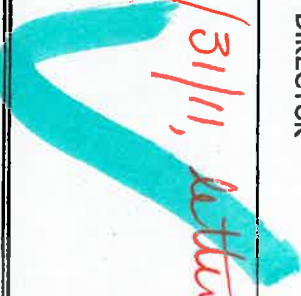


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Medical Services/Hamilton	1-27-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	1001321	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	Cleared 1/31/11, with attached. 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 2-7-11  <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.			

January 23, 2011

**RECEIVED**

JAN 27 2011

Angel Sterling  
178 Beaver Creek Dr.  
Chesnee, SC 29323

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Keck,

I realize budget cuts are necessary but I cannot understand making cuts that will hurt our most vulnerable citizens and in the long run cost more money. The proposed Medicaid cuts to therapy for special needs children will have an adverse effect not only on my daughter but also on many more children.

Sadie will be a year old on Saturday, she does not walk, crawl, sit up, her head control is improving with therapy but still not steady, and eating which I always thought was just a natural thing is not, she struggles very hard to take in enough calories to avoid a feeding tube. Sadie has hypotonia and hydrocephalus and in her short life she has endured several hospital stays including one for a shunt infection in which she fought spinal meningitis and MRSA. Sadie has come a long way though with the help of her therapist. Sadie has a team of 8 specialists who have all stressed the importance of her therapies to our family and yet someone with no medical training that has never met her has decided that she does not need these services. Sadie has PT once a week, OT once a week and ST once a week. With the cuts that will take effect 4/1/2010 Sadie will be out of visits in about 2 months unless we pick only one therapy and since the cuts are retro she will not have any therapy for 4 months. I can tell a difference in her if she is sick and has to miss one therapy I cannot imagine what it will be if she has to miss 4 months. If it were your child what would you choose PT so she can strengthen her body and learn to walk, OT so she can learn how to feed and dress herself, or ST so she can learn to eat and avoid a feeding tube? As a parent you would not want to have to make that decision and neither do any of the parents across the state struggling everyday so that our special babies can have the quality of life they deserve. In the long run this will end up costing the state more money as our children will not learn to be

independent. Until you are the parent of a special needs child you have no idea what it is like to watch your child fight and struggle to do things we all take for granted. I would invite anyone who does not think these therapies are important or make a difference to spend the day with the family of a special needs child and see what we go through on a daily basis or visit a therapy clinic and watch how hard these children work because they want to fit in as best they can. Please reconsider the therapy cuts so our children can continue to grow and learn just like all children deserve no matter how they are born. If you have any questions feel free to call me at 864-921-4974.

Very Worried Parent,

*Angel Sterling*

Angel Sterling

**RECEIVED**

JAN 27 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Please Do Not Cut  
my therapy.



Attending  
178 Beaver Creek Dr.  
Greene, SC 29323

RECEIVED

JAN 27 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Joey Hark  
Director's Office  
PO Box 8206  
Columbia, SC 29202-8206

29202+8206



GREENVILLE SC 296  
25 JAN 13 2011 4 1



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

Sheila ✓

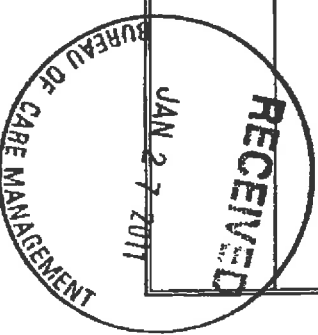
ACTION REFERRAL

TO	DATE
Medical Services/Hamilton	1-27-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 001321	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 2-1-11
	<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. Sheila B. Platts	SP 01/31/11		
2.			
3.			
4.			

RECEIVED



JAN 28 2011  
Division of Medical  
Support Services

January 23, 2011

**RECEIVED**

JAN 27 2011

Angel Sterling  
178 Beaver Creek Dr.  
Chesnee, SC 29323

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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Very Worried Parent,

*Angel Sterling*

Angel Sterling



Please Do Not Cut  
my Therapy.



**RECEIVED**

JAN 27 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

JAN 27 2011

RECEIVED

Joey Haebe  
Director's Office  
PO Box 8206  
Columbia, SC 29202-8206

29202+8206



Attending  
178 Beaver Creek Dr.  
Chester, SC 29323

CONFIDENTIAL  
JAN 27 2011 10:49 AM

CONFIDENTIAL



January 31, 2011

Ms. Angel Sterling  
178 Beaver Creek Drive  
Chesnee, South Carolina 29323

Dear Ms. Sterling:

Thank you for your letter dated January 23, 2011, regarding your concerns on the 75 hours cap (300 units) for Private Rehabilitative Therapy Services. While South Carolina Department of Health and Human Services (SCDHHS) does regret having to place any limitations on service volume, there are times when it is necessary. We have determined that there are systems changes that will be required prior to our enforcing this limitation; therefore, the implementation date has been postponed until April 1, 2011. We will make every effort to clarify the rules associated with this change so that the enrolled private therapists can know and understand the requirements for coordination with each child's primary care physician when additional units are medically necessary. This information will be made available in a Medicaid Bulletin. All Medicaid Bulletins and Provider Manuals are located on the agency website, [www.scdhhs.gov](http://www.scdhhs.gov).

While these limits will be in place, 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 SCDHHS." This policy remains unchanged; should a physician determine, through an EPSDT visit, that your 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 your 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.

The documented medical necessity and request for additional visits will be reviewed by the SCDHHS Medical Directors. The combined therapy limit will apply to services provided beginning April 1, 2011. The limits set on August 1, 2009 will apply to services provided before April 1, 2011.

Ms. Angel Sterling  
January 31, 2011  
Page 2

Again, we share the disappointment with you that any limitations are necessary. However, we will continue to work with you, physicians and therapists to ensure that services are made available for children in our state.

Sincerely

A handwritten signature in cursive script that reads "Sheila B. Platts".

Sheila B. Platts  
Division Director

SBP/pw