


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 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 to give us options!</i>
2.			
3.			
4.			



Technology for human expression.

*Log. Hurd*  
*APR 2008*  
**RECEIVED**

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*

Alicia Bundy  
DynaVox Systems LLC  
Reimbursement Manager