

Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

Associate State Director

Operations

Kathi K. Lacy, Ph.D.

Associate State Director

Policy

Thomas P. Waring

Associate State Director

Administration



3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

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MEMORANDUM

TO: Executive Directors-DSN Boards
CEOs-Qualified Providers

FROM: Beverly A.H. Buscemi, Ph.D., State Director

RE: Medicaid Reductions and Changes

DATE: December 16, 2010

A handwritten signature in cursive script that reads "Beverly A.H. Buscemi, Ph.D.".

As we were expecting, the South Carolina Department of Health and Human Services (DHHS) has announced its plans to eliminate, reduce, or change coverage of certain state plan services, including increasing co-payments and expanding the population affected by such co-payments. **These upcoming changes will impact people with disabilities and special needs, including those enrolled in a Waiver.**

Attached is a one-page summary breaking out the upcoming changes by date of effectiveness and age of Medicaid beneficiary. DHHS is in the process of mailing every Medicaid beneficiary a Newsletter outlining the changes and providing contact information should they have questions. We expect that many Medicaid consumers and their family members will call you to find out how the changes will affect them. We also expect you will have questions. I would ask that you meet with your staff to review all the changes and to start developing a list of questions. In addition, please consider how these changes will affect the people you serve in terms of cost shifting from Medicaid to your organization, to consumers and to their families. Please send your questions and financial impact to Dr. Kathi Lacy at klacy@ddsn.sc.gov by January 7, 2011. We will synthesize and do our best to clarify/address all issues and concerns.

Finally, as most of you know DHHS, through the Materials Management Office, intended to award a contract for Incontinence Products on December 14, 2010. However, due to a protest filed December 13, the award is suspended until the Chief Procurement Officer reviews and responds to the protest. We will keep you informed of any developments.

cc: DDSN Associate State Directors
DDSN District Directors
DDSN Division Directors

Encl.

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

MEDICAID STATE PLAN CHANGES AFFECTING DDSN CONSUMERS

I. Effective February 1, 2011

A. Children/Young Adults Under 21 Years Old

- Elimination of wheelchair accessories that are not medically necessary
- A cap of a combined total of 75 visits per year for private SPL/PT/OT (versus unlimited)
- Power wheelchairs replaced every seven (7) years versus five (5)
- Discontinuation of routine newborn circumcisions

B. Adults – 21 Years Old and Over

- Discontinuation of podiatry, vision, dental, hospice, Insulin Pumps for Type II diabetics, Syvek Patch, and wheelchair accessories that are not medically necessary (Note: people on certain waivers will continue to get medically necessary dental and vision services)
- Reductions in number of diabetic shoes and inserts (from six (6) to three (3) of each), home health visits from 75 to 50 visits per year, chiropractic services (from eight (8) to six (6) visits), behavioral health visits from unlimited to 12 per year and pharmacy overrides from four (4) to three (3) per month
(Note: 4 Rxs covered per month under state plan
3 Rxs overrides per month allowed
2 Rxs above state plan per month for those enrolled in MR/RD & HASCI Waivers
9 per month)
- Power wheelchairs replaced every seven (7) years versus five (5)

II. Effective April 1, 2011

A. Adults Age 19 Years and Older

- Increase in state plan co-pays for certain visits: MD visits will be \$2.30 per visit, Chiropractor \$1.15, Home Health \$2.30, Clinic Visits \$2.30, Prescription Drugs \$3.40, Outpatient Hospital \$3.40, Non-Emergent Services in the Emergency Room \$3.40, Medical Equipment and Supplies (co-pay will vary) .60¢ - \$3.40

B. All HCB Waiver Participants Age 19 Years and Older (includes MR/RD, CS, & HASCI Waivers)

- **Addition** of co-pays for certain visits: MD visits will be \$2.30 per visit, Chiropractor \$1.15, Home Health \$2.30, Clinic Visits \$2.30, Prescription Drugs \$3.40, Outpatient Hospital \$3.40, Non-Emergent Services in the Emergency Room \$3.40, Medical Equipment and Supplies (co-pay will vary) .60¢ - \$3.40

*** Previously Waiver participants were exempt from co-pays; This is no longer the case.**

C. HCB Waiver Participants Enrolled In The CLTC Program (18 Years and Older Operated by DHHS)

- Eliminates chore and appliance services, nutritional supplements, ADHC Nursing Services (not ADHC) and Respite
- Reduction in number of home delivered meals from 14 to ten (10) per week

Medicaid Beneficiaries may call the DHHS Call Center at 1-888-549-0820 to learn more about the Medicaid State Plan Changes.