

## **Table of Contents**

**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 21-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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August 16, 2021

Robert M. Kerr  
Director  
South Carolina Department of Health and Human Services  
Post Office Box 82066  
Columbia, SC 29202-82066

Re: South Carolina State Plan Amendment 21-0007

Dear Mr. Kerr:

We reviewed your proposed Medicaid State Plan Amendment, SC 21-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 17, 2021. This amendment will: 1) increase the annual maximum for the adult preventive dental benefit from \$750 to \$1,000 per state fiscal year (SFY); 2) clarify and update the language for the allowable dental services for eligible adult beneficiaries; 3) clarify providers qualified to be reimbursed for delivering dental services; and 4) define limitations and articulate reimbursement methodology for the allowable medical and surgical services for which a dentist may be reimbursed when delivered to eligible Medicaid beneficiaries.

CMS approved SC 21-0007 on August 13, 2021, with an effective date of July 1, 2021.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at [William.Pak@cms.hhs.gov](mailto:William.Pak@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group

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

1. TRANSMITTAL NUMBER:  
21-0007

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, 2021

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 440.100/42 CFR 440.50(b)  
Social Security Act Sections 1905(a)(5)(B) and 1902(a)(10)(A)

7. FEDERAL BUDGET IMPACT: @70.75%  
a. FFY 2021 \$123,812  
b. FFY 2022 \$495,250

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Limitation Supplement, page 3b (New Page)  
Attachment 3.1-A Limitation Supplement, page 5a  
Attachment 4.19-B, page 2c (New Page)  
**Attachment 3.1-A Limitation Supplement, page 5a.1**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-A Limitation Supplement, page 5a  
**Attachment 3.1-A Limitation Supplement, page 5a.1**

10. SUBJECT OF AMENDMENT: This plan amendment will 1) Increase the annual maximum for the adult preventive dental benefit to \$1,000 per SFY; 2) clarify and update the language for the allowable dental services for eligible adult beneficiaries; 3) Clarify providers qualified to be reimbursed for delivering dental services; and 4) Define limitations and articulate reimbursement methodology for the allowable medical and surgical services for which a dentist may be reimbursed when delivered to eligible Medicaid beneficiaries.

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

12. AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:  
Robert M. Kerr

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

14. TITLE:  
Director

15. DATE SUBMITTED:  
May 14, 2021

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: May 17, 2021

18. DATE APPROVED: August 13, 2021

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: James G. Scott

22. TITLE: DPO Division Director

23. REMARKS:

**Pen and ink change authorized via e-mail on June 18, 2021 to boxes 8 and 9 to include  
Attachment 3.1-A Limitation Supplement, page 5a.1**

5.b. Medical and surgical services of a dentist

These services must be furnished by a licensed doctor of dental surgery or dental medicine, practicing within the scope of his profession as defined by State Law, to eligible Medicaid beneficiaries and include, but not be limited to, the following medically necessary services delivered in accordance with sections 1902 (a) (10) (A) and 1905(a) (5) (B) of the Social Security Act: diagnostic, surgical, rehabilitation, reconstructive or corrective services necessary for treatment of the oral & maxillofacial area, adjacent or associated structures, including the head & neck region, that may affect a beneficiary's oral or general health.

Eligible Medicaid beneficiaries may receive medically necessary dental services delivered in preparation for or during the course of treatment for exceptional medical conditions or procedures as defined in the dental provider manual, including those described in paragraph 1 of section 5.b of this attachment.

Medical necessity will be determined by the agency through established utilization management policies based on the application of industry standards of medical and dental practice and through applications of reasonable limitations and criteria. Agency's policies are defined in the dental provider manual available on the agency's website at [scdhhs.gov](http://scdhhs.gov).

- 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.
- e. INFUSION CENTERS: Medicaid coverage includes medically necessary treatments and services for infusion therapy, as permitted by state law.
- f. OPIOID TREATMENT CENTERS: Opioid treatment centers, also referred to as opioid treatment programs or OTPs refer to a program or practitioner engaged in treatment of individuals with an Opioid Use Disorder. OTPs provide services that are medical, pharmacological, and psychotherapeutic in nature. Medicaid coverage includes medically necessary outpatient treatment provided by Opioid Treatment Programs.

These services are limited to OTPs that meet requirements as set forth in 42 CFR 440.90.

10. DENTAL SERVICES

Dental services must be provided by or under the supervision of a dentist, licensed to practice dental medicine or dental surgery within the scope of his profession as defined by State Law. Medical necessity will be determined by the agency through established utilization management policies based on the application of industry standards of medical and dental practice, and through applications of reasonable limitations and criteria, as defined in the dental services provider manual.

- a. Eligible Medicaid beneficiaries may receive medically necessary diagnostic, preventive, surgical, rehabilitative, reconstructive or corrective services of the oral & maxillofacial area, adjacent or associated structures, including the head & neck region, that may affect a beneficiary's oral or general health, delivered in accordance with sections 1902(a)(10)(A) & 1905(a)(5)(B) of the Social Security Act.
- b. Eligible Medicaid beneficiaries may receive medically necessary dental services delivered in preparation for or during the course of treatment for exceptional medical conditions or procedures as defined in the dental provider manual, including those described in section 10.a of this attachment.
- c. Eligible Medicaid beneficiaries may receive medically necessary diagnostic, preventive or corrective dental services, including treatment of teeth and associated structures of the oral cavity under the Preventive Dental Benefit as follows:
  - Beneficiaries under the age of 21 may receive any medically necessary dental services.
  - Beneficiaries aged 21 and over may receive the following medically necessary dental services: diagnostic; preventive; restorative; extractions; and adjunctive services. Preventive, restorative and extraction services of the Preventive Dental Benefit are subject to a maximum of one thousand dollars (\$1,000) per state fiscal year.

## 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.

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

5.b. Medical and surgical services of a dentist

Reimbursement methodology for these services follows the methodology described under Section 5: Physician Services and Section 10: Dental Services, respectively.