

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-25-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center"><i>100174</i></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-6-08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <p align="center"><i>CC: Ms. For Lner, DepD Cleared 10/13/08, better attached.</i></p>	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Center for Medicaid & State Operations

SEP 19 2008

Dear State Medicaid Director:

I am writing to follow-up on a request you received that you submit a copy of your State's dental periodicity schedule to the CMS regional office. Our regional office has received information from you in the form of an email. However, that information was insufficient to fulfill our request for a copy of your State's dental periodicity schedule.

On September 17, 2008, you forwarded a copy of an approval letter and State Plan material for Amendment #08-001 which clarified and updated information in your State plan regarding the provision of dental services under Medicaid in South Carolina. However, this material contains information primarily on dental screenings and referrals. The language appears to indicate that you recommend referrals to a dentist every six months after the age of one. However, because the Medicaid State Plan is not generally used by providers and beneficiaries it would be insufficient to publish a periodicity schedule solely in the State Plan.

As you know, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service as described under the federal Medicaid program, section 1905(r)(3), requires that States provide dental services "at intervals which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, . . ." Therefore, each State should have developed a State periodicity schedule for the delivery of dental services to individuals eligible for EPSDT services.

Therefore, as noted in our May letter, we are requesting that you send us a copy of the specific schedule for dental services for use by beneficiaries and providers. In addition, if you have materials on how the information is disseminated to beneficiaries and providers, we would be interested in that as well.

If you have any questions, please feel free to contact me. If you require technical assistance in developing your schedule, please contact Cynthia Ruff, Technical Director, Division of Quality, Evaluation and Health Outcomes at 410-786-5916 or Cynthia.ruff@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Heffron".

Dianne Heffron
Acting Director
Family and Children's Health Programs Group

cc:

CMS Regional Administrators
CMS Associate Regional Administrators
Division of Medicaid and Children's Health



SEP 24 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 13, 2008

Dianne Heffron, Acting Director
Family and Children's Health Programs Group
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Ms. Heffron:

Thank you for your letter dated September 19, 2008, regarding the South Carolina Dental Periodicity Schedule.

After research of professional dental organizations and dental periodicity schedules from other Medicaid State Programs, we are currently revising our periodicity schedule and will submit an Amendment for inclusion in our state plan. Upon approval, the schedule will then be incorporated into our Dental Provider Manual for access by providers and Medicaid beneficiaries through the South Carolina Department of Health and Human Services (SCDHHS) website. Any updates will also be included in the SCDHHS provider and beneficiary newsletters.

Included with this letter is a draft of the proposed Dental Periodicity Schedule for your review; we would appreciate your comments. If you need additional information, please contact Ms. Shirley W. Carrington, Program Coordinator at (803) 898-2655.

Sincerely,



Felicity Myers
Deputy Director

FM/hhc

Enclosure

#174
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South Carolina Department of Health and Human Services (SCDHHS) Recommended Dental Periodicity Schedule

SCDHHS emphasizes the importance of early professional intervention and the continuity of care based on the individualized needs of the child. These *recommendations* are designed for the care of children who have no contributing medical conditions and are developing normally. Because each child is unique, these *recommendations* may need to be modified for children with special health care needs or if disease or trauma manifests variations from normal.

Age	Infancy 6–12 Months	Late Infancy 12–24 Months	Preschool 2–6 Years	School-Agenda 6–12 Years	Adolescence 12–18 Years
Clinical Oral Exam 1	•	•	•	•	•
Assess Oral Growth and Development	•	•	•	•	•
*Oral Hygiene Counseling 2	Parents/Guardians/ Caregivers	Parents/Guardians/ Caregivers	Patient/Parents/Guardians/ Caregivers	Patient/Parents/Guardians/ Caregivers	Patient
Treatment of Dental Disease and Injury	•	•	•	•	•
*Injury Prevention Counseling 3	•	•	•	•	•
*Dietary Counseling 4	•	•	•	•	•
*Counseling for Non-nutritive Habits 5	•	•	•	•	•
Prophylaxis and Topical Fluoride Treatment 6	•	•	•	•	•
Fluoride Supplementation 7,8	•	•	•	•	•
Pit and Fissure Sealants 9			1st permanent molars upon eruption	2nd permanent molars upon eruption	
Radiographic Assessment 10			•	•	•
*Substance Abuse Counseling				•	•
Assessment and/or Removal of 3rd molars				•	•
Transition to adult dental care					•

* Counseling services are included in the dental examination rate.

1. First exam at the eruption of the 1st tooth and no later than 12 months. Repeat every 6 months
2. Initially, responsibility of the parent; as child develops jointly with parents; then when indicated, only the child.
3. Initially play objects, pacifiers, car seats; then when learning to walk, sports, routine playing, and intraoral/perioral piercing.
4. At every appointment discuss the role of refined carbohydrates; frequency of snacking in caries development and childhood obesity.

5. At first discuss the need for additional sucking; digits vs. pacifiers; then the need to wean from the habit before the eruption of a permanent incisor. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

6. Must be repeated consistently at regular intervals to maximize effectiveness
7. Especially for children at high risk for caries
8. As per AAP/ADA Guidelines and the water source
9. Up to 16 years old.
10. As per AAPD Radiographic Guidelines.

DRAFT

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OFFICE OF DIRECTOR

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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
<i>1. Jon Cynthia D. Higgins Stacy D. Lawrence 10-6-08</i>			
<i>2. Sarah Kamin</i>	<i>Revt 10/9/08</i>		
3.			
4.			

RECEIVED
SEP 25 2008

SEP 26 2008

