

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mr. Myers</i>	DATE <i>10-29-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000226	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Emma Jenkins</i> <i>Cleared 11/29/07 letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-13-07</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.			

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

ACTION REFERRAL

TO <i>W. Myers</i>	DATE <i>10-29-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000226	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Emma Foreman</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-13-07</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.			
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Logi Myers

October 23, 2007

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OCT 23 2007

South Carolina Department of Health and Human Services
DHHS/Division of Preventive and Ancillary Health Services
PO Box 8206, Suite 839
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

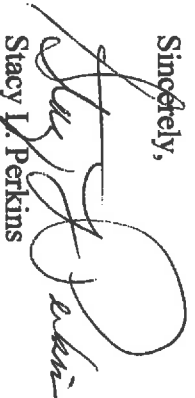
To Whom It May Concern:

I am writing in an effort to bring your attention to the dire circumstances of the families of Autistic children in the state of South Carolina. I have a daughter who has Autism. Over the past three years I've sought the most up-to-date treatments, therapies, and educational interventions available. It is a costly venture. Many interventions are not covered by insurance, but we are trying to do the best we can for our daughter. I have recently been notified that my therapy provider, Touch Stone Therapy will no longer be able to provide services for my daughter due to the poor reimbursement rates of South Carolina Medicaid. The South Carolina Medicaid rate is half of the reimbursable rate from North Carolina Medicaid. This makes it difficult for a therapy provider to cover their costs and continue to provide exceptional care to my child. Additionally, there are very few clinics specializing in pediatric therapy that take South Carolina Medicaid. I have been paying the costs for her therapy myself, and was hopeful that I would be reimbursed through TERFA. Now this looks as if it will not happen. We are paying \$500 per month just for her therapy, and spend thousands each year out-of-pocket for additional interventions, testing, special dietary and supplement needs.

We are spending everything we have to help our daughter. We need some relief. How can we plan for the future if we can't save now? We would like to save for our daughter's future, when she is an adult, and we are gone, not to mention our own retirement. This is just not possible. I need your assistance in facilitating a rapid change in the reimbursement rate for pediatric therapy by South Carolina Medicaid. If this does not happen my child will risk losing the progress she has made and it will limit her ability to make further gains. Please act now to help my child as well as other families in South Carolina who have a child with special needs.

If you have any questions you may contact me at siperkins61@yahoo.com

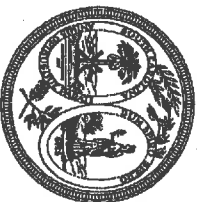
Sincerely,


Stacy L. Perkins

RECEIVED
HEALTH & HUMAN
SERVICES

OCT 25 2007

PREVENTIVE & ANCILLARY
HEALTH SERVICES



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

November 29, 2007

Ms. Stacy L. Perkins
473 Saint George Road
Fort Mill, South Carolina 29708

Dear Ms. Perkins:

Thank you for your recent letter dated October 23, 2007, regarding your concerns about South Carolina Medicaid's reimbursement rate for Private Rehabilitative Therapy providers. I appreciate you taking the time to write us.

Rate changes in any program that involves federal funding requires approval from the federal government, in this case, the United States Department of Health and Human Services, specifically with the Centers for Medicare and Medicaid Services (CMS). We have been working with the CMS Regional Office regarding our state's proposed rate increases for quite some time and we have just recently received approval of the new rates. Each state's rates are based on population, demographics, socioeconomic needs and the ability to pay the state match. Therefore, rates and services vary from state to state. We will be issuing a Medicaid Bulletin to all Rehabilitative Therapy service providers advising them of this rate increase.

Should Touchtone Therapy elect to withdraw as a provider with South Carolina Medicaid, I can assure you that we will find another provider that will offer the same type of services your daughter currently receives. It is my hope that our efforts to increase the reimbursement rates for therapy providers, will keep Touchtone Therapy from considering withdrawal from South Carolina Medicaid. If you have questions or need additional information, please contact, Dr. James Bradford, Team Leader for School Based and Private Rehabilitative Therapy and Audiological Services at (803) 898-2655. Again, thank you for bringing your concerns to our attention.

Sincerely,

Felicity Costin-Myers, Ph. D.
Deputy Director

FCM/hw

Medical Services

P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-4515 Fax (803) 898-2501

Log # 226