

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/Chavis	6-9-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000407	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Mr. Keck, East, Deps, CMS file	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.			

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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June 3, 2014

Mr. Anthony E. Keck  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

**RECEIVED**

**JUN 03 2014**

**Department of Health & Human Services  
OFFICE OF THE DIRECTOR**

RE: Title XIX State Plan Amendment, SC 14-003

Dear Mr. Keck:

We have reviewed the proposed State Plan Amendment, SC 14-003, which was submitted to the Atlanta Regional Office on March 21, 2014. This state plan amendment reinstates emergency dental services for adults 21 and over.

Based on the information provided, the Medicaid State Plan Amendment SC 14-003 was approved on June 2, 2014. The effective date of this amendment is April 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads 'Jackie Glaze' with a stylized flourish at the end.

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
14-003

2. STATE  
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
April 1, 2013

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 440.100

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$ 5,500,000.00  
b. FFY 2015 \$ 8,250,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Limitation Supplement, Page 5a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Limitation Supplement, Page 5a

10. SUBJECT OF AMENDMENT:  
Reinstatement of Emergency Dental services for adults

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
Mr. Keck was designated by the Governor  
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

13. TYPED NAME:  
Anthony E. Keck

14. TITLE:  
Director

15. DATE SUBMITTED:  
March 19, 2014

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
03-21-14

18. DATE APPROVED: 06-02-14

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
04-01-14

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes to blocks 4, 8 and 9 as authorized by State Agency on email dated 05-19-14.  
Block #4 changed to read April 1, 2014; Block # 8 changed to read: Attachment 3.1-A Limitation Supplement, Pages 5a and 5a.1.  
Block # 9 changed to read Attachment 3.1-A Limitation Supplement, Pages 5a and 5a.1.

9. Clinic Services Cont.

Medicaid coverage is limited to services provided by licensed ESRD clinics meeting the Medicare requirements outlined in 42 CFR Part 250 and participating in Medicare as evidenced by a Medicare agreement.

- a. MENTAL HEALTH CLINICS: Medicaid coverage is limited to outpatient Mental Health Clinics meeting the standards as determined by the South Carolina Department of Mental Health and services as outlined in the South Carolina Mental Health and Quality Assurance Manuals.
- b. COUNTY HEALTH DEPARTMENT: Medicaid coverage includes all primary, preventive, therapeutic and rehabilitative services that are medically justified and rendered under the supervision of a physician.

These services include all primary diagnostic and treatment services, maternal and child health care, and family planning services as described in the Physician and Clinical Services Manual and elsewhere in the State Plan.

Coverage is limited to health clinics licensed by, or contracted with, or under the auspices of the South Carolina Department of Health and Environmental Control.

10. DENTAL SERVICES

Dental services for recipients under 21 include any medically necessary dental services.

Dental services for recipients over 21 are limited to the services delivered in emergent situations, including:

- Extractions for the relief of severe and acute pain or an infectious process in the mouth;
- Removal and/or drainage of cysts and/or lesions for the relief of severe and acute pain or an infectious process in the mouth;
- Extractions and necessary treatment for repair of traumatic injury;
- Full mouth extractions as necessary for catastrophic illnesses such as an organ transplant, chemotherapy, severe heart disease, or other life threatening illness.

11.a PHYSICAL THERAPY

Physical Therapy Services:

Other physical therapy services not related to EPSDT must be provided in accordance with SCDHHS hospital, physician, and home health manuals.

SC-14-003  
EFFECTIVE DATE: 04/01/14  
RO APPROVAL: 06/02/14  
SUPERSEDES: SC 10-015

**11.a PHYSICAL THERAPY Cont.**

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.

Providers of Physical Therapy Services include:

- **Physical Therapist (PT).** In accordance with 42 CFR 440.110 (a)(2), a "qualified physical therapist" is an individual who meets personnel qualifications for a physical therapist at 484.4.
- **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.

**11.b OCCUPATIONAL THERAPY**

**Occupational Therapy Services:**

Other occupational therapy services not related to EPSDT must be provided in accordance with SCDHHS hospital, physician, and home health manuals.

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. 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.

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

SC-14-003  
EFFECTIVE DATE: 04/01/14  
RO APPROVAL: 06/02/14  
SUPERSEDES: 10-011