

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF DIRECTOR

APR 24 2009

ACTION REFERRAL

SCDHHS
Office of General Counsel

RECEIVED

TO <i>Singleton/Myers</i>	DATE <i>04-24-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100600</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>[Signature]</i> <i>c: Emma Forkner</i> <i>Jeff Stensland</i> <i>Cleared 5/14/09, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>5-8-09</i> <input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
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4.			

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SCDHHS
Office of General Counsel

**PROTECTION AND
ADVOCACY FOR
PEOPLE WITH
DISABILITIES, INC.**

The Protection & Advocacy System for South Carolina

April 22, 2009

Emma Forkner, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Re: FOIA Request for EPSDT Information

Dear Emma Forkner:


My name is Jerri Davison, and I am an attorney with Protection and Advocacy for People with Disabilities, Inc. (P&A). P&A is a private, non-profit organization that is mandated by the state and federal government to protect the rights of people with disabilities in South Carolina. I am writing this letter to obtain more information regarding the system that coordinates Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

Does SCDHHS have a program specifically designated to satisfy the requirements of EPSDT? If so, what is the name of the person who oversees the EPSDT program? Are there regional directors? If so, what are their names and what regions do they serve? Please provide contact information for each of these individuals.

How are parents of Medicaid eligible children informed about EPSDT? How do they apply for or access services? Is each child assigned an EPSDT coordinator? Is this coordinator through SCDHHS or the South Carolina Department of Social Services (SCDSS)? How often does the EPSDT coordinator have contact with the parent? Is there an EPSDT manual that these coordinators follow? Could you provide us with a copy of this manual?

Thank you in advance for taking the time to respond to my Freedom of Information Act request. All of my contact information is listed in the margin below. Please note that I am located in the Piedmont office. I look forward to hearing from you soon.

Sincerely,


Jerri S. Davison
Attorney

CENTRAL OFFICE SUITE 208 3710 LANDMARK DRIVE COLUMBIA, SC 29204 (803) 782-0639 (Voice and TTY) FAX (803) 790-1946	PIEDMONT OFFICE SUITE 106 545 N. Pleasantburg Drive GREENVILLE, SC 29607 (864) 235-0273 1-800-758-5212 (Voice and TTY) FAX (864) 233-7962	INFORMATION AND REFERRAL Toll Free: 1-866-275-7273 (Voice) or 1-866-232-4525 (TTY) Email: info@protectionandadvocacy-sc.org	PEE DEE OFFICE 2137 B HOFFMEYER ROAD FLORENCE, SC 29501 (843) 662-0752 1-800-868-0752 (Voice and TTY) FAX (843) 662-0786	LOW COUNTRY OFFICE 1569 SAM RITTENBERG BLVD. CHARLESTON, SC 29407 (843) 763-8571 1-800-743-2553 (Voice and TTY) FAX (843) 571-0880
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State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

May 14, 2009

Jerri S. Davison, Attorney
Suite 106
545 N. Pleasantburg Dr.
Greenville, SC 29607

Re: FOIA Request for EPSDT Information

Dear Ms. Davison:

Your FOIA request for information, sent to Ms. Forkner, was forwarded to this Office for a response. I believe we have spoken about this issue before. As you know, EPSDT services are required of a Medicaid Program. The services are generally described in the Physician's Manual, which is on the website at <http://www.scdhhs.gov/ServiceProviders/ProviderManualsAll.asp?pType=Physicians>. I have also enclosed the current State Plan provision.

You may have already accessed CMS' website for the status reports that States send on the services rendered. Those reports are at http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/03_StateAgencyResponsibilities.asp. I have enclosed South Carolina's most recent report.

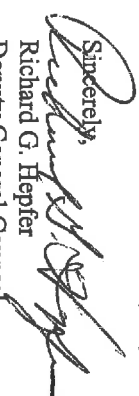
Finally, enclosed is a recent Beneficiary Newsletter touting EPSDT services.

Many of your questions do not call for the disclosure of "public records" as we understand the term, but I would be happy to discuss EPSDT services with you at any convenient time.

Our cost for gathering, reproducing and mailing this information is eight and thirty-nine hundredths dollars (\$.39). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

If you require additional information or there are any questions, please contact me. My direct is (803) 898-2791.

Sincerely,

Richard G. Hepler
Deputy General Counsel

Enclosures

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

(To close)

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1. <i>ONS</i>	<i>5/14/09</i>		
2.			<i>Ben - To close</i>
3.			<i>Pickett. brought up 5/14/09 12:20pm.</i>
4.			<i>Mike</i>



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Jerri S. Davison, Attorney
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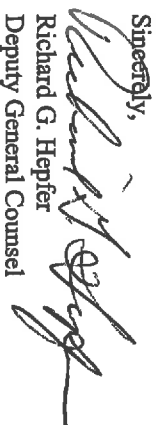
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Sincerely,

Richard G. Hepfer
Deputy General Counsel

Enclosures

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(803) 898-2795 Fax (803) 255-8210

Basic services and items furnished in a nursing facility that are inclusive in the per diem rate and must not be charged to the patient include the following:

- A. Nursing Services - Includes all nursing services to meet the total needs of the resident, the administration of treatments and medications as ordered by the physician, assistance with mobility (walking or wheelchair), and routine nursing supplies. Nursing supplies include, but are not limited to such items as syringes, air mattress, I.V. supplies, adhesive tape, canes, ice bags, crutches, glycerine, mouth swabs, water pitchers, bed pans, thermometers, and urinals.
- B. Special Services - Including assistance by the facility social worker, participation in planned activities, physical therapy, speech therapy, occupational therapy and inhalation therapy.
- C. Personal Services - Services for the comfort of the resident which include assistance with eating, dressing, toilet functions, baths, brushing teeth, washing and combing hair, shaving and other services necessary to maintain a clean, well kept personal appearance. Includes assistance in walking and wheelchair use when necessary. Diapers and underpads are provided as needed.
- D. Room and Board - Includes a semiprivate or ward accommodations, all meals including special diets and snacks ordered by the physician. Includes feeding residents if unable to feed themselves and tube feeding. Housekeeping services and bed and bath linens are included.
- E. Safety and Treatment Equipment - Including, but not limited to the following items: standard wheelchairs, infusing equipment, bedside commode, side rails, restraint chairs (Geri-chairs), suction apparatus, walkers, crutches, canes and other equipment that is generally used by multiple residents and does not become the property of the individual resident.
- F. Medications - Over-the counter (OTC) non-legend medications are included (except for insulin)
- G. Medical Supplies and Oxygen - The following items are included, however, the included items are not limited to this list: oxygen, supplies used for inhalation therapy, catheters and related supplies, dressings, disposable enema equipment or other irrigation supplies, I.V. solutions, disposable instrument trays, levine tubes, and other supplies ordered by the physician or necessary to meet the needs of the resident because of the resident's medical condition.

4.b EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT). The EPSDT program offers special medical services to Medicaid recipients under the age of twenty-one. EPSDT services include dental, vision, hearing services and general health screening. EPSDT services are offered in addition to medically necessary services available to all Medicaid recipients. Additional ambulatory care visits will be made available as necessary.

4.b EPSDT cont.

The State assures that this provision of EPSDT will not restrict an individual's free choice of providers in violation of 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of providers of EPSDT services. They will have the freedom of choice to switch providers if and when they desire.

2. Eligible recipients will have free choice of providers under other medical care under the State Plan. Providers will assure that freedom of choice of physicians and other medical care providers are maintained at all times.

Assurance 1905(a) Services: The state assures that EPSDT eligible clients have access to Section 1905(a) services not specifically listed in the state plan when they are medically necessary. Services provided as described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions not specified in the state plan will be provided if determined to be medically necessary by the appropriate agency staff. Any services beyond the limitations noted in the State Plan must be available based on a medical necessity determination.

Referrals for rehabilitative therapy services must be made by physician or other licensed practitioner of the healing arts and all Medicaid and state supervisory requirements must be adhered to. Referral means that the physician or other licensed practitioner of the healing arts has asked another qualified health provider to recommend, evaluate or perform therapies, treatment or other clinical activities to or on behalf of the beneficiary being referred. It includes any necessary supplies or equipment.

"Under the direction of" means that for physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders under 42 CFR 440.110, the Medicaid qualified therapists providing direction are licensed practitioners of the healing arts qualified under State law to diagnose and treat individuals with the disability or functional limitations at issue, are working within the scope of practice defined in State law and are supervising each individual's care. The qualified therapists must, at a minimum, have face-to-face contact with the beneficiary initially and periodically as needed, be familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law, have continued involvement in the care provided, and review the need for continued services throughout treatment. The supervising therapists must also assume professional responsibility for the services provided under their direction and monitor the need for continued services. The supervising therapists must spend as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of practice. Moreover, the supervising therapists must ensure that individuals working under their direction have contact information to permit them direct contact with the supervising therapists as necessary during the course of treatment. In all cases, documentation must be kept supporting the supervision of services and ongoing involvement in the treatment. Absent appropriate service documentation, Medicaid payment for services may be denied providers.

4.b EPSDT cont..

PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING AND LANGUAGE DISORDERS

Physical Therapy Services: In accordance with 42 CFR 440.110(a), physical therapy means services prescribed by a Physician or other Licensed Practitioner of the Healing Arts (LPHA) within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified Physical Therapist. It includes any necessary supplies and equipment. Physical Therapy Services involve evaluation and treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level. Specific services rendered: Physical Therapy Evaluation, Individual and Group Therapy (a group may consist of no more than six children).

Specific services provided include:

Physical Therapy Evaluation: A Physical Therapy Evaluation is a comprehensive evaluation that should be conducted in accordance with the American Physical Therapy Association and South Carolina Board of Physical Therapy Examiners guidelines, the physician or other LPHA, the Physical Therapist's professional judgment, and the specific needs of the child. The evaluation should include a review of available medical history records, an observation of the patient, and an interview, when possible. The evaluation must include diagnostic testing and assessment, and a written report with recommendations.

Individual and Group Physical Therapy: Individual or Group Physical Therapy is the implementation of specialized Physical Therapy programs that incorporate the use of appropriate modalities; performance of written and/or oral training of teachers and/or family regarding appropriate Physical Therapy activities/therapeutic positioning in the school or home environment; recommendations on equipment needs; and safety inspections and adjustments of adaptive positional equipment. Physical Therapy performed on behalf of one child should be documented and billed as Individual Physical Therapy. Physical Therapy performed on behalf of two or more children should be documented and billed as Group Physical Therapy. A group may consist of no more than six children.

Providers of Physical Therapy Services include:

- Physical Therapist (PT). In accordance with 42 CFR 440.110 (a)(2)(i)(ii), a qualified physical therapist is an individual who is currently licensed by the South Carolina Board of Physical Therapy Examiners. (i) A graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent; and (ii) where applicable, licensed by the State.

4.b EPSDT Cont.

- **Physical Therapist Assistant (PTA)** is an individual who is currently licensed by the South Carolina Board of Physical Therapy Examiners. A physical therapy assistant provides services under the direction of a qualified physical therapist.

Occupational Therapy Services: In accordance with 42 CFR 440.110(b)(1), Occupational Therapy means services prescribed by a Physician or other Licensed Practitioner of the Healing Arts within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified Occupational Therapist. It includes any necessary supplies and equipment. Occupational therapy services are channels to improve or restore functional abilities for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level. Occupational Therapy Services are related to Self-Help Skills, Adaptive Behavior, Fine/Gross Motor, Visual, Sensory Motor, Postural, and Emotional Development that have been limited by a physical injury, illness, or other dysfunctional condition. Occupational Therapy involves the use of purposeful activity interventions and adaptations to enhance functional performance. Specific services rendered: Occupational Therapy Evaluation, Individual and Group Occupational Therapy (a group may consist of no more than six children), Fabrication of Orthotic, Fabrication of Thumb and Finger Splints.

Specific services provided include:

Occupational Therapy Evaluation: An Occupational Therapy Evaluation is a comprehensive evaluation that should be conducted in accordance with the American Occupational Therapy Association and South Carolina Board of Occupational Therapy guidelines, the physician or other LPHA referral, the Occupational Therapist's professional judgment, and the specific needs of the child. The evaluation should include a review of available medical history records and an observation of the patient and interview, when possible. The evaluation must include diagnostic testing and assessment and a written report with recommendations.

Individual and Group Occupational Therapy: Individual or Group Occupational Therapy is the implementation of specialized Occupational Therapy programs that incorporate the use of appropriate interventions, occupational therapy activities in the school or home environment, and recommendations on equipment needs and adaptations of physical environments. Occupational therapy performed directly to or on behalf of one child should be documented and billed as Individual Occupational Therapy. Occupational Therapy performed for two or more individuals should be documented and billed as Group Occupational Therapy. A group may consist of no more than six children.

Fabrication of Orthotics for upper and lower extremities and Thumb and Finger Splints: Fabrication of Orthotic is the fabrication of orthotics for lower and upper extremities, and the Fabrication of Thumb Splint and Finger Splint is the fabrication of orthotic for the thumb and likewise, the fabrication of Finger Splint is the fabrication of orthotic for the finger.

4.b KPSPDT cont.

Providers of Occupational Therapy include:

- **Occupational Therapist (OT).** In accordance with 42 CFR 440.110 (b)(2)(i)(ii) A qualified occupational therapist is an individual who is - (i) Certified by the National Board of Certification for Occupational Therapy; or (ii) A graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before certification by the National Board of Certification for Occupational Therapy.

- **Occupational Therapy Assistant (OTA)** is an individual who is currently licensed as a Certified Occupational Therapy Assistant (COTA/L or OTA) by the South Carolina Board of Occupational Therapy who works under the direction of a qualified occupational therapist pursuant to 42 CFR 440.110(b)(2)(i) or (ii).

Speech-Language Pathology Services: In accordance with 42 CFR 440.110(c) (1), Speech-Language Pathology Services include diagnostic, screening, preventive, or corrective services provided by or under the direction of a Speech-Language Pathologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law. It includes any necessary supplies and equipment. Speech-Language Pathology Services means evaluative tests and measures utilized in the process of providing Speech-Language Pathology Services and must represent standard practice procedures. Only standard assessments (i.e., Curriculum-Based Assessments, Portfolio Assessments, Criterion Referenced Assessments, Developmental Scales, and Language Sampling Procedures) may be used. Tests or measures described as "teacher-made" or "informal" are not acceptable for purposes of Medicaid reimbursement. Specific services rendered: Speech Evaluation, Individual Speech Therapy, and Group Speech Therapy (a group may consist of no more than six children).

Specific services provided include:

Speech Evaluation: Upon receipt of the physician or other LPHA referral a Speech Evaluation is conducted. This is a face-to-face interaction between the Speech-Language Pathologist, Speech-Language Pathology Assistant, Speech-Language Pathology Intern or Speech-Language Pathology Therapist and the child for the purpose of evaluating the child's dysfunction and determining the existence of a speech disorder. Evaluation should include review of available medical history records and must include diagnostic testing and assessment, and a written report with recommendations.

Speech Re-evaluation includes a face-to-face interaction between the Speech-Language Pathologist and the child for the purpose of evaluating the child's progress and determining if there is a need to continue therapy. Reevaluation may consist of a review of available medical records and diagnostic testing and/or assessment, but must include a written report with recommendations.

4.b EPSDT cont.

Individual Speech Therapy: Individual Speech Therapy is the delivery of remedial services for identified speech and/or language handicaps to a child whose speech and/or language patterns deviate from standard based on evaluation and testing, including training of teacher or parent. Individual Speech Therapy services may be provided in a regular education classroom.

Group Speech Therapy: Group Speech Therapy is the delivery of remedial services for identified speech and/or language handicaps in a group setting to children whose speech and/or language patterns deviate from standard based on evaluation and testing, including training of teacher or parent. A group may consist of no more than six children. Group Speech Therapy services may be provided in a regular education classroom.

Providers of Speech-Language Pathology Services include:

- **Speech-Language Pathologist** in accordance with 42 CFR 440.110 (c)(2)(i)(ii)(iii) is an individual who meets one of the following conditions: (i) Has a Certificate of Clinical Competence from the American Speech and Hearing Association. (ii) Has completed the equivalent educational requirements and work experience necessary for the certificate. (iii) Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.
- **Speech-Language Pathology Assistant** is an individual who is currently licensed by the South Carolina Board of Examiners in Speech-Language Pathology. The Speech-Language Pathology Assistant works under the direction of a qualified Speech-Language Pathologist pursuant to 42 CFR 440.110(c)(2)(i) and (ii).
- **Speech-Language Pathology Intern** is an individual who is currently licensed by the South Carolina Board of Examiners in Speech-Language Pathology and is seeking the academic and work experience requirements established by the American Speech and Hearing Association (ASHA) for the Certification of Clinical Competence in Speech-Language Pathology. The Speech-Language Pathology Intern works under the direction of a qualified Speech-Language Pathologist pursuant to 42 CFR 440.110(c)(2)(i) and (ii).
- **Speech-Language Pathology Therapist** is an individual who does not meet the credentials outlined in the 42 CFR 440.110(c)(2)(i)(ii) and (iii) that must work under the direction of a qualified Speech-Language Pathologist.

Audiological Services: In accordance with 42 CFR 440.110(c)(1), Audiological Services for individuals with hearing disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of an audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law. A referral occurs when the physician or other IPHA has asked

4.b. EPSDT cont.

a Licensed Audiologist to recommend, evaluate, or perform therapies, treatment, or other clinical activities for the beneficiary. It includes any necessary supplies and equipment. Services involve testing and evaluation of hearing-impaired children less than 21 years of age who may or may not be improved with medication or surgical treatment. This includes services related to hearing aid use.

Specific services rendered: Pure Tone Audiometry, Audiological Evaluation, Audiological Re-Evaluation, Tympanometry (Impedance Testing), Electrocochleography, Auditory Evoked Potentials; Comprehensive, Auditory Evoked Potentials; Comprehensive Re-check, Evoked Otoacoustic Emission; Limited, Evoked Otoacoustic Emissions; Comprehensive or Diagnostic Evaluation, Hearing Aid Examination and Selection, Hearing Aid Check; Hearing Aid Re-Check, Evaluation of Auditory Rehabilitation Status, Fitting/Orientation/Checking of Hearing Aid, Dispensing Fee, Right Ear Impression, Left Ear Impression.

Specific services provided include:

Pure Tone Audiometry: In pure tone audiometry, earphones are placed and the patient is asked to respond to tones of different pitches (frequencies) and intensities. The threshold is recorded for a number of frequencies in each ear. This service may be performed six times during the course of a 12-month period.

Audiological Evaluation: In comprehensive audiometry, earphones are placed and the patient is asked to respond to tones of different pitches (frequencies) and intensities. The threshold is recorded for a number of frequencies on each ear. Bone thresholds are obtained in a similar manner except a bone oscillator is used on the mastoid or forehead to conduct the sounds. The patient is also asked to repeat bisyllabic (spondee) words. The threshold is recorded for each ear. The word discrimination score is the percentage of spondee words that a patient can repeat correctly at a given intensity level above speech reception threshold in each ear. This service may be performed once during the course of a 12-month period.

Audiological Re-Evaluation: An audiological re-evaluation is when appropriate components of the initial evaluation are re-evaluated and provided as a separate procedure. The necessity of an audiological re-evaluation must be appropriately documented. This service may be performed six times during the course of a 12-month period.

Tympanometry (Impedance Testing): Using an ear probe, the eardrum's resistance to sound transmission is measured in response to pressure changes. This service may be performed six times during the course of a 12-month period.

4.b EPSDT cont.

Electrocochleography: An electrocochleography tests the internal components of the implanted receiver and connected electrode array. This procedure verifies the integrity of the implanted electrode array and is completed immediately after the operation. This procedure is to be completed only by a licensed Audiologist on a cochlear implant team and may be performed once per implantation.

Auditory Evoked Potentials - Comprehensive: Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. There is no frequency limitation on this procedure.

Auditory Evoked Potentials - Comprehensive Re-Check: Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. There is no frequency limitation on this procedure.

Evoked Otoacoustic Emission - Limited: A probe tip is placed in the ear canal. The probe tip emits a repeated clicking sound that passes through the tympanic membrane, middle ear space, and then to the outer hair cells of the inner ear. Computerized equipment is then able to record an echo off of the hair cell in the inner ear. There is no frequency limitation on this procedure.

Evoked Otoacoustic Emissions - Comprehensive or Diagnostic Evaluation: A probe tip is placed in the ear canal. The probe tip emits a repeated clicking sound that passes through the tympanic membrane, middle ear space, and then to the outer hair cells of the inner ear. Computerized equipment is then able to record an echo off of the hair cell in the inner ear. There is no frequency limitation on this procedure.

Hearing Aid Examination and Selection: History of hearing loss and ears are examined, medical or surgical treatment is considered if possible, and the appropriate type of hearing aid is selected to fit the pattern of hearing loss. This service may be performed six times during the course of a 12-month period.

Hearing Aid Check: The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. This service may be performed six times during the course of a 12-month period.

Hearing Aid Re-Check: The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. This service may be performed six times during the course of a 12-month period.

4.b EPSDT cont.

Evaluation of Auditory Rehabilitation Status: This service involves the measurement of patient responses to electrical stimulation used to program the speech processor and functional gain measurements to assess a patient's responses to his or her cochlear implant. Instructions should be provided to the parent/guardian, teacher, and/or patient on the use of a cochlear implant device to include care, safety, and warranty procedures. This procedure is to be completed only by a licensed Audiologist on a cochlear implant team and may be performed 10 times during the course of a 12-month period.

Fitting/Orientation/Checking of Hearing Aid: Includes hearing aid orientation, hearing aid checks, and electroacoustic analysis. The service may be provided six times during the course of a 12-month period.

Dispensing Fee: The dispensing fee is time spent handling hearing aid repairs. This service may be performed six times during the course of a 12-month period.

Right Ear Impressions: Taking of an ear impression; please specify one or two units for one or two ears. This service may be performed six times during the course of a 12-month period.

Left Ear Impressions: Taking of an ear impression; please specify one or two units for one or two ears. This service may be performed six times during the course of a 12-month period.

Providers of Audiology services include:

Audiologist: All Medicaid-qualified audiology providers (Licensed Audiologists) operating in the State of South Carolina adhere to the provider qualifications found in 42 CFR 440.110(c)(3)

Psychological Evaluation and Testing Services: In accordance with 42 CFR 440.130, Psychological Testing and Evaluation recommended by a physician or other licensed practitioner of the hearing arts, within the scope of his practice under State law, includes evaluation of the intellectual, emotional, and behavioral status and any resulting distress and/or dysfunction. Service components include screening, diagnostic interview, testing and/or assessment.

Providers of Psychological Evaluation and Testing Services include:

Psychologist is an individual that holds a doctoral degree in psychology from an accredited college or university, and has a valid and current state license as a Ph.D. or Psy. D. with a specialty in Clinical, Counseling, or School Psychology as approved by the SC State Board of Examiners in Psychology.

4.b. EPSDT cont.

School Psychologist I-is an individual that is currently certified by the State Department of Education and holds a master's degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists and qualifying score on the SC State Board of Education required examination.

School Psychologist II- is an individual that is currently certified by the State Department of Education and holds a specialist degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists, and qualifying score on the SC State Board of Education required examination.

School Psychologist III- is an individual that is currently certified by the State Department of Education and holds a doctoral degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists, qualifying score on the State Board of Education required examination, and completion of an advanced program approved for the training of school psychologists.

Psycho-educational Specialist is an individual that holds a (60 hour) master's degree plus 30 hours or a doctoral degree in school psychology from a regionally accredited institution approved by NASP or APA or its equivalent, certification by the South Carolina Department of Education as a school psychologist level II or III, two years experience as a certified school psychologist (at least one year of which is under the supervision of a licensed psycho-education specialist), and satisfactory score on the PRAXIS Series II exam. The SC Board of Examiners licenses this individual.

4.b EPSDT cont.

Orientation and Mobility Services: Are provided to assist individuals who are blind and visually impaired to achieve independent movement within the home, school, and community settings. O&M Services utilize concepts, skills, and techniques necessary for a person with visual impairment to travel safely, efficiently, and independently through any environment and under all conditions and situations. The goal of these services is to allow the individual to enhance existing skills and develop new skills necessary to restore, maximize, and maintain physiological independence.

Orientation and Mobility (O&M) Service Qualifications:

- The service must be recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.
- The service must be provided for a defined period of time, for the maximum reduction of physical or mental disability and restoration of the individual to his or her best possible functional level.
- The service must be furnished by individuals working under a recognized scope of practice established by the state or profession.

Specific services provided include:

Assessment: An Orientation & Mobility Assessment is a comprehensive evaluation of the child's level of adjustment to visual impairment and current degree of independence with or without assistive/adaptive devices including functional use of senses, use of remaining vision, tactile/Braille skills, and ability to move safely, purposefully, and efficiently through familiar and unfamiliar environments. Assessment must include a review of available medical history records, diagnostic testing and assessment, and written report with recommendations.

Reassessment: An Orientation & Mobility Reassessment is an evaluation of the child's progress toward treatment goals and determination of the need for continued services. Reassessment may consist of a review of available medical history records and diagnostic testing and assessment, but must include a written report with recommendations. Reassessment must be completed at least annually but more often when appropriate.

Services: Orientation & Mobility Services is the use of systematic techniques designed to maximize development of a visually impaired child's remaining sensory systems to enhance the child's ability to function safely, efficiently, and purposefully in a variety of environments. O&M Services enable the child to improve the use of technology designed to enhance personal communication and functional skills such as the long cane, pre-mobility and adapted mobility devices, and low vision and electronic travel aids. O&M Services may include training in environmental awareness, sensory awareness, information processing, organization, route planning and reversals, and

4.b EPSDT cont.

training in balance, posture, gait, and efficiency of movement. OEM Services may also involve the child in group-settings to increase their capacity for social participation, or provide adaptive techniques and materials to improve functional activities such as eating, food preparation, grooming, dressing, and other living skills.

Providers of Orientation and Mobility services include:

- Orientation and Mobility (O&M) Specialist is an individual who holds a current and valid certification in Orientation and Mobility from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or an individual who holds a current and valid certification in Orientation and Mobility from the National Blindness Professional Certification Board (NBPCB).

4.b EPSDT continued:

Private duty nursing services are available to all community long term care recipients under age 21 who are found to be in need of such services on the basis of State established medical necessity criteria. The services must be ordered by the attending physician and must be provided by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN), licensed by the State Board of Nursing for South Carolina. Immediate family members cannot be reimbursed for providing these services.

Personal Care Aide services are available to all recipients under age 21 who live at home and who are found to be in need of such services on the basis of state established medical necessity criteria. The amount and duration of services must be prior authorized and re-authorized based on the recipient/s medical needs at regular intervals by the DHHS. The services must be ordered by the attending physician and must be provided by a personal care aide under the supervision of a Registered Nurse. Immediate family members cannot be reimbursed for providing these services.

The following policy applies to both private duty nursing and personal care aide services. Reimbursement for personal care aide and private duty nursing services, may be made to certain family members who meet South Carolina Medicaid provider qualifications. The following family members cannot be reimbursed: The spouse of a Medicaid consumer; A parent of a minor Medicaid consumer; A step parent of a minor Medicaid consumer; A foster parent of a minor Medicaid consumer; Any other legally responsible guardian of a Medicaid consumer. All other qualified family members can be reimbursed for their provision of the services listed above. Should there be any question as to whether a paid caregiver falls in any of the categories listed above, DHHS legal counsel will make a determination.

Physical and occupational therapy services as prescribed by a licensed physician, identified as a needed service through an EPSDT exam or evaluation and identified on a prior authorized treatment plan. Services may be rendered by all licensed practitioners including physicians and licensed physical and occupational therapists either employed by an approved provider or certified as an independent or group practitioner.

Psychological testing, evaluation and therapy are covered when prescribed through an EPSDT screen or exam and a prior authorization process. Services may be rendered by a licensed doctoral level psychologist in private practice or employed by an approved and enrolled provider.

Nursing Services for Children Under 21: Skilled intermittent nursing care provided by nurses licensed and regulated by the state to administer medications or treatments to children under 21 in a school based or public medical clinic setting. The nursing care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level.

4.c Effective April 1, 1990, the Omnibus Budget Reconciliation Act, Section 6403 requires that any diagnostic service or treatment determined to be medically necessary as a result of a screening service which is allowed to be covered with Federal matching funds under Medicaid must be provided whether or not such service is covered under this State Plan.

4.b FPSDT Continued:

Medical Screenings, Vision screenings and Hearing Screenings are provided according to the following periodicity schedule: (1 per range)

Birth	- to 1 month	12 months - through 14 months
1 month	- through 2 months	15 months - through 17 months
3 months	- through 4 months	18 months - through 20 months
5 months	- through 7 months	21 months - through 24 months
8 months	- through 11 months	
3 years through 6 years	- Four screenings are allowed one year apart.	
8 years through 21 years	- Seven screenings are allowed two years apart.	

Dental Periodicity Schedule

Dental screening services, to include referral for dental exam and follow-up treatment, as necessary, begins at age 1 or after eruption of the first tooth and are provided every six months thereafter until the last day of the month of the 21st birthday.

Interperiodic dental services are covered at intervals other than those specified in the periodicity schedule when medically necessary to identify and treat a suspected illness or condition.

Dental

Dental Services for recipients under the age of 21 include any medically necessary services are covered.

Vision

Tinted lenses are not a covered service
Lens covered as a separate service (except replacement)
Training lenses
Protective lenses
Oversized lenses are not covered
Lenses for unaided VA less than 20/30 + -.50 sphere
Plastic lenses for prescription less than + or -4 diopters
Visual therapy or training is not covered
There are no allowable benefits for optometric hypnosis, broken appointments, or charges for special reports.

Hearing

Limited to the provision of hearing aids including batteries, accessories and repairs, and hearing tests for diagnosis and referral.

Prior authorization by consultants is required for specific dental, vision and durable medical equipment, prosthetic and orthotic appliance services, private duty nursing services and personal care aide services. The codes representing covered services are listed in the state agency manuals for Dentistry, Vision Care, Durable Medical Equipment, CLTC Services Provider Manual.

Services not listed as covered services in the state agency manuals/state plan will be provided if determined to be medically necessary by the appropriate agency staff or consultants. The reimbursement rate for these services will be 80% of statewide usual and customary fees. If the provider is a government agency and/or a non-profit organization, the reimbursement will be no greater than actual cost. This is in compliance with 45 CFR Subpart Q.

4.c Family Planning Services

Family Planning services are available to all Medicaid recipients and include all medical and counseling services related to alternatives of birth control and pregnancy prevention services prescribed and rendered by physicians, hospitals, clinics, pharmacies and other practitioners and other Medicaid providers recognized by state and federal laws and enrolled as Medicaid Providers.

Coverage for Adolescent Pregnancy Prevention Services is allowed as described for EPSDT eligible recipients, and rendered by approved Medicaid providers.

(Effective 11-1-90)

Adolescent Pregnancy Prevention Services are services available to improve access to quality family planning services for a group at high risk for unintended pregnancy. Adolescent Pregnancy Prevention Services enhance the ability of all adolescents to make responsible decisions about sexual activity, including postponement of sexual activity or use of effective contraception. The result is a lowered incidence of pregnancy and sexually transmitted diseases and improved overall physical and mental health.

Adolescent pregnancy prevention services are defined as follows:

1. Individual counseling is a medical service using a systematic approach that is goal oriented with the purpose of developing a reasoned and responsible approach to family planning, including as appropriate, contraception or delay of sexual activity. Recipients will be informed of how to locate and use resources such as the health department, clinics or other family planning providers.
2. Group counseling is a medical service using group interaction for the same purposes and goals as individual counseling.

SND

[illegible]

8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total:	0.91	1.00	0.58	0.51	0.44	0.41	0.25
	CN:	335,490	41,327	77,430	72,570	44,369	54,870	36,060
	MN:	0	0	0	0	0	0	0
9. Total Eligibles Receiving at One Initial or Periodic Screen	Total:	335,490	41,327	77,430	72,570	44,369	54,870	36,060
	CN:	192,624	37,930	57,286	38,329	21,633	22,297	13,420
	MN:	0	0	0	0	0	0	0
10. PARTICIPANT RATIO	Total:	0.57	0.92	0.74	0.53	0.49	0.41	0.37
	CN:	0.57	0.92	0.74	0.53	0.49	0.41	0.37
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Total Eligibles Referred for Corrective Treatment	Total:	233	25	143	28	19	14	4
	CN:	233	25	143	28	19	14	4
	MN:	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	Total:	238,356	173	13,584	46,411	67,851	63,090	39,723
	CN:	238,356	173	13,584	46,411	67,851	63,090	39,723
	MN:	0	0	0	0	0	0	0
12b. Total Eligibles Receiving Preventive Dental Services	Total:	224,547	113	12,108	44,165	65,660	60,721	35,948
	CN:	224,547	113	12,108	44,165	65,660	60,721	35,948
	MN:	0	0	0	0	0	0	0
12c. Total Eligibles Receiving Dental Treatment Services	Total:	116,971	26	2,122	19,429	36,849	50,829	23,055
	CN:	116,971	26	2,122	19,429	36,849	50,829	23,055
	MN:	0	0	0	0	0	0	0
13. Total Eligibles Enrolled in Managed Care	Total:	273,488	11,208	43,630	50,959	58,779	56,832	42,040
	CN:	273,488	11,208	43,630	50,959	58,779	56,832	42,040
	MN:	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	Total:	19,894	770	14,888	4,236	0	0	0
	CN:	19,894	770	14,888	4,236	0	0	0
	MN:	0	0	0	0	0	0	0

Medicaid and *you*

Summer 2008

Kick the Habit

Quitting smoking is one of the best ways to improve your quality of life.

Here are some tips to help you succeed:

- Write down all the reasons you want to quit and look at the list when you crave tobacco the most
- Ask your doctor about medicine free to Medicaid members that can help you quit
- Don't give up! Nicotine cravings will eventually decrease, so focus on taking it one day at a time

For information call the South Carolina Tobacco Quitline at 1-800-QUIT - NOW



Do You Know Someone Who Does Not Qualify For Medicaid?

There is a service called CommuniCare that provides important prescription drugs for those in need. Those who qualify:

- Must be a South Carolina resident
- Cannot have Medicaid, Medicare or private insurance
- Must have some source of income
- Must be at or below 200% of the Federal Poverty Level (about \$3,500 a month for a family of four)

If you have any questions about CommuniCare and what it provides, please call 1-800-763-0059 to speak to a patient advocate.

En Español

Si necesita esta boletín informativo de Medicaid en español, por favor llame a la oficina de medicaid al 1-888-549-0820. La llamada es gratuita.

www.scdhhs.gov

Child Screening Program



Medicaid offers a screening, diagnosis, and treatment program called EPSDT. EPSDT stands for Early Periodic Screening, Diagnosis, and Treatment. It is important for your child to have these screening so that medical problems may be found and treated. If you have a doctor who takes your Medicaid card, call and make an appointment for a screening. If you need help finding a doctor, please call your local health department, or check our website at www.dhhs.state.sc.us. If you do not know your local health department's phone number, call the Department of Health and Environmental Control (DHEC) at 1-800-868-0404.

How to Contact Us

General Information
• 1-888-549-0820

To apply for Medicaid
• 1-888-549-0820

To find a doctor who accepts Medicaid
• 1-800-868-0404

Medicaid Pharmacy or GAPS Questions
• 1-800-834-2680 or (803) 898-2876

Medicaid Fraud and Abuse Hotline
• 1-888-364-3224

Medicaid Office of Public Information
• (803) 898-2865

You Now Have a Choice

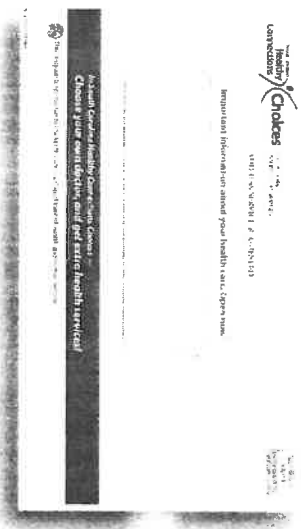
The way you get Medicaid in South Carolina is changing. Medicaid members may now enroll in a health plan. You can choose a health plan that has the doctors and extra services that are best suited to your needs.

You may soon get a packet in the mail from South Carolina Healthy Connections Choices. This is the program that will tell you about the health plans you can join. It is very important that you read it. If you don't choose a plan, we may choose a plan for you.

If you go to a doctor you want to continue to see, you can call 1-877-552-4642 to find out what plan he or she belongs to.

1

You will receive an envelope in the mail. Make sure to **OPEN IT, READ IT, RESPOND TO IT.**



2

MAKE A CHOICE. Call an enrollment counselor at 1-877-552-4642 to help you with your choice.

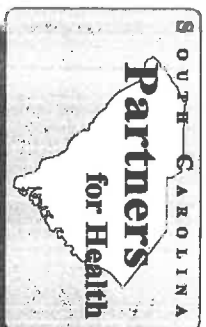


3

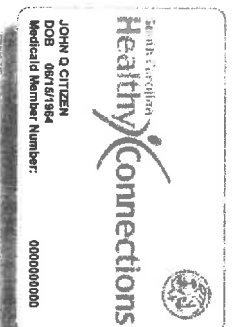
You will receive a card from the plan that you choose.

What You Should Know About Your Medicaid Cards

Medicaid members were recently mailed a new card. If you have not received your new card, it is important that you call your local eligibility office and let them know as soon as possible. The white, green and blue Healthy Connections Medicaid card replaces the old blue and yellow Partners for Health card. Please throw away the old card once you get the new Healthy Connections card.



OLD CARD



NEW CARD

If you are enrolled in a health plan, you will also receive a card from that health plan. This card should be carried with you at all times and be used when you receive any medical services.

Depending on which health plan you are enrolled in, you will receive a card similar to one of the cards below.

AMERIGROUP
Community Care

South Carolina
Solutions

CHC
SOUTH CAROLINA
HEALTH CARE

TOTAL
CAROLINA CARE
The way to better health

CAROLINA CRESCENT
Health Plan, Inc.

Unison
HEALTH PLAN

FirstChoice

Your Hometown Health Plan

BlueChoice
HealthPlan of South Carolina

What is a health plan?



A health plan is a group of doctors and may also include hospitals and other staff. Your health plan will make sure you can see the right doctor when you need to. All plans provide the same medical services as Medicaid. Some plans also offer extra services, such as diabetes or asthma management programs. To find out more about Medicaid health plans in your area, call **1-877-552-4642**.

SCHIEX

Your health and the care you receive are very important to SC Medicaid. That is why we are participating in a statewide computer system called the South Carolina Health Information Exchange (SCHIEX). This computer system can help the doctors you work with give you better care.

SCHIEX is a statewide effort that lets Medicaid doctors look-up your health facts for treatment purposes over a secure web site. Your health record contains facts like your name and date of birth, and data about medical services and care you have received.

Because your privacy is very important, only approved users such as doctors and medical staff can access SCHIEX. They must have an ID to see information about you. All users must agree to keep your health facts private, and must follow all federal and state privacy laws.

While we hope you will participate in SCHIEX, it is not required. You may choose to stop at any time. Before deciding to stop, please keep in mind that data in SCHIEX can help you and your doctor make better choices about your care. If you do decide not to participate doctors will not have your health facts when caring for you, or if you are in an emergency and unable to talk. Doctors will be unable to get health facts that may help save your life.

If you do not want doctors to see your health facts, or have questions, please call the Resource Center at 1-888-549-0820. Or, you may view a demonstration and get more information at www.schiex.org.

Quick and Easy Tips to Add 5 A Day to Your Child's Daily Diet

Eating at least five servings of fruits and vegetables per day is important in keeping your child healthy. Fruits and vegetables contain essential vitamins, minerals, and fiber that help the body fight off sickness and disease. Here are some ways to fit those five servings of fruits and vegetables a day into your child's diet while staying within your budget:

- Send them with a fruit or vegetable snack every day.
- Keep dried, frozen or canned fruits and vegetables in the house.
- Order pizza with vegetables on it.
- Add kidney beans, black beans, peas, corn or green beans to soups and sauces.
- Try giving your child cut up fruit with yogurt as a dip.
- Add tomato, lettuce, or onion to your child's sandwiches.

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SC Healthy Connections
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Columbia, SC 29202-8206