

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hyers</i>	DATE <i>7-8-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER <i>000016</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>*Ref log # 627</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
	<input checked="" 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.			<i>yes - as nec. acti</i>
2.			<i>to give us</i>
3.			<i>options!</i>
4.			



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JUL 07 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

July 2, 2008

Emma Forkner
Director
State of South Carolina
Department of Health and Human Services
1801 Main Street
Columbia, SC 29202-8206

Dear Ms. Forkner,

Thank you for your response to my letter regarding reimbursement for augmentative and alternative communication (AAC) devices. I have reviewed your current fee schedule and pricing methodology; however this rate does not allow clients to receive the medically necessary SGD's that they require. I also understand that your beneficiaries are often restricted to the least expensive, medically appropriate option to meet their needs; however the current rate does not allow us to even provide the least expensive and most appropriate equipment.

I am requesting the opportunity to visit with your Medicaid program to discuss why this rate increase would benefit South Carolina Medicaid beneficiaries. DynaVox strives to ensure that Medicaid agencies pay the least amount as the payer of last resort.

Please feel free to contact me to discuss any question or concerns related to this matter. I look forward to hearing from you.

Sincerely,

Alicia Bundy
DynaVox Systems LLC
Reimbursement Manager