

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-6-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>101292</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Claudia 1/18/11, after attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-18-11</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.			

December 28, 2010

RECEIVED

JAN 06 2011

Felicity Myers
SC Medicaid
1801 Main Street
Columbia, SC 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Myers,

I realize that budget cuts are necessary and there are many other issues that need your attention. However, I can't imagine a more desperate situation than the inadequately evaluated plan to reduce physical, occupational, and speech therapy to, in some cases, one third of what a child needs to not only progress but prevent regression.

The confusion over this policy is unbelievable. The Medicaid department can't begin to explain the details such as, "Did the 75 therapy visits begin at the beginning of the fiscal year, which will result in no services at all for the next 6 months?" If the details of the policy can't be understood by top officials, then the consequences of such neglect of our most defenseless citizens certainly can't be understood.

As the mother of an amazing 6 year-old son who is working his heart out to overcome the limitations of cerebral palsy, I can see how such neglect will result in a decline in quality of life. As an accountant, I can see that in the long run this irresponsible policy will result in increased expenses rather than cost savings.

Without those therapy services, our children will not obtain the highest level of independence possible, resulting in further reliance on governmental support throughout their lives. In addition, the reduction in physical and occupational therapy will result in tightened tendons, leading to surgical costs that will far outweigh the cost of preventative therapy. Therefore, if the decision makers determine that his quality of life and pain from unnecessary surgeries are irrelevant in their decision making process, surely they are capable of performing simple math to determine the increased cost over time.

Speech therapy also results in a decrease of unnecessary medical procedures by allowing children, like Ryan, to safely swallow and take in adequate nutrition, without a feeding tube. Again, avoiding a feeding tube will without a doubt improve his quality of life; however, if that is irrelevant then the preventative therapy will also be less costly than the cost of surgeries for feeding tubes or hospital stays related to pneumonia from swallowing incorrectly and resulting in pneumonia.

The story is the same across our state for many children. What may be even more heartbreaking for me personally is that our son's progress has just begun to take off. Now is the time we should be intensifying his therapy but we are now being told by non-medical decision makers who have no knowledge of our children that therapy will be reduced dramatically.

The only budget that may be tighter than governmental budgets is that of special needs families. This change in Medicaid is as irresponsible as it would be for our family to cancel health insurance. In the long run health costs will increase and the state's income from small therapy businesses will also decrease as some may be either forced out of business or forced to reduce their staff.

Unless you have lived a life of special needs parenting, you can't possibly begin to understand the demands that are placed on families. You hope your children succeed while we hope our children have a quality life free from abuse. You hope that your children can become the best in their sport while we hope that our children continue to move because that prevents the look of depression in their eyes. Movement increases range of motion, which prevents the stiffness that can lead to painful surgery and recovery time. Yet without the assistance of therapists to help us around setbacks and hurdles, their movement decreases, expenses increase, and their quality of life declines. It is no wonder families with such stress result in an 80% divorce rate, leading to the necessity of more governmental assistance to single parents.

An even more difficult pill to swallow is that while making reductions in our school district, the administration spent \$25,000 on IPADs for administrators. Even our children asked why that money couldn't have been left in the SAT scholarship program.

Why aren't we taking the time to responsibly seek out guidance from medical professionals in evaluating proposed changes and looking for unnecessary, wasteful spending, such as the \$25,000 IPAD project? Also, while \$25,000 was spent for the IPAD's there was and continues to be a hold on \$40,000 worth of necessary equipment for special needs children in the Horry County School District.

There are other options that need to be reviewed, such as do we really need the stop smoking campaign? If the tax increase doesn't motivate a desire to quit will a billboard? Can there be other changes with a more moderate decrease in therapy limits?

Please fully fund Medicaid. I am hopeful that as an accountant and mother, you can see the urgency in reviewing the proposed changes. As the parent of a special needs child and accountant, I will be happy to share our concerns or answer questions one on one with you or one of your staff members.

Thank you for your time.

Anita Howell

www.caringbridge.org/visit/rvanhowell

<http://anita-whyibelieve.blogspot.com/>

Anita's Bookkeeping & More

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Blue log no. 0292



January 18, 2011

Ms. Anita Howell
3662 Farmington Court
Myrtle Beach, South Carolina 29579

Dear Ms. Howell:

Thank you for your letter dated December 28, 2010 regarding your concerns on the 75 visits cap (total of 300 hours of therapy) for private rehabilitative 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 4/1/11. 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 may only be justified as a result of an Early and Periodic screening, Diagnosis, and Treatment (EPSDT) examination and must be pre-approved by SCDHHS." This policy remains unchanged; should a physician determine, through an EPSDT visit, that your son requires additional private therapy services, that physician should document the medical necessity and request additional visits. Such requests must be made in writing, 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 803-898-8222, 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 are sorry 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.

Sincerely,


Felicity Myers, PhD
Deputy Director, Medical Services