

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Medical Services/Platt</i>	<i>2-15-11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 401,359	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaveland A. Jasti, Director</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-25-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Log to SP/att

Tony Keck,

I have a three year old son with Down Syndrome named Sam and I greatly appreciate what SC has provided in the past for our disabled individuals but the cuts that go into effect on February 1 for medicaid are extremely harmful to disabled children in our state. Reducing therapy to 75 hours is a 2/3's cut to what children are currently awarded. Not only is the reduction extremely harmful to the development of these children it is also harmful to our future economy. With out the proper therapy these children are far less likely to be functioning adults in our society creating a greater burden on our government in the future. These therapies are medically necessary and to reduce them increases the likely hood of sickness, hospitalization and functionality once again putting a greater strain on our medicaid program. Also it is my understanding that our children's rights for medically necessary therapies are protected by federal law. The Federal government refers to this as EPSDT. Specifically, every state's Medicaid program must cover "necessary health care, diagnostic services, treatment... to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the state plan." If these therapies are not reinstated there are other ways for families to fight this which might end up cost SC more money. Do not make parents choose between their child walking, talking or being able to perform self help skills to eliminate therapy services to this extent will do exactly that for many of these parents. On a personal note my son specifically will lose all therapy for 3 months because he has already met his 75 hours for this year, this will be very detrimental to his development. Starting in July he will go from 5 hours of therapy a week to 1 hour. Please do not take this away from our Sam. We are so appreciative of what services he has been provided up to this point it has been absolutely essential for his development. Please do the right thing by these children and reinstate the therapy services they need and deserve. Thank you for your time.

Rachel Baxter

864-684-9700

Rachelbaxter@gmail.com

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FEB 15 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Rachel Baxter
8 Sandown Lane
Greenville, SC
29615

GREENVILLE SC 296

27 JAN 2011 PM 4 T



Tony Keck
Director's Office
PO Box 8206
Columbia, SC
29202-8206

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OFFICE OF THE DIRECTOR

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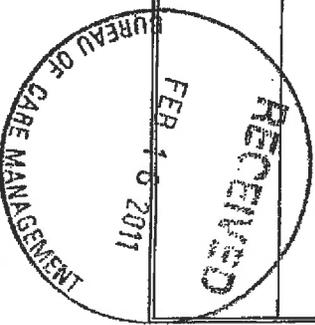


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TO	DATE
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USA
FIRST CLASS
POSTAGE

Tony Keek
Director's Office
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Columbia, SC
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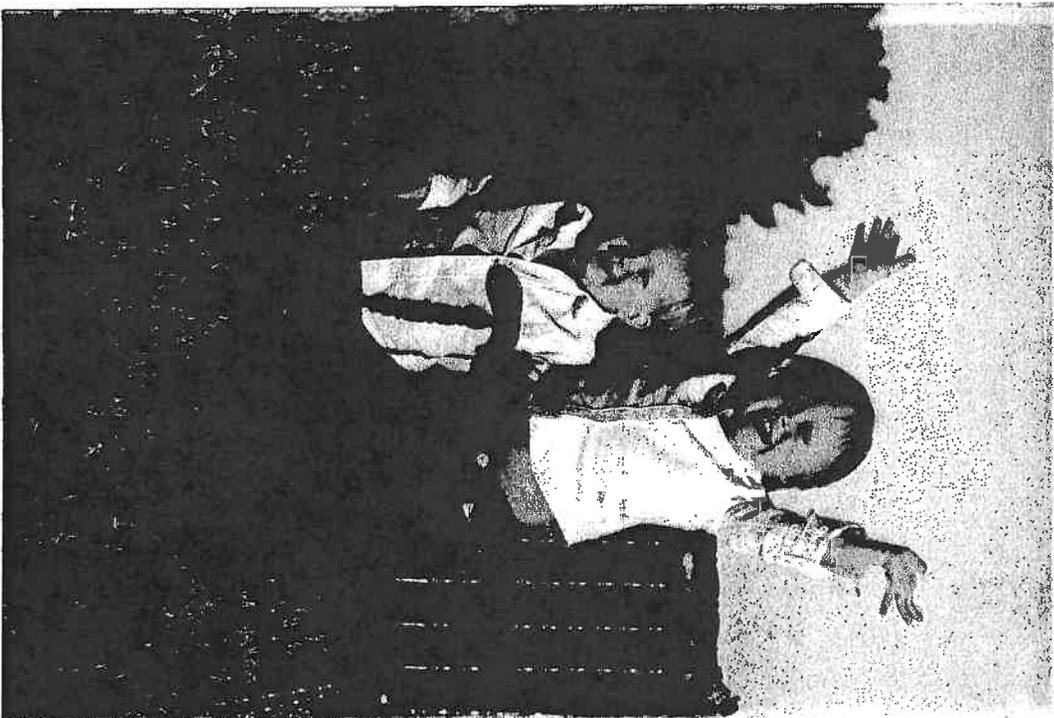
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OFFICE OF THE DIRECTOR



February 25, 2011

Ms. Lisa Dunker
1559 Tidal Marsh Lane
Mt. Pleasant, South Carolina 29466

Dear Ms. Dunker:

Thank you for your letter dated January 10, 2011, regarding your concerns on the 75 hours cap (300 units) for Private Rehabilitative Therapy Services. As indicated in the Private Rehabilitative Therapy and Audiological Services Manual, on pages 2-4, "Payment for services that exceed frequency limitations must only be justified as a result of an Early and Periodic screening, Diagnosis, and Treatment (EPSDT) examination, and pre-approved by South Carolina Department of Health and Human Services (SCDHHS)". We believe that it is necessary to enforce this standard to prevent abuse while offering individualized review of additional needs through EPSDT and better integration with the primary care physician.

When a physician determines, through an EPSDT visit, that a child requires additional private therapy services, that physician should document the medical necessity and request additional visits. These requests must be made in writing. These requests must include an evaluation overview, proposed treatment plan with expected outcomes, relative progress notes, and anticipated units of services needed to address need(s). The documentation must indicate the diagnosis and/or functional impairment that establishes medical necessity, and must be signed by the child's physician. This documentation should be faxed to SCDHHS staff at 803-255-8222, Attention: Private Rehabilitative Therapy Services Authorization, prior to provision of the service. Failure to comply with these requirements may result in denial or recoupment of payment.

We will continue to work with you, physicians and therapists to ensure that services are made available for children in our state. If you have any additional questions, please contact Diane McLeod, Department Manager for Medical Support Services, at (803) 898-2655.

Sincerely,



Sheila B. Platts
Division Director

SBP/lw