

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Medical Services/Platt	2-15-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 358 100358	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 2/25/11, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 2-25-11
	<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.			

Log to SP Platt

1559 Tidal Marsh Ln
Mt Pleasant, SC 29466

RECEIVED

January 10, 2011

FEB 15 2011

Tony Keck
South Carolina DHHS, Director's Office
PO Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr Heck,

I am writing this letter as a concerned parent and resident of Mt Pleasant, South Carolina. I am asking for your support of Medicaid funds for children with special needs and disabilities. As of February 1, 2011 Medicaid cuts are being implemented that will reduce the number of rehabilitative therapy visits covered per year for my child. This 'cap' on therapy services for children will mean that a huge number of children, including mine, will not be eligible for therapy from February 1st until July 1st. That is months without any therapy services, not to mention the reduced amounts of visits after July 1st!

This Medicaid cut is not only affecting my family, but many families across the state of South Carolina. I understand that there needs to be a budget, but we as constituents of this state need to insure that this most fragile population, those that can't take care of themselves, the children with disabilities, get the assistance and medical care that they need.

When I dreamed of what it would be like to be a parent, never once in those dreams did I imagine that it would include raising a child with special needs. Now I know just how wonderful, difficult, fulfilling, lonely, happy, sad, exciting, scary and miraculous life is raising a special needs child. My son, Lucas, was born with a brain disorder that is complicated by a seizure disorder. He is an absolute joy to our family and has taught us all so much. His accomplishments become all of our accomplishments. We all work hard to teach him basic things to better his life and he, in turn, has taught us things to better our own lives.

Beyond our family, Lucas has had the most wonderful people in his life pushing him to reach his highest potential. People who believe he can achieve a place in life way beyond where most others look at him and see nothing. These people are Lucas' Speech, Occupational and Physical Therapists. Lucas currently receives all three therapies once a week. They have taught Lucas how to walk with a walker, pick up food and feed it to himself, push a button to tell us what he wants, just to name a few things. These milestones that he has achieved are way beyond what the medical community ever imagined for Lucas when they just looked at his diagnosis. For special needs children and their families even the tiniest milestones are HUGE! The only difference is that our special needs children's milestones are an event for us ALL to cheer about in a way we never have before.

It would be detrimental to see these therapies taken away from Lucas and other children like him, for any amount of time. His therapists teach us the next step in helping Lucas to achieve his goals for a more

purposeful life. They bring an expertise that is beyond what we as parents could know without having experienced these things before. Without these services, Lucas would not be able to even come close to reaching the potential he has and will be.

We all know that reducing our commitment to these children (as the current Medicaid cuts imply) will have serious and detrimental effects on the most vulnerable children and families that you serve. Extensive research on early intervention therapies has proven these therapies as valuable time and again. It can also mean fewer surgeries, more community integration and less institutionalizations for these precious children.

Please don't take away one of the most productive ways that these children have to succeed in their very special lives. I urge you to stand in support of children with special needs and the very beneficial way that Medicaid can help them.

Thank you for your time and consideration.

Sincerely,

Lisa Dunker



Department of Health & Human Services
OFFICE OF THE DIRECTOR

FEB 15 2011

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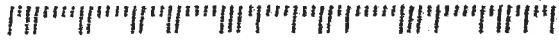
Duke
1554 Tidal Marsh Ln
Mt Pleasant, SC 29464

CHARLESTON SC 294
JAN 30 11 PM 11



Mr Tony Keck
Director's Office, SC DHHS
PO Box 8306
Columbia, SC 29202-8306

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OFFICE OF DIRECTOR

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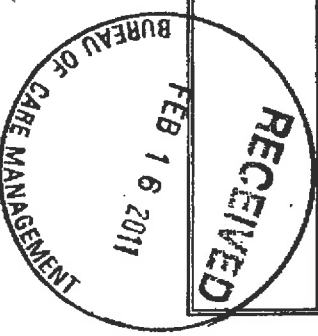
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FEB 16 2011

Division of Medical
Support Services



Log to SPlett

1559 Tidal Marsh Ln
Mt Pleasant, SC 29466

RECEIVED

January 10, 2011

FEB 15 2011

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South Carolina DHHS, Director's Office
PO Box 8206
Columbia, SC 29202-8206

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OFFICE OF THE DIRECTOR

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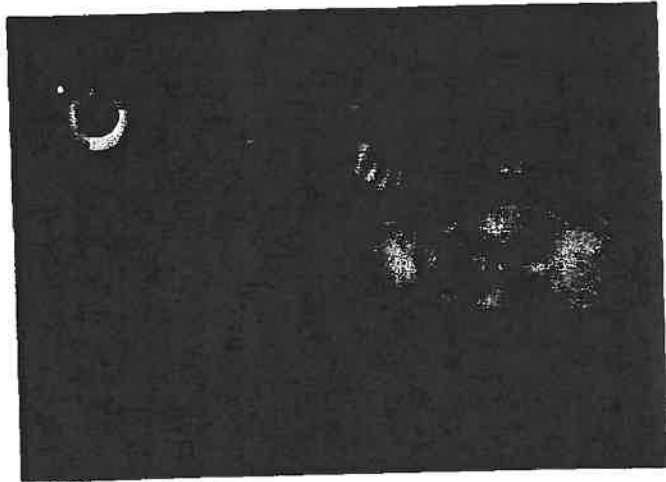
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Sincerely,

Lisa Dunker



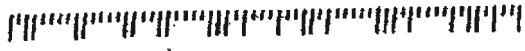
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OFFICE OF THE DIRECTOR

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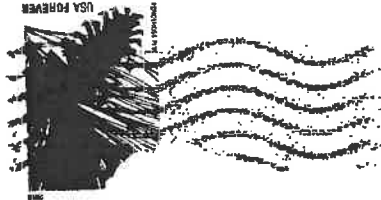
Mr Tony Keck
Director's Office, SC DHHS
PO Box 8206
Columbia, SC

29202-8206



Dunker Tidal Marsh Ln
1559
Mt Pleasant, SC 29464

CHARLESTON SC 294
JAN 2011 PM 11



February 25, 2011

Ms. Rachel Baxter
8 Sandown Lane
Greenville, South Carolina 29615

Dear Ms. Baxter:

Thank you for your letter dated February 15, 2011, regarding your concerns on the 75 hours cap (300 units) for Private Rehabilitative Therapy Services. 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 South Carolina Department of Health and Human Services (SCDHHS)." We believe that it is necessary to enforce this standard to prevent abuse while offering individualized review of additional needs through EPSDT and better integration with the primary care physician.

When a physician determines, 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.

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