

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>8-15-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101082</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleand 8/25/11, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-24-11</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<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.			
3.			
4.			

Brenda James - Question

RECEIVED

From: "Paula Fendley" <PFendley@scachfs.com>
To: <info@scdhhs.gov>
Date: 08/15/2011 11:20 AM
Subject: Question

AUG 15 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Under the SC Medicaid program, EPSDT is a covered service. Please respond to the following questions, and provide written information or forms as needed.

1. What are the steps in the process of getting the EPSDT service for a child?
2. How many providers are enrolled as qualified providers of EPSDT in SC? Please provide a list of qualified providers.
3. How do you enroll as a qualified provider of EPSDT services?
4. Is there a manual for EPSDT provider compliance?
5. Must EPSDT services be delivered only by a medical doctor, or are there other practitioners of the healing arts that may deliver the service?
6. What form must be completed by an enrolled provider to describe the needs of the child as deduced by the screening process, set out the diagnoses, and determine treatment needed to remediate identified needs?
7. Does the state track its penetration rate of EPSDT screenings for children in SC? If so, what is the rate and how is it calculated? Are we in compliance with federal benchmarks?

Thank you.

Paula M. Fendley, M.Ed., LMSW
Chief Executive Officer
South Carolina Association of Children's Homes and Family Services
133 Powell Drive
Lexington, SC 29072
803-996-5437 (office)
803-238-1383 (mobile)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Val ✓

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>8-15-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100082</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-24-11</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<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. <i>Val William</i>	<i>8-24-11</i>		
2. <i>BG Giese</i>	<i>8-25-11</i>		
3.			
4.			



August 25, 2011

Paula M. Fendley, M.Ed., LMSW
Chief Executive Officer
South Carolina Association of Children's Homes
and Family Services
133 Powell Drive
Lexington, South Carolina 29072

Dear Ms. Fendley:

Thank you for your letter regarding specific questions of the Early and Periodic, Diagnosis, Screening, and Treatment (EPSDT) program covered by South Carolina Medicaid. We greatly appreciate and value your perspective and welcome the opportunity to be of assistance. Please see below the responses to each of your questions.

1) What are the steps in the process of getting EPSDT services for a child?

An EPSDT service is available to all recipients under the age of 21 years old and follows the periodicity schedule outline in the manual referenced in question 4 below. The manual also provides information on inter-periodic screenings outside the periodicity schedule should there be a need.

2) How many providers are enrolled as qualified providers of EPSDT in South Carolina? Please provide a list of qualified providers.

The number of providers actively enrolled with South Carolina Medicaid that can provide EPSDT services is twenty seven thousand four hundred and sixty nine (27,469). This number represents the number of Physicians, Rural Health Centers, Federally Qualified Healthcare Centers, and Nurse Practitioners currently enrolled. A complete list of active providers is available on our website at <http://www.scdhhs.gov/search4provider/Default.aspx>. This online search engine allows you to search by county and is updated monthly.

3) How do you enroll as a qualified provider of EPSDT services?

To enroll as a qualified Medicaid provider, please call provider enrollment at (888) 289-0709 for an enrollment packet.

4) Is there a manual for EPSDT provider compliance?

Yes, information and policies regarding EPSDT service can be found in the Physicians, Laboratories, and Other Medical Professionals manual locate on our website at www.scdhhs.gov.

5) Must EPSDT services be delivered only by a medical doctor, or are there other practitioners of the healing arts that may deliver the service?

EPSDT Services can be provided by a medical doctor, nurse practitioner, registered nurse under direct supervision, or other professional licensed and/or certified by the appropriate standard setting agency to provide services covered by South Carolina Medicaid.

- 6) **What form must be completed by the enrolled provider to describe the needs of the child as deduced by the screening process, set out the diagnosis, and determine treatment needed to remediate identified needs?**

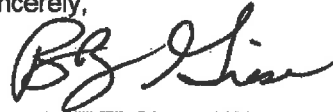
A list of screening tools is provided in the Physicians, Laboratories, and Other Medical Professionals manual.

- 7) **Does the state track its penetration rate of EPSDT screenings for children in South Carolina? If so, what is the rate and how is it calculated? Are we in compliance with federal benchmarks?**

Yes, the state does track EPSDT screenings for children in South Carolina as required by the Centers for Medicare and Medicaid (CMS). States must report EPSDT performance information annually to CMS, utilizing the CMS Form-416. The authority for requiring States to submit the annual report is section 1902(a)(43) of the Social Security Act. Each State must report annually, if they administer or supervise the administration of an approved plan for a federally aided title XIX program. A copy of the CMS Form-416 report for Federal Fiscal Year 2010 is attached. The Federal benchmark for EPSDT services is eighty (80) percent. As you can see in the attached report, South Carolina's screening ratio exceeded the benchmark; however the participant ratio fell short of that mark.

We appreciate your continued support of the South Carolina Medicaid program. If you have any additional questions please feel free to contact a Program Representative in the Bureau of Pharmacy, Physicians, and Enhanced Care Services at (803) 898-2660.

Sincerely,



Melanie "BZ" Giese, RN
Deputy Director

MG/ws

Attachment

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year	Age Group									
		Totals	<1	1-2	3-5	6-9	10-14	15-18	19-20		
1a. Total Individuals eligible for EPSDT	CN:	591,865	38,926	81,503	105,465	116,409	124,446	91,838	33,278		
	MN:	0	0	0	0	0	0	0	0		
	Total:	591,865	38,926	81,503	105,465	116,409	124,446	91,838	33,278		
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	554,470	31,427	77,831	100,569	111,117	118,705	87,265	27,556		
	MN:	0	0	0	0	0	0	0	0		
	Total:	554,470	31,427	77,831	100,569	111,117	118,705	87,265	27,556		
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	40,600	0	1,474	2,591	11,098	14,604	10,487	346		
	MN:	0	0	0	0	0	0	0	0		
	Total:	40,600	0	1,474	2,591	11,098	14,604	10,487	346		
2a. State Periodicity Schedule			6	3	3	2	3	2	1		
2b. Number of Years in Age Group			1	2	3	4	5	4	2		
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	0.60	0.50	0.50		
3a. Total Months of Eligibility	CN:	5,859,237	232,037	835,286	1,090,654	1,214,205	1,303,424	947,825	235,806		
	MN:	0	0	0	0	0	0	0	0		
	Total:	5,859,237	232,037	835,286	1,090,654	1,214,205	1,303,424	947,825	235,806		
3b. Average Period of Eligibility	CN:	0.88	0.92	0.89	0.90	0.91	0.92	0.91	0.71		
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total:	0.88	0.92	0.89	0.90	0.91	0.92	0.91	0.71		
4. Expected Number of Screenings per Eligible	CN:	3.72	3.72	1.34	0.90	0.46	0.55	0.46	0.36		
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total:	3.72	3.72	1.34	0.90	0.46	0.55	0.46	0.36		
5. Expected Number of Screenings	CN:	478,178	116,908	104,294	90,512	51,114	65,288	40,142	9,920		
	MN:	0	0	0	0	0	0	0	0		
	Total:	478,178	116,908	104,294	90,512	51,114	65,288	40,142	9,920		
6. Total Screens Received	CN:	402,528	112,010	144,276	55,849	34,306	35,870	18,475	1,742		
	MN:	0	0	0	0	0	0	0	0		
	Total:	402,528	112,010	144,276	55,849	34,306	35,870	18,475	1,742		
7. SCREENING RATIO	CN:	0.84	0.96	1.00	0.62	0.67	0.55	0.46	0.18		
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total:	0.84	0.96	1.00	0.62	0.67	0.55	0.46	0.18		
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	386,234	31,427	77,831	90,512	51,114	65,288	40,142	9,920		
	MN:	0	0	0	0	0	0	0	0		
	Total:	386,234	31,427	77,831	90,512	51,114	65,288	40,142	9,920		

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year	Age Group									
		Totals	<1	1-2	3-5	6-9	10-14	15-18	19-20		
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	227,904	29,609	61,023	51,352	32,786	34,067	17,391	1,656		
	MN:	0	0	0	0	0	0	0	0		
	Total:	227,904	29,609	61,023	51,352	32,786	34,067	17,391	1,656		
10. PARTICIPANT RATIO	CN:	0.82	0.84	0.84	0.84	0.84	0.82	0.83	0.17		
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total:	0.82	0.84	0.84	0.84	0.84	0.82	0.83	0.17		
11. Total Eligibles Referred for Corrective Treatment	CN:	41,028	4,802	7,530	7,736	6,653	6,838	5,321	2,148		
	MN:	0	0	0	0	0	0	0	0		
	Total:	41,028	4,802	7,530	7,736	6,653	6,838	5,321	2,148		
12a. Total Eligibles Receiving Any Dental Services	CN:	281,447	166	17,765	59,777	79,437	78,994	46,287	9,021		
	MN:	0	0	0	0	0	0	0	0		
	Total:	281,447	166	17,765	59,777	79,437	78,994	46,287	9,021		
12b. Total Eligibles Receiving Preventive Dental Services	CN:	277,227	90	16,224	57,323	77,215	76,608	42,488	7,279		
	MN:	0	0	0	0	0	0	0	0		
	Total:	277,227	90	16,224	57,323	77,215	76,608	42,488	7,279		
12c. Total Eligibles Receiving Dental Treatment Services	CN:	135,844	17	2,639	23,204	41,216	37,096	26,230	5,442		
	MN:	0	0	0	0	0	0	0	0		
	Total:	135,844	17	2,639	23,204	41,216	37,096	26,230	5,442		
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	33,451				18,699	14,752				
	MN:	0				0	0				
	Total:	33,451				18,699	14,752				
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	273,881	142	16,971	57,463	74,009	73,356	43,633	8,307		
	MN:	0	0	0	0	0	0	0	0		
	Total:	273,881	142	16,971	57,463	74,009	73,356	43,633	8,307		
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	3,207	50	1,284	1,066	416	167	185	39		
	MN:	0	0	0	0	0	0	0	0		
	Total:	3,207	50	1,284	1,066	416	167	185	39		
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	282,309	215	18,541	59,812	79,437	78,996	46,287	9,021		
	MN:	0	0	0	0	0	0	0	0		
	Total:	282,309	215	18,541	59,812	79,437	78,996	46,287	9,021		
13. Total Eligibles Enrolled in Managed Care	CN:	466,844	27,226	55,837	81,762	98,905	103,741	74,213	25,280		
	MN:	0	0	0	0	0	0	0	0		
	Total:	466,844	27,226	55,837	81,762	98,905	103,741	74,213	25,280		
14. Total Number of Screening Blood Lead Tests	CN:	11,223	323	7,983	2,917						
	MN:	0	0	0	0						
	Total:	11,223	323	7,983	2,917						

* Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy