

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bowling	11-14-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER 000360	<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 <u>11/22/06</u>
cc: Keck Stensland Cleared 11/30/06 attached.	<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.			

104 Foxworth Drive
Lexington, SC 29072
November 7, 2006

State Editor
PO Box 1333
Columbia, SC 29202

RECEIVED

NOV 13 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Editor and Mr. Robert Kerr:

I am writing in response to the article in THE STATE on October 28, 2006, regarding Medicaid funds for autistic children. I am the grandparent of an autistic child, and I am a public school teacher who has taught autistic teenagers. Therefore, I have a little more insight into the world of autism than a person with no experience.

Our grandson functions very well in a second grade classroom thanks to years of therapy which Medicaid helped to pay. His parents would be destitute today if they had to pay for all of the necessary therapies he has received. I have spoken to parents who are on the verge of bankruptcy or who are already bankrupt because of the treatments required for their autistic children.

Having taught several diagnosed cases of autism and aspergers, I can assure you that the students who have received occupational, speech, physical, hippo, and aquatic therapies can become productive citizens. Frequently, my grandson has to return to some of his therapies to help with math concepts, physical weaknesses, etc., and always he is able to return to the classroom and to his family as a more focused child. Without medicaid's help, he would not be able to get extra therapy.

I do not understand how we can give Medicaid to drug addicts, young people who refuse to work, mothers who have several children to get welfare money; yet we cannot help autistic children who will not have to become future burdens to society if we allow them the necessary therapy TODAY.

Can anyone explain the logic behind the decision to do away with Medicaid to schools for autistic children? Thank you.

Rebecca Costner
Lexington, SC
803-957-6138





State of South Carolina
Department of Health and Human Services

Log # 360

Mark Sanford
Governor

Robert M. Kerr
Director

November 30, 2006

Mrs. Rebecca S. Costner
104 Foxworth Drive
Lexington, South Carolina 29072

Dear Mrs. Costner:

Thank you for your letter regarding the rationale behind the recent decision to discontinue Medicaid reimbursement for school-based Applied Behavioral Therapy Services (ABTS). We appreciate your taking the time to share your personal situation with us.

The South Carolina Medicaid program has covered this therapy over the last eight years. During the past year, the Centers for Medicare and Medicaid Services (CMS) questioned the state regarding these services. On August 29, 2006, the state received notice from CMS that federal matching funds would no longer be available for these services as of December 31, 2006. CMS noted that ABTS did not qualify as a Medicaid coverable state plan service based on the following:

- The service is habilitative in nature rather than a rehabilitative service.
- The service is limited to children with autism.
- The service is limited to the school setting.

Initially, we were advised by CMS that ABTS may be allowable under a Medicaid waiver. Therefore, we have been in ongoing discussions with the State Department of Education (SDE) regarding the service delivery requirements for ABTS under the Individuals with Disabilities Education Act and any implications for a Medicaid waiver. Unfortunately, we were notified by CMS on September 19, 2006, that the provision of ABTS in a school setting failed to meet established criteria for approval as a waiver program. Specifically, CMS indicated that the services appeared to duplicate services that should be provided under the Individuals with Disabilities Education Act (IDEA) and would restrict providers to those who contract with or are employed by the local school districts.

We recognize that these school-based services are vital for children diagnosed with Autism. However, we must abide by the decision made by the federal government regarding funding for these services. CMS recently approved our request to extend the transition period to discontinue these services from December 31, 2006, to June 30, 2007, to allow local education agencies additional time to explore other funding options for these services.

Medical Services

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Mrs. Rebecca S. Costner
November 30, 2006
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ABTS may still be available to your grandchild even though they cannot be funded by Medicaid. It is our understanding that if ABTS are listed on a child's Individual Education Plan (IEP) that they should be provided under IDEA. You may want to contact the local school district to discuss the continuation of these services under IDEA if they are included on your grandchild's IEP.

Thank you again for your feedback. I regret that we cannot be of more assistance in this matter. However, I hope that this information helps you to better understand the reason that Medicaid can no longer cover ABTS.

Sincerely,


Susan B. Bowling
Deputy Director

SBB/