

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Medical Services/ Waldrep</i>	<i>2-7-11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>900339</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia 2/18/11, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-16-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

	APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.				
2.				
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RECEIVED

February 2, 2011

FEB 07 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck,

I am writing to you in response to the recent Medicaid Bulletin sent on December 14, 2010. Below is the letter I sent to all of the SC Senators and Legislators at the beginning of January. Medicaid made some changes that will deeply affect our special needs children that are to take effect April 1, 2011. These children are our future. This matter needs further immediate attention! I would appreciate your consideration in this matter. Also, you should be aware that even when I call Medicaid, they cannot answer my questions. I am playing "Russian Roulette" right now with therapy. They cannot tell me how many total therapies I have used since July 1, 2010, and if I am going to be back billed for services if I have exceeded 75 therapies. Then I am being told to continue my regular services until April 1, but with the risk of being billed. This is VERY disturbing and overwhelming, and unethical. The therapists are also being told different things. I already know that my son is going to have to stop much needed therapy from April 1 to June 30. It is a mess, and needs to be addressed.

As a United States citizen, I recognize the government deficit is a huge and significant problem; one that must be addressed. I even support budget cuts, but these cuts must be looked at in a way that achieves the desired cuts with the least impact on those who receive valuable Medicaid services.

The Medicaid cuts mandate that my child will only receive 75 hours of combined therapies (physical, occupational and speech therapies). This will not allow my child to receive these services on even a weekly basis. If a child's Rehabilitative Team (MD, Specialists, OTs, PTs, and speech therapists) has prescribed them to receive PT, OT and speech one time a week, they would need 156 hours per year. I work with my child's therapists on a one-on-one basis, directly with my child. They educate and direct me on what my child must work on throughout each and every day in order for him to improve in his fine motor, gross motor, and speech skills. Our optimal goal is for Jacob to be a functional member of society and to reach his full potential; independent in his skills. If this cut continues, he will only receive services for half the year. I do not have the education to help him effectively. I will not know what to do and he will not get better, in fact, he may get worse. Children tend to regress if aggressive therapy is not consistent and doesn't continue until goals are met. My family is under a great deal of stress on many levels because of my child's disability. Please do not take away our hope in helping our child get better. It is hard to watch your own child struggle, and know you do not have the ability/knowledge to make a difference in his life. Therapy gives him and our family hope to hang onto and face each day.

I am parent of Jacob, whom was diagnosed with Autism, Sensory Processing Disorder, in utero stroke, and epilepsy. He is receiving outpatient PT, OT, Speech, pool, and feeding/group therapy. My child is making such steady progress and meeting goals, that he should be a active adult contributing to our society, instead of being institutionalized or need long term very expensive care. If we don't put early intervention first and aggressively provide services to children who need them, there are going to be some serious consequences with our children's future and their contribution to our society.

I am asking that you please take another look at this situation. You may have to cut the rates the providers are being paid but PLEASE do not cut the weekly therapy he receives. Please don't make me decide if he is to receive therapy to learn to walk, dress himself, write, or talk. He, and all other children affected, should be given the chance to do all these things. It is impossible to decide which thing he can live without.

Thank you for your prompt attention to this matter. I appreciate you taking the time to read and consider this.

Sincerely,



Rebecca Lynch

The following is the letter I sent Jan 5, 2010.

Hello,

I am writing to you because I am DEEPLY troubled by the news that there are possible Medicaid cuts to be proposed at the upcoming meeting. There needs to be other alternatives to wanting to cut a HUGE amount from our already depleted and hurting DDSN and Medicaid system. My five year old son, who has Autism and other diagnoses, would not be doing as well as he is doing, if we didn't have the support and financial help from the state. I pray that you will fight AGAINST these proposals, and help advocate for the thousands of South Carolina families and children who need this funding to help them achieve their full potential. I ask that you would be active in helping the Department of Disabilities and Special Needs (DDSN) and the Medicaid system. Any proposed cuts will impact every disability group - children, autism, brain injury, mental retardation, related disabilities and spinal cord injury. These services include:

Early intervention

Day programs/workshops

Respite

Family support

Attendant care

The Pervasive Developmental Disorder (PDD) Program

Specialized therapies

Service coordination and more.

I CAN NOT IMAGINE what would happen if these proposals are passed. I don't know how someone could put our children's future at risk and put an unbelievable strain on the already strained families. If you knew what we have been through, (and of course the other families), and what our family goes through on a daily basis, you would not even think about such proposals. I know our budget is tight, but with 1:150 children just having Autism alone, don't you think that their future is a priority? Please ensure the care of South Carolina's most vulnerable citizens first. My son and the thousands of other children are counting on you. You are supposed to be our voice and help. I have already been denied some desperately needed services for my son, because the funding is not there. If you had a child with special needs, I KNOW you would also be FIGHTING for them. Because the education system will not and is not able to provide the needed services to my son, I rely heavily on the funding from the state to provide the services my son needs. For example, Early Intervention, through the services of Baby Net and others, is absolutely necessary to diagnose, plan, and provide children with an early boost and intervene when a child has developmental delays, during the most vulnerable times of growth and brain development. This early intervention holds the key to excellent success stories in children.

My son would not have the current potential to lead a somewhat normal life, and be "mainstreamed" in a regular class, if it wasn't for my advocating for him and the early intervention opportunities.

Please help us and our precious future! We are counting on you to come up beside us and show your support for our children.

Thank you!!

Sincerely,

R Lynch, for my precious son Jacob

Mr. Anthony E. Keck
SCDHHS Director's (Office)
P.O. Box 8206
Columbia, SC
29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FEB 07 2011

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Ms. Rebecca J. Lynch
121 Cotton Hill Ln
Greer, SC 29651-5093

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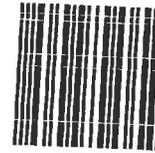
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OFFICE OF DIRECTOR



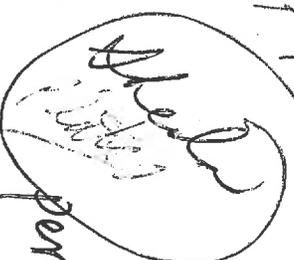
ACTION REFERRAL

Relegged from Waldrup to Platt on 2/9/11.

TO	DATE
Medical Services/Platt	2-7-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	1011339	<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>2-18-11</u>
		<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.			PT057
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 per Steven W. Platt
 2/9/11

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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Medical Services/Platt	2-7-11

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	001339	DATE DUE _____	
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> Prepare reply for appropriate signature	
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		<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.			PTOST  per Sean W. 2/9/11
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FEB 09 2011

FEB 09 2011

BUREAU OF CARE MANAGEMENT

Division of Medical Support Services

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February 2, 2011

FEB 07 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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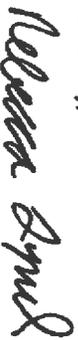
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R Lynch, for my precious son Jacob

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Ms. Rebecca J. Lynch
121 Cotton Hill Ln
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FEB 07 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR



2308 3250 0000 2960 9304



February 18, 2011

Ms. Rebecca J. Lynch
121 Cotton Hill Lane
Greer, South Carolina 29651

Dear Ms. Lynch:

Thank you for your letter dated February 2, 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. 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.

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 a 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 the 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.

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. If you have any additional questions, please contact Diane McLeod, Department Manager for Medical Support Services, at (803) 898-2655.

Sincerely

Sheila B. Platts
Division Director

SBP/w