

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	301171	<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: Single ton, 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	jc		
3. <del>Carol Eddins</del>			
4. Jeff Stensland			

mailed on 10/28/10 by JR.



October 27, 2010

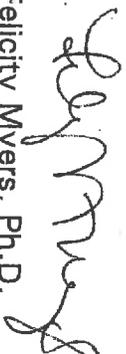
Wilkins & Bouton, LLC  
Attorneys at Law  
15 Washington Park  
Greenville, SC 29604

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 101171	<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 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.			
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  
to go to  
Wendy / Edling  
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**

Yours very truly,

OCT 07 2010

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](mailto:rwilkins@wilkinsbouton.com)  
15 Washington Park • PO Box 8373 • Greenville SC 29604



TO:  
FROM:

SUBJECT: Cost of Processing FOIA Request #

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Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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: \_\_\_\_\_