

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

February 5, 2020

RECEIVED

FEB 13 2020

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Joshua D. Baker, Director
SC Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 19-0012

Dear Mr. Baker:

We have reviewed the proposed amendment to the South Carolina State Plan, submitted under transmittal number SC-19-0012. This SPA reintroduces podiatry benefits for adult Medicaid beneficiaries.

We are pleased to inform you that SPA #19-0012 was approved on January 31, 2020, with the effective date of January 1, 2020, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the South Carolina State Plan.

If you have any questions, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'James G. Scott', is written over a digital signature line.

Digitally signed by James G. Scott
-S
Date: 2020.02.05 14:04:26 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 19-0012	2. STATE SC
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2020	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL *(Check One)*

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

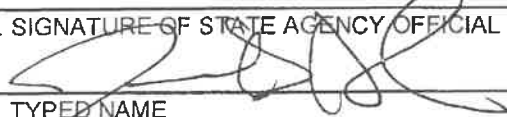
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION CFR 440.60(a)	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$278,400 b. FFY 2021 \$371,200
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Limitation Supplement, page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> Attachment 3.1-A Limitation Supplement, page 4

10. SUBJECT OF AMENDMENT: This plan amendment will reintroduce podiatry benefits for adult Medicaid beneficiaries.

11. GOVERNOR'S REVIEW *(Check One)*


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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, South Carolina 29202-8206
13. TYPED NAME Joshua D. Baker	
14. TITLE Director	
15. DATE SUBMITTED December 13, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 12/19/19	18. DATE APPROVED 01/31/20
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/20	20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2020.02.05 14:05:12 -06'00'
21. TYPED NAME James G. Scott	22. TITLE Director Division of Program Operations

23. REMARKS

- 6a. **PODIATRIST.** Podiatry services must be medically necessary and conform to the guidelines and limitations as specified under Musculoskeletal System/Podiatry Services Section of the Professional Services Manual. The state assures that EPSDT eligible clients have access to Section 1905(a) services not specifically listed in the state plan when they are medically necessary. Services provided as described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions not specified in the state plan will be provided if determined to be medically necessary by the appropriate agency staff. Any services beyond the limitations noted in the State Plan must be available based on a medical necessity determination. Podiatry providers are licensed practitioners and provide services within the scope of practice as defined under State law and in accordance with the requirements of CFR 440.60(a)
- 6b. **OPTOMETRIST.** Vision Care services are those which are reasonable and necessary for the diagnosis and treatment of conditions of the visual system and the provision of lenses and/or frames as applicable. Optometry providers are licensed practitioners and provide services within the scope of practice as defined under State law and in accordance with the requirements of CFR 440.60(a)

Covered Services:

B. Services for EPSDT recipients are as follows:

1. Routine eye examinations with refraction is limited to one every 365 days, when medically necessary.
2. Glasses, if prior approved by the State Health and Human Services Finance Commission.
3. One original and one replacement or repair of the original pair of glasses per fiscal year, if prior approved by the South Carolina State Department of Health and Human Services.
4. The state assures that EPSDT eligible clients have access to Section 1905(a) services not specifically listed in the state plan when they are medically necessary. Services provided as described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions not specified in the state plan will be provided if determined to be medically necessary by the appropriate agency staff. Any services beyond the limitations noted in the State Plan must be available based on a medical necessity determination.

Non-Covered Services:

1. Visual Therapy or training.
3. Tinted lenses.
3. Training lenses.
4. Lenses covered as a separate service (except replacements).
5. Protective lenses.
6. Oversize lenses.
7. Lenses for unaided VA less than 20/30 + or -.50 sphere.
8. Plastic lenses for prescription less than + or -4 diopters.
9. No allowable benefits for optometric hypnosis, broken appointments, or charges for special reports.

- 6c. **CHIROPRACTORS:** Chiropractic services are those which are limited to manual manipulation of the spine for the purpose of correcting subluxation demonstrated on x-ray. For the purpose of this program, subluxation means an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae anatomically that is demonstrable on a radiographic film (x-ray).