

## **Table of Contents**

**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 14-005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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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August 29, 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

RE: Title XIX State Plan Amendment, SC 14-005

Dear Mr. Keck:

We have reviewed the proposed State Plan Amendment, SC 14-005, which was submitted to the Atlanta Regional Office on June 16, 2014. This state plan amendment provides preventative dental services for adults.

Based on the information provided, the Medicaid State Plan Amendment SC 14-005 was approved on August 28, 2014. The effective date of this amendment is July 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,

//s//

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 14-005	2. STATE South Carolina
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE July 1, 2014
TO: REGIONAL ADMINISTRATOR 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: 42 CFR 440.100	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 6.17 million b. FFY 2015 \$ 24.72 million
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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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Limitation Supplement, Page 5a
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10. SUBJECT OF AMENDMENT:  
Addition of adult preventative dental services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Mr. Keck was designated by the Governor  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: South Carolina Department of Health and Human Services P.O. Box 8206 Columbia, South Carolina 29202-8206
13. TYPED NAME: Anthony E. Keck	
14. TITLE: Director	
15. DATE SUBMITTED: 03-19-14	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 06-12-14	18. DATE APPROVED: 08-28-14
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-14	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Ops

23. REMARKS: Approved with the following changes to blocks 8 and 9 as authorized by State Agency on email dated 08-12-14

Block #8 changed to read Attachment 3.1-A Limitation Supplement page 5a and Attachment 4.19-B page 3a.7.

Block #9 changed to read Attachment 3.1-A Limitation Supplement page 5a and Attachment 4.19-B page 3a.7.

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.

- c. MENTAL HEALTH CLINICS: Community mental health providers provide clinic services as defined in federal regulations 42 CFR 440.90. Community mental health services are provided to adults and children diagnosed with a mental illness and defined in the current addition of the Diagnostic Statistical Manual (DSM).
- d. Outpatient Pediatric Aids Clinics: Outpatient Pediatric Aids Clinics (OPACS) provide specialty care, consultation and counseling services for HIV-infected and exposed Medicaid children and their families. OPACs provide services that are medical, behavioral, psychological and psychosocial in nature.

10. DENTAL SERVICES

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

Dental services for recipients age 21 and over are limited to the following medically necessary services:

- Extractions and necessary treatment for repair of traumatic injury;
- Dental services delivered in preparation for, or during the course of treatment for organ transplants, radiation of the head or neck for cancer treatment, chemotherapy for cancer treatment, total joint replacement or heart valve replacement.
- Diagnostic services, extractions, fillings and annual cleanings, up to a maximum benefit of \$750 per State fiscal year (July through June).
- Sedation services are available to the following groups of recipients and are excluded from the maximum annual benefit limitation.
  - o Sedation services for oral surgery are available to all adults when determined by the oral surgeon to be medically necessary.
  - o Sedation services for recipients with special needs diagnoses are available when medically necessary.

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 14-005  
EFFECTIVE DATE: 07/01/14  
RO APPROVAL: 08/28/14  
SUPERSEDES: SC 14-003

each service. These results are summed to become the maximum allowable Medicaid costs for the state owned governmental provider. This amount is then compared to Medicaid interim payments (including TPL) and any prior adjustments and/or recoupments for these services. In the event that Medicaid interim payments exceed the maximum allowable Medicaid costs, the state owned governmental provider will be required to refund the overpayment to the Medicaid agency. However if an underpayment occurs, no additional payments will be made to the state owned governmental provider. This payment methodology will sunset September 30, 2014.

### **Infusion Centers**

Infusion centers allow Medicaid beneficiaries to receive various types of infusion therapy in a facility setting other than a physician's office or outpatient hospital. Infusion centers must have the ability to perform the following services:

Chemotherapy,  
Hydration,  
IGIV,  
Blood and blood products,  
Antibiotics,  
Intrathecal/lumbar puncture,  
Inhalation,  
Or therapeutic phlebotomy.

The infusion center rates were modeled after the Medicare infusion therapy payment methodology prior to HIPAA implementation in 2003. The most recent updates to this fee schedule occurred in October 2009. Infusion center rate updates are published in Medicaid bulletins and are the same for governmental and private providers of this service.

### 10. **Dental Services:**

Reimbursement to providers of dental services is made on the basis of an established fee schedule not to exceed prevailing charges in the state. Reimbursement will be provided on a per procedure basis. This percentile was determined by an independent company's analysis of all dental claims filed in the state within the calendar year. The current reimbursement will not exceed the 75<sup>th</sup> percentile of usual and customary reimbursement. Please click <http://www.scdhhs.gov/resource/fee-schedules> to access the dental services fee schedule. The State developed fee schedule was last updated July 11, 2011.

SC: 14-005  
EFFECTIVE DATE 07/01/14  
RO APPROVAL:08/28/14  
SUPERSEDES: SC 11-018