

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                       |               |
|-----------------------|---------------|
| TO                    | DATE          |
| <i>Singletan/FOIA</i> | <i>3-2-11</i> |

|                            |  |   |                         |
|----------------------------|--|---|-------------------------|
| DIRECTOR'S USE ONLY        |  | ACTION REQUESTED  |                         |
| 1. LOG NUMBER              | <i>100385</i>  | <input type="checkbox"/> Prepare reply for the Director's signature         | DATE DUE _____          |
| 2. DATE SIGNED BY DIRECTOR | <i>cc: Stenoland, Mr. Heck<br/>Cleared 3/17/11 after<br/>attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature | DATE DUE _____          |
|                            |  | <input type="checkbox"/> Necessary Action                                   | DATE DUE <i>3-16-11</i> |

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

**PROTECTION AND  
ADVOCACY FOR  
PEOPLE WITH  
DISABILITIES, INC.**

*The Protection & Advocacy System for South Carolina*

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

**RECEIVED**

MAR 02 2011

February 25, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED 7010 2780 0002 2757 3676

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

Re: Medicaid Changes

Dear Madam or Sir:

Pursuant to the South Carolina Freedom of Information Act, S.C. Code Ann. §§ 30-4-10 et seq., I hereby request information about changes and reductions to the South Carolina Medicaid program since July 1, 2010.

This request applies to the changes and reductions described in provider bulletins and beneficiary newsletters dated December 14, 2010, December 22, 2010, and January 31, 2011.

Please provide:

1. A copy of all emails received by SCDHHS's information email account (info@scdhhs.gov) that contained questions or concerns related to the Medicaid changes that were proposed or implemented in Fiscal Year 2011, and the responses sent by SCDHHS to these inquiries.
2. Internal memoranda and financial and programmatic data justifying the changes proposed, including but not limited to fiscal analyses of the impact of each proposed change. Include any analysis of whether the changes would shift the costs of health care to Medicaid recipients to other funding sources or providers, such as hospitals.
3. Documentation submitted to the Centers for Medicare and Medicaid Services (CMS) to obtain approval for the changes, including the following:
  - a. A list of the changes submitted to CMS for approval, including state plan amendments and changes to any waiver;
  - b. A list of the changes that were not submitted for CMS approval;

|  |   |  |   |   |
|--|---|--|---|---|
| <b>CENTRAL OFFICE</b><br>SUITE 208<br>3710 LANDMARK DRIVE<br>COLUMBIA, SC 29204<br>(803) 782-0639<br>(Voice and TTY)<br>FAX (803) 790-1946 | <b>PIEDMONT OFFICE</b><br>SUITE 106<br>545 N. Pleasantburg Drive<br>GREENVILLE, SC 29607<br>(864) 235-0273<br>1-800-758-5212<br>(Voice and TTY)<br>FAX (864) 233-7962 | <b>INFORMATION AND REFERRAL</b><br>Toll Free:<br>1-866-275-7273<br>(Voice)<br>(864) 235-0273<br>1-800-758-5212<br>(TTY)<br>Email:<br>info@protectionandadvocacy-sc.org | <b>PEE DEE OFFICE</b><br>2137 B HOFFMEYER ROAD<br>FLORENCE, SC 29501<br>1-866-275-7273<br>(Voice and TTY)<br>FAX (843) 662-0786 | <b>LOW COUNTRY OFFICE</b><br>1569 SAM RITTENBERG BLVD.<br>CHARLESTON, SC 29407<br>(843) 763-8571<br>1-800-743-2553<br>(Voice and TTY)<br>FAX (843) 571-0880 |
|--|---|--|---|---|

Freedom of Information Officer  
SC Department of Health and Human Services  
Page Two  
February 25, 2011

- c. A list of the changes submitted to the Medical Care Advisory Committee for approval, including state plan amendments and changes to any waiver; the date each change was submitted to the MCAC; the documentation supporting each change submitted to the MCAC; the dates of approval or disapproval of each change by the MCAC; and minutes of the meetings and which the changes were considered.
  - d. Dates that proposed changes were submitted to and approved or disapproved by CMS.
4. Documents setting out the process for appealing the changes to Medicaid services, including documents provided to applicants, recipients, caseworkers, and service providers.

Please provide this information within fifteen business days of receipt of this letter, as required by S.C. Code § 30-4-30.

Protection and Advocacy for People with Disabilities, Inc. is the state and federally mandated rights protection organization for individuals with disabilities in South Carolina. We request that any fees be waived in the public interest, because tens of thousands of people with disabilities are significantly affected by changes to Medicaid.

The requested information can be faxed to my attention at (864) 233-7962, emailed to me at [davison@pandasc.org](mailto:davison@pandasc.org), or mailed to 545 North Pleasantburg Drive, Suite 106, Greenville, South Carolina 29607. Please contact me at (864) 235-0273, extension 11, if you have any questions concerning this request. If fees of more than \$100 will be incurred, please contact me before copying. Thank you for your assistance.

Sincerely,



Jerri S. Davison  
Attorney

cc: Richard Hepfer, Deputy General Counsel



*Log # 000385*

March 17, 2009

Jerri S. Davison, Attorney  
Suite 106  
545 N. Pleasantburg Dr.  
Greenville, SC 29607

Re: FOIA Request for Information on Medicaid Changes

Dear Ms. Davison:

Your FOIA request for information was forwarded to this Office for a response. Your request, as we understand it, is quite broad, but a few of the items were easily isolated.

Enclosed are the State Plan Amendments that were sent to the Centers for Medicare and Medicaid Services (CMS). The MCAC meeting minutes and miscellaneous correspondence to CMS are being pulled and should be ready next week. I apologize for the delay. You have the Bulletins and the Beneficiary Newsletter. Enclosed is a form letter designed to inform Beneficiaries of the impact upon them and their appeal rights.

I have made a preliminary analysis of the volume of other information that would be needed to satisfy your request. For the [info@scdhhs.gov](mailto:info@scdhhs.gov) e-mails and responses, to isolate the e-mails and track the routing and extract the responses, we would need about two (2) days of IT staff time and effort. We estimate the cost at about \$750. The backup analyses for the changes would probably cost about twice that much. However, as to the general rationale for the changes, we do have the Sustainability Project Report on our website at <http://msp.scdhhs.gov/msp>. Unfortunately each report and spreadsheet therein would have multiple supporting and trial-and-error type worksheets. In addition, many staff members would have multiple documents.

We would need a deposit of approximately \$1,500 before beginning such an undertaking. We would refund any excess or request a supplemental payment, depending on the actual effort expended. Thank you for your request. Please accept the enclosed documents with our compliments, and let us know how you would like us to proceed. My direct is (803) 898-2791.

Sincerely,  
  
Richard G. Hepfer  
Deputy General Counsel

Enclosures

Due 3/16/11

Log #365  
Log to Single form

PROTECTION AND  
ADVOCACY FOR  
PEOPLE WITH  
DISABILITIES, INC.

RECEIVED

MAR 02 2011

The Protection & Advocacy System for South Carolina

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

February 25, 2011  
CERTIFIED MAIL - RETURN RECEIPT REQUESTED 7010 2780 0002 2757 3676

Still opened 3/21/11

RECEIVED

MARK 02 2011

SCDHHS  
Office of General Counsel

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

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1-866-232-4525  
(TTY)  
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FAX (843) 571-0880

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

March 9, 2011

**Memorandum**

To: See Distribution

From: Rick Hepfer  
Legal

Subject: FOIA Request from P & A.

**Do not pull or copy anything at this time**, but I would like to know the approximate volume of any documents you have that would be responsive to this request. Also, it would be helpful if you could estimate the type of effort that it would take to produce the documents. My direct is 898-2791. We have [the attached] FOIA request from Protection and Advocacy asking for:

- 1) E-mails and responses at [info@scdhhhs.gov](mailto:info@scdhhhs.gov);
- 2) Programmatic and financial analyses of the impact of the changes;
- 3) Documents:
  - a) Submitted to CMS;
  - b) Agenda items for the MCAC, and the minutes for those meetings;
  - c) Any documents offering, or explaining appeal rights.

All **related to** the changes and reductions in services that were described in Beneficiary Newsletter and Provider Bulletins issued in December and January last. To recap, these were:

- 1) On December 14, 2010 we sent a Bulletin to providers indicating that we were:
  - a. Eliminating:
    - i. Podiatry services for adults;
    - ii. Vision services for adults;
    - iii. Dental services for adults;
    - iv. Hospice care services for adults;
    - v. Routine newborn circumcisions;
    - vi. Insulin pumps for Type II Diabetics
    - vii. Syvek patch;
    - viii. Certain wheelchair accessories.
  - b. Reducing
    - i. Diabetic shoes from two pair to one per year;
    - ii. Diabetic shoe inserts from six to three per year;
    - iii. Home health visits from 75 to 50 per year;
    - iv. Combined total of 75 private rehabilitation visits per year, for under 21;
    - v. Chiropractic services from eight to six visits per year;
    - vi. Adult pharmacy overrides from four to three per month;
    - vii. Power wheelchair replacement from every five to every seven years;

- viii. Adult behavioral services limited to 12 outpatient visits per year.
- c. Eliminating these CLTC service:
  - i. Chore services;
  - ii. Appliance service;
  - iii. Nutritional supplements;
  - iv. Adult day health care nursing service;
  - v. Respite service.
- d. Reducing these CLTC services: Home delivered meals from 14 to 10 per week.
- e. Increasing co-payments:
  - i. Can not increase for the following:
    - 1. Children under 19;
    - 2. Pregnant women;
    - 3. Individuals receiving family planning;
    - 4. Institutionalized individuals;
    - 5. Individuals receiving emergency services;
    - 6. Federally recognized native Americans
  - f. All others would be subject to these increases
    - 1. Office visits up from \$2.00 to \$2.30
    - 2. Chiropractor up from \$1.00 to \$1.15
    - 3. Home Health up from \$2.00 to \$2.30;
    - 4. Clinic visits up from \$2.00 to \$2.30
    - 5. Prescription drugs up from \$3.00 to \$3.40;
    - 6. Outpatient hospital up from \$3.00 to \$3.40;
    - 7. Non-emergent services in the E/R up from \$3.00 to \$3.40;
    - 8. Medical equipment and supplies up from \$0-3.00 to \$0.60-\$3.40.
- 2) Sometime in the second week of December, we sent out a Beneficiary Newsletter that cut back somewhat on the services to be eliminated and reduced:
  - a. Only the first five (5) services in 1) a) above would be eliminated;
  - b. Only i, iii, iv, and v in 1) b) above were still being reduced.
  - c. We had eliminated the co-pay on E/R services as in 1) e. ii, 7, above.
  - d. The CLTC changes remained the same;
  - e. The appeals notice was included.
- 3) On December 22, 2010, we issued a Provider Bulletin that clarified the hospice provisions issued earlier;
- 4) On January 31, 2011, we issued another Bulletin reversing certain eliminations of services and continuing these services for fee for service recipients:
  - a. Hospice services for adults;
  - b. Respite provided through CLTC Waivers;
  - c. 14 home delivered meals weekly in the CLTC waivers;
  - d. Nutritional supplements in the Waivers (subject to medical necessity).
- 5) Also on January 31, we issued a clarifying memo on adult dental services
- 6) Finally, on January 31, 2011, we issued a clarifying memo on the private therapy reductions.

Distribution (via e-mail):

Alicia Jacobs  
 William Wells  
 Sam Waldrep  
 Melanie Giese

Jan Polaty  
 Jeanne Carlton  
 Faye Hutto  
 Jeff Stensland

Dierdra Singleton  
 Valeria Williams

Freedom of Information Officer  
SC Department of Health and Human Services  
Page Two  
February 25, 2011

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Attorney

cc: Richard Hepfer, Deputy General Counsel