

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-22-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000375</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 2/1/08 [Signature] are attached response letter</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-15-08</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.			

State of South Carolina
Epilepsy Study Committee

PO Box 1165, Orangeburg, SC 29116

January 17, 2008

JAN 18 2008



RECEIVED

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner, Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

Log: Myers
Appo Sign.

Re: SC Epilepsy Study Committee Inquiry

Dear Director Forkner:

The South Carolina Epilepsy Study Committee is requesting information about any services or activities that impact people with epilepsy, direct or indirect, which are provided by your agency. The Epilepsy Study Committee which was constituted in response to the 2007 Act 168 of the South Carolina General Assembly is charged with obtaining pertinent information about available services. Submission of our Committee report and its recommendations must occur by July 2008.

Members:

Judi Bledsoe, MEd
Patient Advocate

Cathy Harwin
SC Representative

Mark Jordan
SC DHEC

Freda King
SC VRD

Bryan G. Kost
SC DHHS

Stella Legarda, MD
Neurologist

Toel Lourie
SC Senator

I. Wayne Parrish
EFSC

Ianet Priest
SC DDSN

Veil C. Robinson, Jr.
Patient Advocate

Sigi Smith, MSN
Nurse Practitioner

Braxton B. Wannamaker, MD
Chairman

The Committee requests your response by March 1, 2008.
Sincerely yours,

A handwritten signature in blue ink that reads "Braxton B. Wannamaker".

Braxton B. Wannamaker, MD

Please do not hesitate to contact me (803-707-0006) or Dr. Pamela Ferguson (843-876-1130) if there are questions. In addition to the inquiry form, I have attached a copy of the 2007 Act which authorizes our activities.

Please request electronic forms, if desired, through my e-mail bwanna@pol.net.

INSTRUCTIONS for SC EPILEPSY STUDY COMMITTEE INQUIRY

1. Who should complete.

This inquiry is intended for any agency, institution, organization, program or board that provides services which regularly and specifically impact persons with epilepsy. You may be a local, state, or federal government body or possibly a non-profit organization.

For example, agencies as South Carolina Department of Health and Environmental Control provide some indirect services that impact all of us. This agency also provides direct services that specifically impact children with epilepsy (Children's Rehabilitative Services). It is the latter specific services that are relevant to this inquiry.

If you do not provide any services relevant to people with epilepsy, please indicate in Question #1 and return the inquiry form.

2. Multiple responses.

Large agencies or institutions are asked to determine which part(s) of their organization provide the relevant services and forward a copy of this inquiry and instructions. For example, the University of South Carolina has several relevant colleges/schools (which likely have multiple relevant departments) as Medicine (Neurology, Psychiatry, Pharmacology) Nursing, Public Health (Epidemiology) and Arts and Sciences (Psychology).

3. Services defined.

Direct services specifically impacting people with epilepsy are considered, but not limited to, medical and psychological evaluations and treatments, provision and dispensing medications, transportation, vocational rehabilitation, first responder and public service personnel and support groups. Indirect services are considered teaching/education of healthcare providers, first responder and public service personnel training, public sector health information, licensing and regulatory activities (examples, Protection and Advocacy, Department of Motor Vehicles, Insurance Commission, Disability Determination, Health and Human Services) and research related to epilepsy.

4. Period for consideration.

Please consider only those services which are currently provided or have been provided during the period 2004-2007.

5. Information

Should you require any further information please contact Braxton Wannamaker, MD at 803-707-0006 (dwanna@pol.net) or Pamela Ferguson, PhD at 843-876-1130 (fergusp1@musc.edu).

6. Return Inquires

Inquires should be returned directly to the following address:

Braxton B. Wannamaker, MD
State of South Carolina Epilepsy Study Committee
P.O. Box 1165
Orangeburg, SC 29116

Thank You!

SC EPILEPSY STUDY COMMITTEE INQUIRY

Agency name: _____
Dept/division/program, if applicable: _____
Address: _____
Phone: _____
Contact person name: _____
Cell: _____
E-mail: _____

Agency Type of Service Provider:
Education __, Medical __, Nursing __, Pharmacy __, Mental Health __, Public
service (police, EMS, fire) __, Research __, Vocational Rehabilitation __, Public
Health __, Human/Social Services __, Other __ (specify) _____

Does your agency provide services to assist persons with epilepsy (PWE)?
YES __ NO __

Is your agency mandated by federal or state law to provide services specifically
for PWE?
YES __ NO __

Does your agency provide specific services for PWE, and/or their families?
YES __ NO __

IF QUESTIONS ARE NOT APPLICABLE, PLEASE RESPOND WITH "N/A".

What are the specific services which you provide for PWE?

What criteria are used to determine if an individual is eligible for services? What
criteria are used to terminate services?

How many PWE were provided services by your agency in each of the following
years?

2004 _____
2005 _____
2006 _____

Where are services provided?

How are clients evaluated?

What functional domains are evaluated?

What results are needed from an evaluation to determine that a client needs services?

What fees for services are charged?

What payers are accepted?

Approximate number of clients turned away per year due to inability to pay: _____

Approximate number of potential clients on waiting list at any given time due to lack of state resources: _____

Can benefits of services be measured and how?

NO _____

YES _____

How? _____

Is transportation available/supplied for your services?

YES _____

NO _____

Are there non-state agencies (either federal, private for profit, or private non-profit) to which you refer clients?

YES _____
NO _____

Does your organization plan in the future to serve persons with epilepsy?

YES _____
NO _____

Regarding your services for PWE, could your organization benefit in its planning for, or current provision of, those services from consultation with epilepsy professionals?

NO _____
YES _____

How? _____

Comments _____

A JOINT RESOLUTION TO ESTABLISH A STUDY COMMITTEE TO DEVELOP A STATEWIDE COMPREHENSIVE SERVICE DELIVERY SYSTEM FOR PERSONS WITH EPILEPSY IN THIS STATE AND TO PROVIDE FOR THE MEMBERSHIP, DUTIES, AND RESPONSIBILITIES OF THE STUDY COMMITTEE.

Whereas, the identification and planning of systems to provide service delivery for persons with epilepsy is vital; and

Whereas, the treatment, the education, and the training of the public and professional service providers, and the treatment and rehabilitation of persons with epilepsy is an investment that benefits all of society; and

Whereas, the goal of a comprehensive epilepsy program is to improve the health and welfare of persons with epilepsy by assisting them in the attainment of optimum physical, psychological, and social potential in order to enhance their quality of life and to enable them to engage in a useful and productive life; and

Whereas, various studies have been conducted that provide data on the needs of persons with epilepsy, and specifically in South Carolina this data shows that 2.2% or 90,000 individuals have had epilepsy sometime in their lifetime and 1.1% or 44,000 have epilepsy requiring treatment; and

Whereas, the prevalence of epilepsy is expected to increase with the aging population and the return of head-injured veterans; and

Whereas, 64% of those adults with active epilepsy are disabled; and

Whereas, the rate of psychological impairment in people with active epilepsy is twice the rate of impairment in those people who do not have epilepsy; and

Whereas, it is imperative to coordinate care providers in order to provide the diverse and needed resources for persons with epilepsy to enable these persons to maintain or regain their highest quality of life and level of productivity possible. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

Study Committee on Service Delivery for Persons with Epilepsy; created

SECTION 1. (A) There is created the Study Committee on Service Delivery for Persons with Epilepsy. This committee shall review the multifaceted needs of persons with epilepsy in this State and the available resources to meet these needs and shall develop a statewide comprehensive plan for the delivery of multifaceted services to persons with epilepsy.

(B) The committee is composed of:

- (1) one member of the public at large to be appointed by the Governor;
- (2) one member of the Senate to be appointed by the President Pro Tempore of the Senate;
- (3) one member of the House of Representatives to be appointed by the Speaker of the House;
- (4) one representative from each of the following state agencies:
 - (a) the Department of Health and Environmental Control;
 - (b) the Department of Health and Human Services;
 - (c) the Department of Disabilities and Special Needs;

- (d) the Department of Vocational Rehabilitation;
- (5) one representative from each of the following to be appointed by the Governor:
 - (a) the Epilepsy Foundation of South Carolina, upon the recommendation of the foundation's board;
 - (b) a community-based neurological practitioner, upon the recommendation of the South Carolina Medical Association;
 - (c) a nurse practitioner, upon the recommendation of the South Carolina Nurses Association;
 - (d) one adult consumer, upon the recommendation of the Epilepsy Foundation of South Carolina; and
 - (e) one member who is the parent of a pediatric consumer, upon the recommendation of the Epilepsy Foundation of South Carolina.
- (C) The at-large public member appointed by the Governor shall serve as chairman.
- (D) Vacancies occurring on the committee must be filled in the same manner as the original appointment.
- (E) The Department of Health and Human Services shall provide and coordinate staffing for the study committee.
- (F) Members of the study committee will serve without mileage, per diem, and subsistence.

Study committee, duties and responsibilities

SECTION 2. (A) The committee shall develop a specific plan for a coordinated approach to service delivery for persons with epilepsy, using the resources of both the public and private sectors. The plan must include, but is not limited to:

- (1) a definition of epilepsy;
- (2) a statewide system that addresses the issues of prevention, identification, treatment, rehabilitation, and community integration of people with epilepsy and must include, but is not limited to:
 - (a) designation of a lead agency for each person with epilepsy, which shall assume primary responsibility for coordination of service delivery for that person;
 - (b) a case management system;
 - (c) medical care and long-term care monitoring;
 - (d) education;
 - (e) employment;
 - (f) housing;
 - (g) mental health;
 - (h) independent living services;
 - (i) access to and availability of treatment resources;
- (3) recommendations for the expansion of Medicare or Medicaid, or both, and other financial services to address the needs of the epilepsy population, including families;
- (4) a data system in which epilepsy and seizure disorders can be identified from existing data sources to continually track and monitor the incidence and prevalence of epilepsy, including mortality and morbidity;
- (5) recommendations for education programs to inform the public about epilepsy, its causes, prevention, employment, first responder treatment, and availability of treatment and services. The committee shall explore instituting more programs in the public schools, kindergarten through twelfth grade and institutions of higher learning, to promote awareness of epilepsy as a growing problem and shall explore incorporating epilepsy as part of the curriculum in medical schools;

(6) recommendations for policy and legislative changes that may be needed including, but not limited to, insurance, employment, prevention, motor vehicle driving, and public and personal safety practices.

(B) In carrying out its responsibilities under this joint resolution, the chairman may appoint subcommittees as he or she considers appropriate. The committee and subcommittees may utilize the knowledge and expertise of any individual in another state agency, group, or association.

(C) The committee shall submit its report to the General Assembly before July 1, 2008, at which time the Study Committee on Service Delivery for Persons with Epilepsy is abolished.

Time effective

SECTION 3. This joint resolution takes effect upon approval by the Governor.

Ratified the 31st day of May, 2007.

Approved the 6th day of June, 2007.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 1, 2008

Braxton B. Wannamaker, MD
South Carolina Epilepsy Study Committee
Post Office Box 1165
Orangeburg, South Carolina 29116

Dear Dr. Wannamaker:

Thank you for your inquiry request for the South Carolina Epilepsy Study Committee.
Enclosed is the information you requested.

Should you have any additional questions regarding our responses, please contact Ms.
Sheila Platts, Department Manager for Medical Support Services, at (803) 898-4614.

Sincerely,

A handwritten signature in black ink, appearing to read "Felicity Myers".

Felicity C. Myers
Deputy Director

FCM/hppm

375 ✓

SC EPILEPSY STUDY COMMITTEE INQUIRY

Agency name: SC Department of Health and Human Services
Dept/division/program, if applicable: _____
Address: P0 Box 8206 Columbia, SC 29202
Phone: 803-898-2500
Contact person name: Emma Forkner
Cell: _____
E-mail: _____

Agency Type of Service Provider:
Education __, Medical __, Nursing __, Pharmacy __, Mental Health __, Public
service (police, EMS, fire) __, Research __, Vocational Rehabilitation __, Public
Health __, Human/Social Services __, Other X (specify) Medicaid Agency

Does your agency provide services to assist persons with epilepsy (PWE)?
YES X NO __

Is your agency mandated by federal or state law to provide services specifically
for PWE?
YES __ NO X

Does your agency provide specific services for PWE, and/or their families?
YES __ NO X

IF QUESTIONS ARE NOT APPLICABLE, PLEASE RESPOND WITH "N/A".

What are the specific services which you provide for PWE?

We are the Medicaid agency and reimburse for medical services
(eg, laboratory, office visits, pharmacy, and hospitalizations).

What criteria are used to determine if an individual is eligible for services? What
criteria are used to terminate services?
Categorical eligibility - disability income based

How many PWE were provided services by your agency in each of the following
years?

2004 SFY 6, 314
2005 SFY 6, 137
2006 SFY 6, 146

Where are services provided?
offices, hospitals, pharmacies, independent laboratories

How are clients evaluated?
Medicaid eligibility

What functional domains are evaluated?
N/A

What results are needed from an evaluation to determine that a client needs services?
N/A

What fees for services are charged?
N/A

What payers are accepted?
N/A

Approximate number of clients turned away per year due to inability to pay: N/A

Approximate number of potential clients on waiting list at any given time due to lack of state resources: N/A

Can benefits of services be measured and how?
NO Not directly
YES How?

Is transportation available/supplied for your services?
YES
NO

Are there non-state agencies (either federal, private for profit, or private non-profit) to which you refer clients?

YES

NO N/A

Does your organization plan in the future to serve persons with epilepsy?

YES

NO

Regarding your services for PWE, could your organization benefit in its planning for, or current provision of, those services from consultation with epilepsy professionals?

NO

YES

How? _____

Comments SCDHHS is the State Medicaid agency charged with managing reimbursement for medically necessary services; therefore, we were unable to adequately address some questions.