

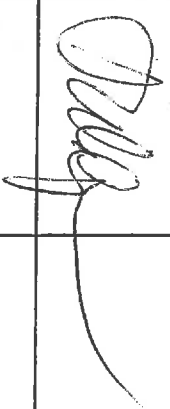

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

RECEIVED
OCT 08 2010
DIVISION OF FAMILY
SERVICES

TO	DATE
Myers/Waldrop/Eddins/FOIA	10-7-10

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	001171	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
CC: Singleton, Stensland Cleared 10/27/10, letter attached		<input checked="" type="checkbox"/> FOIA	DATE DUE 10-22-10
		<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. Sam Waldrop Bureau Chief			
2. Jeanne Carlton			
3. Carol Eddins			
4. Jeff Stensland			

mailed on 10/28/10 by JH.

October 27, 2010

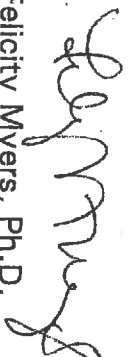
Wilkins & Bouton, LLC
Attorneys at Law
15 Washington Park
Greenville, SC 29604

Dear Mr. Wilkins:

In response to your Freedom of Information Act (FOIA) request, dated October 4, 2010, the South Carolina Department of Health and Human Services is enclosing information that will answer your specific request for a report detailing the cost of paraprofessional services for the past year. South Carolina's State Plan Amendment for Rehabilitative Behavioral Health Services (RBHS) was approved in May, 2010, with an effective date of July 1, 2010. Prior to the implementation of the RBHS, we did not identify services rendered by "paraprofessionals". The report attached details RBHS provided to adults (only) by paraprofessionals as of July 1, 2010 and services identified reflect all services billed to date by the programs that were previously known as "Clubhouses".

If you need further clarification, please contact Ms. Laurel Eddins, Senior Consultant, Office of Medicaid Reporting at 803-898-2955, or Ms. Jeanne Carlton, Division Director, Family Services at 803-898-2565.

Sincerely,



Felicity Myers, Ph.D.
Deputy Director, Medical Services

MWCE/j

Enclosure

Time Period	Jul 2010 - Sep 2010						
Prov ID	Prov Name	Procedure Code	Procedure	Modifier	Net Payment	Patients	Units
992MXN	MENTAL HEALTH AMERICA OF S	H0038	SELF-HELP/PEER SERVICES, PER 1	HM	\$2,790.48	19	455
992MXN	MENTAL HEALTH AMERICA OF S	H2017	PSYCHOSOCIAL REHABILITATION,CA	HN	\$70,558.15	68	8,804
993MXN	MENTAL HEALTH AMERICA BEAU	H2017	PSYCHOSOCIAL REHABILITATION,CA	HN	\$12,823.65	15	1,617
994MXN	NEW DAY INC OF SPARTANBURG	H2017	PSYCHOSOCIAL REHABILITATION,CA	HN	\$123,386.04	60	15,339
994MXN	NEW DAY INC OF SPARTANBURG	H2019	THERAPEUTIC BEHAVIORAL SVCS, P	HN	\$0.00	1	4
995MXN	MENTAL ILLNESS RECOVERY CE	H2011	CRISIS INTERVENTION SERVICE	HN	\$35.00	1	2
995MXN	MENTAL ILLNESS RECOVERY CE	H2017	PSYCHOSOCIAL REHABILITATION,CA	HN	\$11,060.70	46	1,410
996MXN	GATEWAY HOUSE INC	H2017	PSYCHOSOCIAL REHABILITATION,CA	HN	\$394,272.90	62	49,000

medstat
october 25, 2010
minick

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour 1 Hours \$ 10.00

Pages copied at \$.10 per page _____ Pages \$ _____

Pages faxed at \$.20 per page _____ Pages \$ _____

Shipping and Handling Costs \$ _____

Other costs associated with the FOIA request: _____ \$ _____

Total Amount Due SCDHHS: \$ 10.00

Please remit the above amount to the following address:

Bureau of Fiscal Affairs

South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.


Signature _____

Date: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers/Waldrop/Eddins/EOIA	10-7-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100171	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Singleton, Stensland	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA
	<input type="checkbox"/> Necessary Action DATE DUE 10-22-10

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



WILKINS & BOUTON, LLC
ATTORNEYS AT LAW

ROBERT W. WILKINS
rwilkins@wilkinsbouton.com

WILLIAM I. BOUTON
wbouton@wilkinsbouton.com

October 4, 2010

*FOIA
request
X go to
workshop / editing
systems lead*

Felicity Costin Myers, Ph.D
SC Department of Health and Human Services
PO Box 8206
1801 Main Street
Columbia, SC 29202-8206

Re: Request for report concerning cost of paraprofessional services

Dear Dr. Myers:

Thank you again for meeting with me and Phil Emory regarding the issues Gateway House is facing.

As we discussed, please let this serve as a request for a report detailing the cost of South Carolina state paraprofessional services for the past year.

I appreciate your assistance. If there are any fees associated with this request or if you have any questions, please do not hesitate to contact me.

With kind regards, I am

RECEIVED

OCT 07 2010

Yours very truly,

WILKINS & BOUTON, LLC

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Best

Robert W. Wilkins

RWW/
Cc: Phil Emory

RECEIVED

OCT 07 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR



WILKINS & BOUTON, LLC
ATTORNEYS AT LAW

ROBERT W. WILKINS

P (864) 312-3901 • F (864) 312-3903 • E rwilkins@wilkinsbouton.com
15 Washington Park • PO Box 8373 • Greenville SC 29604

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____