

## **Table of Contents State/**

**Territory Name: SOUTH CAROLINA**

**State Plan Amendment (SPA) #: 22-0017**

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

February 27, 2023

Mr. Robert M. Kerr, Director  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: South Carolina State Plan Amendment (SPA) 22-0017

Dear Mr. Kerr:

We have reviewed the proposed South Carolina State Plan Amendment (SPA) 22-0017, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 16, 2022. This SPA updates reimbursement rates for Dental Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

|  |   |                               |
|--|---|-------------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br><u>2</u> <u>2</u> — <u>0</u> <u>0</u> <u>1</u> <u>7</u>  | 2. STATE<br><u>S</u> <u>C</u> |
|  | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT<br><input checked="" type="radio"/> XIX <input type="radio"/> XXI           |                               |
| TO: CENTER DIRECTOR<br>CENTERS FOR MEDICAID & CHIP SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                           | 4. PROPOSED EFFECTIVE DATE<br><p style="text-align: center;">January 1, 2023</p>  |                               |
| 5. FEDERAL STATUTE/REGULATION CITATION<br>42 CFR 440.100   | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a. FFY <u>2023</u> \$ <u>5,700,000</u><br>b. FFY <u>2024</u> \$ <u>7,600,000</u> |                               |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><br>Attachment 4.19-B, page 3a.8   | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><br>Attachment 4.19-B, page 3a.8                         |                               |

9. SUBJECT OF AMENDMENT

This SPA will update the reimbursement rates for State Plan Dental Svcs. for beneficiaries under the age of 21.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|  |  |
|--|--|
| 11. SIGNATURE OF STATE AGENCY OFFICIAL<br> | 15. RETURN TO<br>South Carolina Department of Health and Human Services<br>Post Office Box 8206<br>Columbia, SC 29202-8206 |
| 12. TYPED NAME<br>Robert M. Kerr           |  |
| 13. TITLE<br>Director                      |  |
| 14. DATE SUBMITTED<br>December 16, 2022    |  |

**FOR CMS USE ONLY**

|   |   |
|---|---|
| 16. DATE RECEIVED<br><b>December 16, 2022</b> | 17. DATE APPROVED<br><b>February 27, 2023</b> |
|---|---|

**PLAN APPROVED - ONE COPY ATTACHED**

|   |  |
|---|--|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br><b>January 1, 2023</b> | 19. SIGNATURE OF APPROVING OFFICIAL<br>  |
| 20. TYPED NAME OF APPROVING OFFICIAL<br><b>Todd McMillion</b>     | 21. TITLE OF APPROVING OFFICIAL<br><b>Director, Division of Reimbursement Review</b> |

22. REMARKS

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- 1) Care coordination,
- 2) Counseling,
- 3) Medication management,
- 4) Nursing services related to medication administration,
- 5) Drug screens, and
- 6) Drug costs (opioid agonist treatment medications).

In order to determine the bundled rate, a monthly bundled rate was first developed using current SC Medicaid rates for comparable services provided in both physician and clinic settings as well as recommended monthly service frequencies for the discrete services identified. Drug costs are excluded in the calculation of the monthly bundled rate. The monthly service frequencies (i.e. units) associated with each service were then multiplied by the applicable service rate in order to determine the monthly bundled service package cost. The monthly bundled service package cost was then converted to a weekly bundled rate by dividing the monthly bundled service package cost by four. Finally, to account for the difference in the drug treatment options, the weekly drug costs associated with each drug option was added to the weekly bundled rate to determine the two weekly bundled rates for each of the following drug treatment options: Methadone Maintenance Treatment (MMT) and Buprenorphine Treatment. No room and board costs are included in the determination of the weekly bundled rates.

The OTP clinics, and not the individual practitioners, will be allowed to bill the bundled service rates. Reimbursement for any provider delivering services included in the bundled rate service package will be paid through the bundled rate. Individual providers cannot bill separately for services included in the bundled rate. As prepayment for bundled services is not permissible, providers may not bill for the weekly bundled reimbursement until at least one service has commenced for the week.

In order for the Medicaid Agency to periodically monitor the actual provision of the individual services being provided under each of the bundled service rates, each OTP provider will be required to record and supply the related service utilization data to the Medicaid Agency upon request.

Except as otherwise noted in the plan, state-developed fee schedule rates for this service are the same for both governmental and private providers. The agency's fee schedule rate was set as of January 1, 2019 and is effective for services provided on or after that date. All rates are published on the agency's website at [www.scdhhs.gov](http://www.scdhhs.gov).

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. Reimbursement for dental services shall be based on a percentage of published usual and customary South Carolina dental rates, not to exceed the 75<sup>th</sup> percentile of usual and customary reimbursement for South Carolina. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate for beneficiaries under the age of twenty-one (21) years was set as of January 1, 2023 and is effective for services provided to these beneficiaries on or after that date. Rates for adult beneficiaries, ages twenty-one (21) years or older remain the same as the rates set on July 1, 2017 for Preventive, Oral Surgery and Ancillary services and the rates set on July 11, 2011 for all other dental services. All rates are published on the agency's website at [www.scdhhs.gov](http://www.scdhhs.gov).