

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Close ✓

ACTION REFERRAL

TO <i>Waldrep/Liggett</i>	DATE <i>2-6-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101-239</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kost, Lynch</i> <i>close per Annie w/attached</i> <i>e-mails, 4/3/13</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-19-13</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.			

Brenda James

From: Jennifer Lynch
Sent: Wednesday, February 06, 2013 10:24 AM
To: Brenda James
Subject: Fwd: Scanned document(s) from Correspondence
Attachments: DOC.PDF; ATT00001.htm

RECEIVED

FEB 06 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Can you have this letter logged please? Thanks!!

Sent from my iPad

Begin forwarded message:

From: "Peters, Hal" <HalPeters@gov.sc.gov>
Date: February 6, 2013, 9:37:19 AM EST
To: Jennifer Lynch <LYNCHJEN@scdhhs.gov>
Subject: FW: Scanned document(s) from Correspondence

Jenny-see attached. This guy finally called me back after a week, and I referred him to you. He has concerns about providers, reimbursements, overmedication, and few other concerns.

If you could discuss anything with him, if he contacts you, I would appreciate it. Thanks Jenny!

Hal

-----Original Message-----

From: Correspondence [<mailto:kthomas@oepp.sc.gov>]
Sent: Wednesday, February 06, 2013 10:20 PM
To: Peters, Hal
Subject: Scanned document(s) from Correspondence

See attached correspondence.

Jennifer Lynch

From: Peters, Hal <HalPeters@gov.sc.gov>
Sent: Wednesday, April 03, 2013 9:15 AM
To: Jennifer Lynch
Subject: RE: Dr. Nicholas Lind - DHHS Follow-up

Hey Jenny,

Thanks for reaching out to him for me. Keep me posted on any updates and if other concerns arise out of the scheduled phone conversation. I appreciate the thoroughness you all are taking with Dr. Lind to help address his concerns!

Thanks!

Hal

-----Original Message-----

From: Jennifer Lynch [mailto:LYNCHJEN@scdhhs.gov]
Sent: Tuesday, April 02, 2013 12:21 PM
To: Peters, Hal
Subject: Dr. Nicholas Lind - DHHS Follow-up

Hi Hal,

I hope you're well. Here is an update regarding this issue:

DHHS took a team of 6 including the Deputy Director of Long Term Care and Behavioral Health and folks from managed care and met with Dr. Lind on Friday, March 1st. Tina Cornelison (DHHS staff) has continued follow up with Dr. Lind and we are planning to have a call on Thursday to discuss additional concerns.

Thanks,

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Sent: Wednesday, February 06, 2013 10:20 PM
To: Peters, Hal
Subject: Scanned document(s) from Correspondence

Jennifer Lynch

From: Peter Liggett
Sent: Tuesday, April 02, 2013 12:16 PM
To: Jennifer Lynch
Subject: FW: Dr Lind Issue resolved

Hey Jenny,

So, we actually took a team of 6 including myself and folks from managed care and met with Dr. Lind on Friday, March 1st. Tina Cornelison has continued follow up with Dr. Lind and we are planning to have a call on Thursday to discuss concerns outlined below. As you can see from his comments below, it appears that he feels we are being responsive to his needs.

Thanks for following up with me on this,

~Pete

Pete Liggett, Ph.D., Licensed Psychologist
Deputy Director of Long Term Care & Behavioral Health
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29202

Office: 803.898.2505
Mobile: 803.315.1643

LiggettP@scdhhs.gov



From: Trina Cornelison
Sent: Monday, April 01, 2013 10:26 AM
To: Peter Liggett
Subject: FW: Dr Lind Issue resolved

Hey, I just wanted you to see the final outcome of Nick Lind's issues with Select Health not approving psychological testing. He spoke with Greg Barabel, Medical Director at Select Health. I am not sure how much we can influence the way they approve testing, but Nick's point seems to make sense. I am assuming that prior to BH being carved into managed care, he did not have these problems and it sounds like it is impacting the way he does business. Just wondering if this is one we let go or is there a way to advocate for him further with Select Health/Managed Care? Thanks, Trina

From: Nick A. Lind [<mailto:nick@posttrauma.com>]
Sent: Friday, March 29, 2013 12:26 PM
To: Trina Cornelison
Subject: RE: Dr Lind Issue resolved

He does seem very nice, but I was defeated by the conversation. I get the sense that he wants to help children, but his hands are tied. The message I received is that "testing isn't justified until treatment is at an impasse." This line of thinking is backwards and is what I've worked hard to correct with our referral sources. A lot of harm is done if the diagnosis is

wrong so the effort needs to be made *before* any course of treatment is made. The only way that psychologists can contribute is if there's an incentive to make the right diagnosis at the right time and, unfortunately, we missed nine opportunities in the past nine months (despite the judgment of the treating providers).

Everyone has been very responsive, but I'm afraid the mental health carve out model is incompatible with what psychologists have to offer and will ultimately keep providers from treating the right problem. I'll stay in touch and offer mad bouts of idealism as they come. :)

Nicholas A. Lind, PsyD
Clinical Psychologist
Post Trauma Resources, LLC
1709 Laurel Street
Columbia, SC 29201

(803) 765-0700 (p)
(803) 765-1607 (f)



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www.posttrauma.com

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From: Trina Cornelison [<mailto:Trina.Cornelison@scdhhs.gov>]
Sent: Friday, March 29, 2013 11:34 AM
To: Nick A. Lind
Subject: RE: Dr Lind Issue resolved

Hey Nick,

Just got an email from Greg Barabell that you guys talked yesterday. I connected with him this week and he is a wonderful resource...very accessible and helpful. And he wants kids to get taken care of, so that is always good! He does not mind being contacted directly and things get done when he is involved. Please let us know if we at DHHS can help you guys in any other way. Part of my being here is to ensure we not only keep the LIPs we have, but also get more enrolled to increase access to services and in order to do that, we need to be sure you guys are getting what you need. Thanks! Trina

From: Nick A. Lind [<mailto:nick@posttrauma.com>]
Sent: Wednesday, March 27, 2013 1:38 PM
To: Trina Cornelison
Subject: RE: Dr Lind Issue resolved

Hi Trina,

We did get the approval to test the concussed teenage girl. Thank you for all of your help with her.

We reviewed the balances for the other SelectHealth testing requests we had done in the past nine months and they were denied under the explanation of "not medically necessary." So it looks like we're still at an impasse with SelectHealth in this regard. I was initially following up with each denial but found I was wasting too much time, getting nowhere and becoming a bit of grouch (more so than usual).

Casting a broad net is medically necessary, in my opinion, as the default ADHD diagnosis is one of exclusion. Our referring pediatricians and psychiatrists recognize that the appropriate ADHD treatment is contraindicated for other conditions, which is why they send their "ADHD looking" patients to us for testing in the first place. I've informed them that we cannot take SelectHealth patients until further notice and have assured them that DHHS is working on the issue.

Thanks again for all you do. :)

Nick

Nicholas A. Lind, PsyD
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From: Trina Cornelison [<mailto:Trina.Cornelison@scdhhs.gov>]
Sent: Tuesday, March 19, 2013 11:16 AM
To: Nick A. Lind
Subject: FW: Dr Lind Issue resolved

Hi Nick,
I asked for an update on a resolution to the issues you were having and received the response below. Just wanted to be sure you had this information and that it feels "resolved" on your end? I am still working on getting a separate rate for Neuropsych testing and getting it added into our LIP manual, but we will be making many changes in the near future, hopefully to reduce the hassle factors for all providers. Stay tuned! ☺ Thanks, Trina

Trina Cornelison, LPC
Behavioral Health Policy Manager
SC Department of Health and Human Services
PO Box 8206
1801 Main Street
Columbia, SC 29202-8206
803.898.1250 Phone
803.255.8204 Fax
Trina.Cornelison@scdhhs.gov

From: Barabell, Greg [<mailto:greg.barabell@selecthealthofsc.com>]
Sent: Tuesday, March 19, 2013 9:48 AM
To: Charles D Smith
Cc: Parnell, Antoinette; James Bradford; Jennifer Campbell; Parnell, Antoinette
Subject: Dr Lind Issue resolved

David,

Psychological testing has been approved. We will be addressing neuropsychological testing for psychologists internally. For the 9 requests Dr. Lind made from over the past 9 months, all have been responded to under the 14 days with an average response time of 5 days.

As David and I just discussed, going forward, David will contact me directly for all issues that may arise so I can handle the provider networks concerns with the due diligence they deserve.

Thanks!
Greg

Greg Barabell, MD

Medical Director
Select Health of South Carolina
PO Box 40849
Charleston, SC 29423-0849
843.569.4646 p.
888.559.1010 toll free
866.368.4562 f.
www.selectthehealthofsc.com

Mission: We help people get care, stay well and build healthy communities

MAILGW01.kmhp.com made the following annotations

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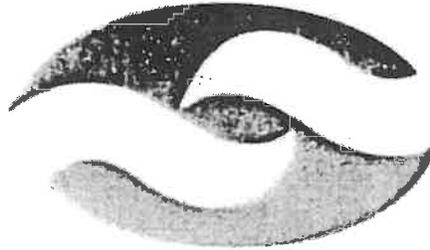
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Post Trauma Resources, LLC

"Solutions for life's toughest problems."



24 January 2013

Governor Nikki Haley
Office of the Governor
1205 Pendleton Street
Columbia, SC 29201

RECEIVED

FEB 06 2013

Re: Emails sent on 21 December 2012 and 24 January 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

To Whom It May Concern:

I sent the following email on 21 December after reading of Governor Haley's commitment to mental health. I never received an acknowledgement of receipt and I've grown more alarmed since this time. Yesterday I got authorization to provide psychological testing for a 12-year who could not shake his machine gun obsession (he was on stimulant medication, which aggravated the problem). While this testing was previously approved with the 254, it took me two weeks of hounding to get any answer at all. The parent and teachers were concerned and the pediatrician did her part, but the changes in the payment system make the appropriate diagnosis difficult. I do what I can but I'm running a practice; my good intentions can conceivably run my providers and support staff out jobs. Unless action is taken you'll be left with only the most desperate providers willing to provide only the most cursory of evaluations treating our at-risk children.

I'm at a loss as to whether to yell louder or just give up. You can obviously see my struggle; I want to give up this fight (I declared to do so in the original email) but feel that, by doing so, I'm part of the problem. Prevention is the answer and the US Air Force demonstrated that the right care at the right time results in better mental health at less cost. The same model can be applied to the Medicaid system but, as things are now, we are not providing for the most at-risk population.

The following is my original email. This is the second sending, so I'll take no response as a response in and of itself:

Ma'am,

I have grown increasingly alarmed about SC's neglected mental health system in the past six months.

www.posttrauma.com
1709 Laurel Street Columbia SC 29201
(803) 765-0700 (800) 459-6780 Fax (803) 765-1607



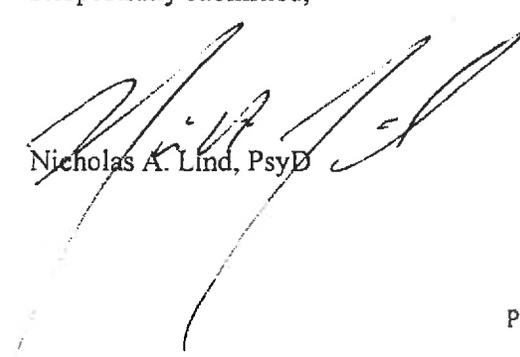
Out of civic duty, I conduct psychological evaluations for children in the Medicaid system. I have been doing these evals since I discovered that most local professionals half-heartedly assess these children and slap the diagnosis of ADHD on them without first ruling out anxiety, depression or simple distress due to adjustment issues. When I first started working in this clinic seven years ago, I was appalled by the long history of contraindicated and expensive treatment these children endured, traced back to an inadequate assessment years prior. (Spoiler alert: If you prescribe Adderall to a child with a trauma history, he or she will hyperfocus on their traumatic memories and their symptoms are aggravated.) ADHD is a diagnosis of exclusion; when a child is noted to have psychological problems it is important to cast a broad net in order to rule out the more likely culprits, most of which can be addressed by inexpensive short-term treatments delivered at the right time. Long-term treatment isn't only more expensive, it's inappropriate and, typically, harmful. It's not about money, it's about making good mental health assessment a priority and working smarter.

So I have felt like I was doing my part merely by doing my job. But in the past six months I have been disheartened by the fight I have had with the five HMOs involved in the Medicaid system. One said I'm not qualified to conduct my assessments, another said it's not necessary for me to be involved at all; even though the child was referred by his treating psychiatrist, the insurance company assured me, "only an eyes-on assessment is needed to diagnose ADHD." In the most disturbing case, diagnostic testing was denied for a child suspected of ADHD who also presented with night terrors and long-term history of smearing feces on walls, warning signs of sexual abuse. Rest assured, I provided the appropriate assessments for each of these children. I can no longer afford to do so without pay, however, and I'm giving up the fight hoping someone else has more energy and good will than me.

You cannot speak of mental health without addressing those most at risk. I know there is some kind of political divide that keeps some from considering what is best for those receiving government assistance, but I'm hoping that Newtown and good leadership might change this way of thinking. It is not entirely about funding. It is about having enough curiosity and leadership to determine how best to use it.

Okay. I've sent this by certified mail. Now I can rest.

Respectfully submitted,


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JAN 28 2013

Referred to: Peters

Office of the Governor
1205 Sandhew Street
Columbia, SC 29201
2012 No: 2131466



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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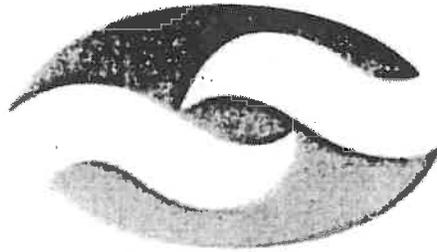
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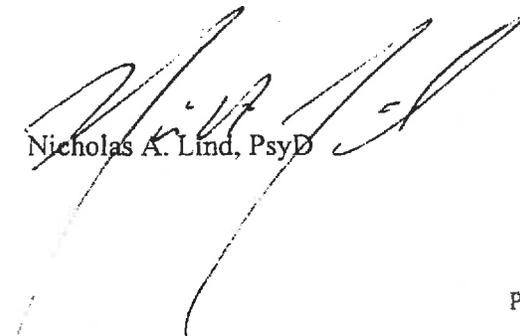
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Columbia, SC 29201

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