected is estimated to be 38,739 (total HCBS 1915(c) waiver participants as of September 2024). The state utilized HCBS waiver enrollment totals on a statewide basis as it considers all HCBS waiver participants to be at risk due to the statewide emergency declaration.
- 3) SCDHHS retains state line of authority for administration and operation of the following waivers: CC, HIV/AIDS, Vent, MCC. The state line of authority for waiver operation is the South Carolina Department of Disabilities and Special Needs (SCDDSN) for the following waivers: ID/RD, HASCI, CS. The state line of authority for waiver operation is the South Carolina Department of Children’s Advocacy – Continuum of Care Division for the PCSC waiver.
- 4) Expected changes in service delivery methods include waiving certain service limitations, allowing provision of services in alternate settings, modify processes for level of care (LOC) evaluations or re-evaluations, service plan meetings and assessments to allow for virtual/telephonic completion, removing requirements to receive two waiver services per month, amending requirements for on-site direct observation by the state’s quality improvement organization (QIO), adjusting certain service definitions and requirements, and adjusting prior authorization requirements.

F. Proposed Effective Date: Start Date: 9/25/24 Anticipated End Date: 1/1/2025

G. Description of Transition Plan.

The requested changes are not expected to result in any adverse effects to waiver participants.

H. Geographic Areas Affected:

Statewide

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

SCDHHS operated programs have a “Disaster Preparedness Manual” that details processes in the event of natural disasters (e.g., hurricanes, floods). Additionally, the State follows any mandates from the South Carolina Emergency Management Division (SCEMD) as well as the South Carolina Department of Public Health (DPH).

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

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, CS and CC: Temporarily suspend the requirement for adult day health care (ADHC) service to consist of a minimum of five hours per day.

CC, HIV/AIDS, Vent: Based on the participant's need, the state will allow up to one additional home delivered meal (HDM) per day, not to exceed two total in a day.

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]:

ID/RD, CS and CC: Allow 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.

ID/RD, CS, HASCI: Allow provision of day services (day activity, career preparation, community services, employment services) in residential settings licensed or otherwise recognized by SCDDSN as appropriate.

ID/RD and CS: Allow provision of Support Center services (day service) in residential settings licensed or otherwise recognized by SCDDSN as appropriate.

ID/RD, HASCI: Allow, when needed, residential habilitation services to be provided in day activity centers or other settings recognized by SCDDSN due to lack of power/water at the residential habilitation site.

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

All waivers: LOC evaluations and re-evaluations may be completed via electronic methods (e.g. telephonic, virtual). Waive requirements for LOC re-evaluations to be completed no less frequently than annually if the participant cannot be reached via electronic methods. Re-evaluations may be delayed for up to one year past their due dates.

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. X 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.]

All waivers: Person-centered service plan meetings and assessments may be completed via electronic methods (e.g. telephonic, virtual).

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. X 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]

All waivers: Modify the requirement of receipt of two waiver services monthly, as applicable. If the participant receives waiver services less than monthly the participant will receive monthly monitoring. At least one case management activity per month will be completed.

All waivers: Allow all reviews by the state's QIO 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.

All waivers: Case management/care coordination contacts that require a face-to-face visit may be completed via electronic methods (e.g. telephonic, virtual).

Existing service authorizations may be temporarily extended.

Contact Person(s)

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

First Name: Margaret

Last Name: Alewine

Title: Bureau Chief, Policy
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 SC
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:

Date: 10/4/24

Robert M. Kerr
State Medicaid Director or Designee

First Name: Robert
Last Name Kerr
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 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 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.