

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO	DATE
<i>Medical Services / Wldrup</i>	<i>1-19-11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000911</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>David 1/28/11 letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-28-11</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.			

January 17, 2011

Dear Legislator,

I am reading with concern the proposed cuts to the private rehabilitative services provided by Medicaid. My son Jarrett is 11 months old and has Down syndrome. *Everyone* we talk to from his therapists and doctors to other families with children that have Down syndrome stresses the importance of these therapies to his future abilities and well being. Jarrett currently receives 3 hours per week of therapy which consists of Early Intervention, Physical Therapy and Speech Therapy. With the number of approved visits being cut to 75 hours per year--that will barely cover 6 months of therapy. We would be responsible for the visits for the remainder of the year. That is a lot for us to pick up. We would either have to drop a therapist or cut back on the number of visits—both of which would impede his progress tremendously. We want to do everything we can to help him succeed—having to choose which necessary therapy he gets and which he doesn't because of money is an awful place to be in as a parent. The therapists are trained to work with children with Down syndrome and show us things we can do with Jarrett to continue to help him—each one is trained in his/her specialty and their knowledge is invaluable to us! Jarrett has made so much progress already with his therapies, but even with all they are doing he is still several months behind his typically developing peers. We are working as hard as we can to keep that gap as small as we can—if we had to start cutting back on his therapies, the gap would widen faster than we could work to close it. That's not fair to Jarrett! He deserves every opportunity to succeed!

If you are a parent, please put yourself in my shoes—my child has special needs which automatically stacks the proverbial deck against him. These therapies are *not* a luxury—they help Jarrett hopefully break even with his peers or not be too far behind them. If your child had special needs, wouldn't you want to do everything humanly possible to give him/her any advantage you could? I'm just like you—a parent trying to give my son every advantage I can so he can have a happy and successful life

I completely understand the department's budget needs to be cut—I just ask that you *please* try not to cut the private rehabilitative services for children with special needs. It is so important to their future health and well being and Medicaid helps provide these services that families might not otherwise be able to afford.

Thank you,  
Jill Williams  
41 Dewberry Lane  
Elgin, SC 29045  
803-479-1805  
jwilliams@richland2.org

**RECEIVED**

JAN 19 2011

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

SC Medicaid  
do Felicity Myers  
1801 Main St.  
Columbia, SC

29201+2403

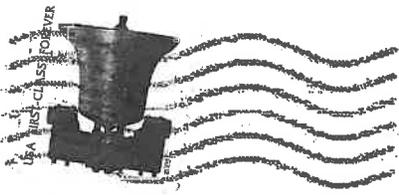
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

JAN 19 2011

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Jill Williams  
41 Dewberry Ln.  
Elgin, SC  
29045

COLUMBIA SC 292  
18 JAN 2011 PM 4-T



USA AIRMAIL CLASS PERMIT NO. 1000

File w/ log # 311

January 17, 2011

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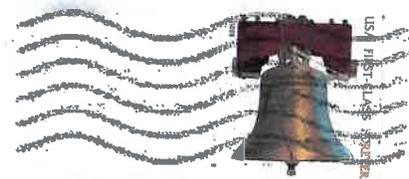
**JAN 25 2011**

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Jill Williams  
41 Dewberry Ln.  
Elgin, SC  
29045

COLUMBIA SC 292

18 JAN 2011 PM 4 T



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JAN 25 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

29202+8206

SC DHHS  
c/o Tony Keck  
Director's office  
PO Box 8206  
Columbia, SC 29202-8206

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

*Spills*  
↓  
*Alvine*  
↓  
*Chris*  
1/24

TO	DATE
<i>Medical Services/Hamilton</i>	<i>1-19-11</i>

*Next response -  
I'm sending  
a copy of the  
response FM +  
I used earlier  
that make  
help. Per*

DIRECTOR'S USE ONLY		ACTION REQUEST	
1. LOG NUMBER	<i>000311</i>	<input type="checkbox"/> Prepare reply for the Director	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	_____	<input checked="" type="checkbox"/> Prepare reply for appropriate	DATE DUE <i>1-31-11</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. <i>Sheila R. Platts</i>	<i>SRP</i>		
2.			
3.			
4.			

RECEIVED

RECEIVED

JAN 21 2011



January 17, 2011

Dear Legislator,

I am reading with concern the proposed cuts to the private rehabilitative services provided by Medicaid. My son Jarrett is 11 months old and has Down syndrome. *Everyone* we talk to from his therapists and doctors to other families with children that have Down syndrome stresses the importance of these therapies to his future abilities and well being. Jarrett currently receives 3 hours per week of therapy which consists of Early Intervention, Physical Therapy and Speech Therapy. With the number of approved visits being cut to 75 hours per year--that will barely cover 6 months of therapy. We would be responsible for the visits for the remainder of the year. That is a lot for us to pick up. We would either have to drop a therapist or cut back on the number of visits—both of which would impede his progress tremendously. We want to do everything we can to help him succeed—having to choose which necessary therapy he gets and which he doesn't because of money is an awful place to be in as a parent. The therapists are trained to work with children with Down syndrome and show us things we can do with Jarrett to continue to help him—each one is trained in his/her specialty and their knowledge is invaluable to us! Jarrett has made so much progress already with his therapies, but even with all they are doing he is still several months behind his typically developing peers. We are working as hard as we can to keep that gap as small as we can—if we had to start cutting back on his therapies, the gap would widen faster than we could work to close it. That's not fair to Jarrett! He deserves every opportunity to succeed!

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Thank you,  
Jill Williams  
41 Dewberry Lane  
Elgin, SC 29045  
803-479-1805  
jwilliams@richland2.org

*Jill Williams*  
*Bernard*

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

JAN 19 2011

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*Per Walderup on*  
*1/20/11*

SC Medicaid  
c/o Felicity Myers  
1801 Main St.  
Columbia, SC

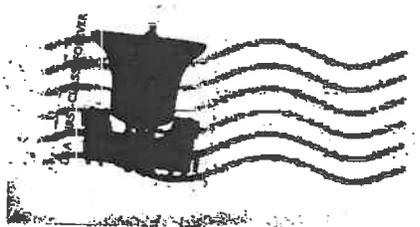
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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

JAN 19 2011

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Jill Williams  
41 Dewberry Ln.  
Elgin, SC  
29045



COLUMBIA SC 292  
18 JAN 2011 PM 4 T



January 28, 2011

Ms. Jill Williams  
41 Dewberry Lane  
Elgin, South Carolina 29045

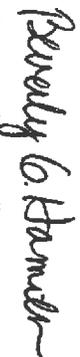
Dear Ms. Williams:

Thank you for your letter dated January 17, 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](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.

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 Sheila Platts, Division Director for Medical Support Services, at (803) 898-2655.

Sincerely,



Beverly G. Hamilton  
Bureau Director

BGH/pw