

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>11-29-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000161</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Singleton, Depts, CMS file, Charis</i>	<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

RECEIVED

November 26, 2012

NOV 29 2012

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #12-012

Dear Mr. Keck:

We have reviewed South Carolina's State Plan Amendment (SPA) 12-012, which was submitted to the Atlanta Regional Office on August 28, 2012. South Carolina submitted the proposed State Plan Amendment with a stated purpose of updating the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) periodicity schedule to include eight additional preventative visits for recipients under the age of twenty-one (21).

Based on the information provided, we would like to inform you that South Carolina SPA 12-012 was approved on November 21, 2012. The effective date is July 1, 2012. The signed CMS-179 and the approved plan page are enclosed. If you have any questions regarding this amendment, please contact Maria Drake at (404) 562-3697.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze". The signature is written in dark ink and is positioned above the printed name and title.

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

Enclosures

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

1. TRANSMITTAL NUMBER:
SC 12-012

2. STATE
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
July 1, 2012

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 441.58

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$1,739,621.00
b. FFY 2014 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Limitation Supplement, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 3.1-A Limitation Supplement, Page 2

10. SUBJECT OF AMENDMENT:

Update to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Periodicity Schedule

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:

13. TYPED NAME:
Anthony E Keck

14. TITLE:
Director

15. DATE SUBMITTED:
August 27, 2012

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
08/28/12

18. DATE APPROVED: 11/21/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze

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

23. REMARKS:

Approved with the following changes to item 7 as authorized by State Agency e mail dated 11/06/12:

Block #7 changed read: FFY 13 \$1,739,621.00 and FFY 14 \$3,597,850.00.

4.b EPSDT 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 21 years - Nineteen screenings are allowed one year 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.

SC-12-012
EFFECTIVE DATE: 07/01/12
RO APPROVAL: 11/21/12
SUPERSEDES: SC-08-001