

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.¹ 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 (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)

C. Control Number(s):

ID/RD: SC.0237.R06.02
HASCI: SC.0284.R05.07
CS: SC.0676.R02.07
CC: SC.0405.R04.04
HIV: SC.0186.R07.03
VENT: SC.40181.R05.06
MCC: SC.0675.R03.03

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

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

<input checked="checked" type="radio"/>	Pandemic or Epidemic
<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.

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, and January 15, 2021. With this amendment, beginning April 1, 2021, the State will utilize funds from section 9817 of the American Rescue Plan (ARP) until March 31, 2025 or until funds are exhausted for the increased rates approved in the January 20, 2022 Appendix K amendments. The previously approved Appendix K temporarily raises payment rates for multiple waiver services. The state will amend the base waivers to make rate increases permanent prior to the expiration of the Appendix K.

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

f. X 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.]

The state will utilize section ARP funds for the following: Effective April 1, 2021, through March 31, 2025, or until funds have been exhausted, temporarily increase rates to account for impact associated with the COVID-19 public health emergency. Rate development methodology applied remains consistent with currently approved waivers. The state will amend the base waivers to make rate increases permanent prior to the expiration of the Appendix K.

Service	Affected Waiver(s)	Existing Rate	Temporary Rate	Effective Date
Respite	SC.0676, SC.0284, SC.0237	\$3.17/15 min	\$4.05/15 min	July 1, 2021
Adult Day Health Care	SC.0676, SC.0237, SC.0405	\$56.40/day	\$60.00/day \$64.00/day	October 1, 2021 – July 1, 2022 July 1, 2022
Residential Habilitation (daily)	SC.0237	\$196.99	\$204.78	July 1, 2021
Residential Habilitation (daily)	SC.0284	\$196.99 \$196.99	\$239.39 \$226.71 (eight tiered rates with an aggregate unit rate of \$226.71)	July 1, 2021 – December 31, 2021 January 1, 2022
Home Delivered Meals	SC.0237, SC.0676, SC.0405, SC.0186, SC.04181	\$5.23 per meal	\$6.40 per meal	January 1, 2022
Care Coordination	SC.0675	Care coordination contact: \$28.00/15 min. Care coordination visit: \$45.00/15 min. Care advocate contact: \$15.00/15 min.	Care coordination contact: \$33.60/15 min. Care coordination visit: \$54.00/15 min. Care advocate contact: \$18.00/15 min.	January 1, 2022
Day Services (Day activity,	SC.0676	\$31.29 ½ day	\$36.93/ 1/2 day	January 1, 2022

Career Preparation, Community Services, Employment Services Group)	SC.0284 (excluding Community Services for SC.0284)			
In-Home Support	SC.0676	\$13.31/hr	\$16.20/hr	January 1, 2022
Employment Services (Individual)	SC.0676 SC.0284	\$21.95/15 min.	\$24.74/15 min.	January 1, 2022
Attendant Care (U1/UAP)	SC.0284	\$4.01/15 min	\$4.05/15 min.	January 1, 2022
Waiver Case Management, Transitional Waiver Case Management – with Travel	SC.0676 SC.0284	\$25.42/15 min.	\$27.28/15 min.	January 1, 2022
Waiver Case Management, Transitional Waiver Case Management – without Travel	SC.0676 SC.0284	\$15.63/15 min	\$16.77/15 min.	January 1, 2022

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: Click or tap here to enter text.
City: Columbia
State: South Carolina
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: /S/

Date: 06/30/2022

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: Click or tap here to enter text.
City Columbia
State South Carolina
Zip Code 29201
Telephone: (803) 898-2504
E-mail rkerr@scdhhs.gov
Fax Number Click or tap here to enter text.



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.