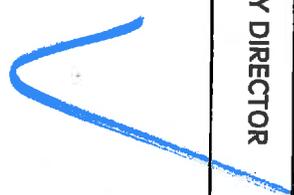


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>6-5-08</i>
---------------------------	------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000629</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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
61 Forsyth St., Suite 41T20
Atlanta, Georgia 30303-8909



May 27, 2008

RECEIVED

JUN 05 2008

Ms. Emma Forkner, 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 #08-001

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 08-001, which was submitted to the Atlanta Regional Office on March 06, 2008. This amendment updates and clarifies the South Carolina State Plan concerning dental screening for children under the EPSDT program; and provides guidelines for dental services for adults. It also updates in more detail the coverage language for Physical Therapy and Occupational Therapy provided in clinics.

Based on the information provided, we are pleased to inform you that South Carolina SPA 08-001 was approved on May 23, 2008. The effective date is March 1, 2008. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

A handwritten signature in black ink, appearing to read "Teresa DeCaro".

Teresa DeCaro, RN, M.S.
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

1. TRANSMITTAL NUMBER:
SC 08-001

2. STATE
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR

4. PROPOSED EFFECTIVE DATE
March 1, 2008

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:

7. FEDERAL BUDGET IMPACT:

a. FFY 2008 \$-0-

b. FFY 2009 \$-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

Attachment 3.1-A, Limitation Supplement; Pages 2 & 5a

Attachment 3.1-A, Limitation Supplement; Pages 2 & 5a

10. SUBJECT OF AMENDMENT:

Dental Screening Services under the EPSDT program and clarification of guidelines for Dental Services

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:

Ms. Forkner was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

Emma Forkner

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

13. TYPED NAME:
Emma Forkner

14. TITLE:
Director

15. DATE SUBMITTED:
March 6, 2008

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
03/06/08

18. DATE APPROVED:
05/23/08

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
03/01/08

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Teresa DeCaro

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health OPNS

23. REMARKS:

Approved with the following changes as authorized by the State e-mail dated May 27, 2008:

Block # 8: Add Atch 3.1-A pages 5a.1 & 5a.2

Block #9: NEW

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 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.

TIN No: 08-001 Approval Date: 05/23/08 Effective Date: 03/01/08
Supersedes MA-00-002

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, and a written physician protocol as described in the Physician and Clinical Services Manual and through contract with the Single State Agency.

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 21 and over are limited to emergency services only as follow:

- a. Dental extractions to relieve acute severe pain;
- b. Dental extractions to control an acute infectious process;
- c. Dental extractions to repair traumatic injury and
- d. Full mouth dental extractions necessary due to a catastrophic medical condition such as cancer, organ transplant, severe heart disease, etc.
 - Full mouth dental extractions must be prior authorized.

Allowable emergency services are limited to those listed in the Dentistry Medicaid Provider Manual.

11.a **PHYSICAL THERAPY**

Physical Therapy Services:

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

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)(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.

- **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, clinic 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.

11. b OCCUPATIONAL THERAPY 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).

TN No: **08-001**

Supersedes

TN No: **NEW**

Approval Date: **05/23/08**

Effective Date: **03/01/08**