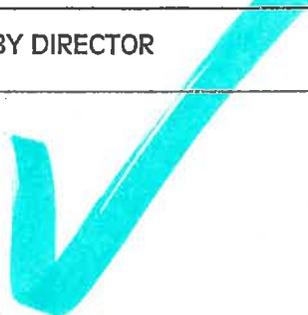


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Waldrep</i>	DATE <i>9-23-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100141</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.			



South Carolina Department of Alcohol and Other Drug Abuse Services

NIKKI R. HALEY
Governor

BOB TOOMEY
Director

September 14, 2011

Mr. Sam Waldrep
Deputy Director
South Carolina Department
of Health and Human Services
Office of Long Term Care and
Behavioral Health Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

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SEP 23 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Waldrep:

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) appreciates the opportunity to work with your staff in providing comment on the proposed Medicaid alcohol and drug testing policy. The two issues under consideration that have caused concern include: 1) placing a cap on the number of alcohol and drug screens per Medicaid beneficiary per year; and 2) the proposal for requiring a physician's order per client per drug screen.

Alcohol and drug screening is a central element of comprehensive treatment protocols and is an essential tool in achieving long-term recovery. In this regard, its efficacy is proven. Evidence-based protocols provided to DAODAS through various publications from the Substance Abuse and Mental Health Services Administration (SAMHSA) recommend intensive alcohol and drug screenings during the first several months of treatment, with continued monthly screens after the first six months of treatment. While the proposed cap of 25 alcohol and drug screens per client per year is less than we recommend, we would like to monitor its impact on our client base and provide a report and recommendations to your office should the cap prove insufficient.

It is our understanding that the proposal from the Office of Long-Term Care and Behavioral Health Services on physician's orders will be to allow facility orders, with clinical staff at the local substance abuse agency documenting the need for the individual alcohol or drug screen and thus signing off on medical necessity. We believe that this proposal best reflects the most effective and least expensive process to satisfy the need for ensuring medical necessity, while also meeting the workforce needs in the substance abuse field.

Sincerely,

Stephen L. Dutton
Assistant Director

SLD/jmm

DAODAS

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South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services
PO Box 8268
Columbia, SC 29202

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SEP 23 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR



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Mr. Sam Waldrep
Deputy Director
South Carolina Department
of Health and Human Services
Office of Long Term Care and
Behavioral Health Services
Post Office Box 8206