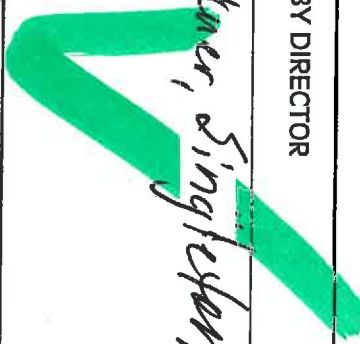


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>9-25-09</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000042</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Farner, Singh</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-6-09</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.			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>9-25-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000042</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-6-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>CC: Mrs. Farner, Singhsten</i>			



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

PATRICIA L. HARRISON
ATTORNEY AT LAW
611 HOLLY STREET
COLUMBIA, SOUTH CAROLINA 29205

TELEPHONE (803) 256-2017

FAX (803) 256-2213

September 21, 2009

VIA FAX AND CERTIFIED MAIL

RECEIVED

SEP 25 2009

Ms. Emma Forkner
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

I represent Jane Wecker, who has been a licensed CTH I provider in Newberry County under a contract with the Newberry County Disabilities and Special Needs Board. Ms. Wecker is appealing the termination of her license as a CTH I provider. That program is operated under the MRR/RD Medicaid Waiver program, which is administered by your agency. Attached is the letter notifying Ms. Wecker of the termination of her license which was received in my office on or after August 31, 2009. As you can see from the letter dated August 28, 2009, Newberry, and apparently the South Carolina Department of Disabilities and Special Needs, are denying that Ms. Wecker held a license to provide these services.

I have previously requested appeal procedures from Dr. Laurent, however, he advised me that Ms. Wecker's license has not been terminated. Since SCDDSN has not provided information to appeal this termination of Ms. Wecker's license and has not provided a notice or appeal procedures, we are requesting an administrative appeal through your agency

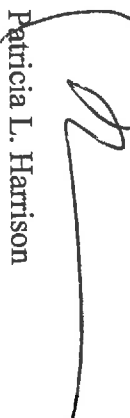
I am requesting a copy of policies and procedures for provider appeals before your agency.

This appeal is based on violation of Ms. Wecker's Constitutional due process rights under the Constitution of the United States and the Constitution of South Carolina and her contractual rights. We are alleging violation of the Medicaid Act, violation of the State Medicaid Plan and violation of 42 U.S.C. 1981 through 1988 of the Civil Rights Act.

The jurisdictional basis for this administrative appeal is the Medicaid Act, the State Medicaid Plan and South Carolina Administrative Code 126-125.

By copy of this letter, I am advising Mr. Vastine Crouch and Dr. Eugene A. Laurent of this appeal. Thank you very much for your assistance.

Cordially,

A handwritten signature in black ink, appearing to read 'Patricia L. Harrison'. The signature is fluid and cursive, with a large initial 'P' and a long horizontal stroke at the end.

Patricia L. Harrison

cc: Jane Wecker
Eugene A. Laurent
Vastine Crouch
Scott English

TURNER PADGET
TURNER PADGET GRAHAM & LANNEY P.A.

CHARLESTON
COLUMBIA
FLORENCE
GREENVILLE
MYRTLE BEACH

REPLY TO:

Reginald W. Belcher
Certified Specialist in Employment and Labor Law

E-Mail: RBelcher@TurnerPadget.com
Writer's Direct Dial: (803) 227-4314
Direct Fax: (803) 400-1515

August 28, 2009

Patricia L. Harrison, Esquire
611 Holly Street
Columbia, South Carolina 29205

Re: Jane Wecker/Newberry County Disabilities and Special Needs Board

Dear Ms. Harrison:

Please find enclosed, for Ms. Wecker's records, a letter from the Board regarding the revocation of Ms. Wecker's license.

Sincerely,

TURNER, PADGET, GRAHAM & LANNEY, P.A.



Reginald W. Belcher

RWB:gt
Enclosures

BUSINESS • LITIGATION • SOLUTIONS

Bank of America Plaza • 17th Floor • 1901 Main Street (29201) • PO Box 1473 • Columbia, SC 29202
Phone (803) 254-2200 • Fax (803) 799-3957 • turnerpadget.com

NEWBERRY COUNTY DISABILITIES AND SPECIAL NEEDS BOARD

BOARD OF DIRECTORS

WILLIAM BRASWELL
KATHY BUCHANAN
WILLIAM FLOYD
DIANNE LOMENICK

Post Office Box 856

NEWBERRY, SOUTH CAROLINA 29108

PHONE: (803) 276-0078 FAX: (803) 276-0785

BOARD OF DIRECTORS

RIK RICHARDSON
KENNY SWEETENBURG
JAMES WILLIAMS

August 26, 2009

Ms. Ann Dalton
Director of Quality Management
SCDDSN
P. O. Box 4706
Columbia, S. C. 29240

Dear ~~Ms. Dalton~~ *Ann*:

In accordance with your letter of August 21, 2009, I am returning the original license issued to Ms. Jane Wecker effective September 30, 2008.

Based on the interpretation of SCDDSN's policy 167-01-DD, our agency is the holder of the license for this CTH I facility. Based on the substantiation by the Ombudsman's Office of a case of non-criminal psychological abuse by the caregiver, our agency will not be appealing the department's revocation of this license.

If you have questions or need additional information about this situation, please don't hesitate to contact me.

Sincerely,



Fred Owens
Executive Director

cc: Ms. Jane Wecker via Ms. Patricia Harrison

THE SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

HEREBY GRANTS

NEWBERRY/DURHAM-WECKER CTH I
(PROVIDER/CAREGIVER)

A LICENSE/CERTIFICATE TO OPERATE:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Community Training Home I | <input type="checkbox"/> Work Activity Center | <input type="checkbox"/> Child Developmental Center |
| <input type="checkbox"/> Community Training Home II | <input type="checkbox"/> Adult Activity Center | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Respite Home | | |

at 132 Molly's Rock Road, Newberry, SC 29108

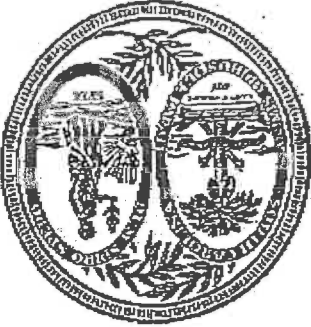
This license/certificate is approved for:

Maximum Capacity: Children _____ Maximum Capacity: Adults 2 Respite: _____

This License/Certificate is subject to revocation or suspension by the South Carolina Department of Disabilities and Special Needs for substantial violation of any provision in the standards under which it is issued which were approved and accepted by the South Carolina Disabilities and Special Needs Commission and promulgated under applicable laws and regulations.

Issued This Date: 9/30/2008 Expiration Date: 9/30/2009

By: Douglas Thomas
Director of Quality Assurance



TELEPHONE (803) 256-2017

FAX (803) 256-2213

PATRICIA L. HARRISON
ATTORNEY AT LAW
611 HOLLY STREET
COLUMBIA, SOUTH CAROLINA 29205

22
September 21, 2009

VIA FAX AND CERTIFIED MAIL

Dr. Eugene Laurent
SC Department of Disabilities and Special Needs
PO Box 4706
Columbia, SC 29240

Dear Dr. Laurent:

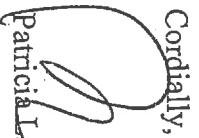
You previously wrote to me stating that the license of Jane Wecker has not been revoked. I have received conflicting information from the attorney for the Newberry County Disabilities and Special Needs Board. Please advise me of the status of Ms. Wecker's license. If it has been revoked, please provide me with a written explanation for the revocation.

I am also requesting copies of any information in the custody or control of SCDDSN related to Ms. Wecker (also known as Jane Harrison or Jane Durham). This request includes, but is not limited to contracts, licenses, reports, correspondence, e mails, notes, training records and any other information related to Ms. Wecker, whether held in paper or electronic format. I am requesting a copy of the provisions related to the Newberry County DSN CTH I program, including those pages of your agency's contract with Newberry DSN Board which relate to the CTH I program.

I am again requesting a copy of your agency's appeal procedures for providers. If you procedure requires a provider to request an appeal from your agency, please consider this to be such an appeal.

Thank you very much for your assistance.

Cordially,


Patricia L. Harrison

cc: Jane Wecker
Emma Forkner
Scott English

TELEPHONE (803) 256-2017

FAX (803) 256-2213

PATRICIA L. HARRISON
ATTORNEY AT LAW
611 HOLLY STREET
COLUMBIA, SOUTH CAROLINA 29205

September ²³~~21~~, 2009

FAX AND CERTIFIED MAIL

Gary T. Pope
Pope Zeigler, LLC
PO Box 11509
Columbia, South Carolina 29211-1509

RE: Wecker CTH I

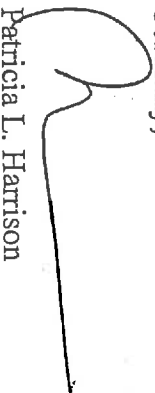
Dear Mr. Pope:

This letter is being sent to you as the attorney for Newberry County. I am requesting a meeting with you to discuss the termination of the services of Jane (Wecker) Harrison and the revocation of her CTH I license. We are requesting an appeal the action taken by Mr. Owens, Director of the Newberry County Disabilities and Special Needs Board. The notice of this action dated August 28, 2009 is attached. Please provide copies of your appeal procedures for (1) county employees and (2) contractors with Newberry county again, including but not limited to the Newberry County Disabilities and Special Needs Board.

I am requesting a copy of all records related to Jane Wecker (aka Jame Durham or Jane Harrison) in the possession, custody or control of any agency or department of Newberry County, including, but not limited to employment records, contractual records, investigative records or any other documents related to Ms. Wecker.

By copy of this letter, I am advising Dr. Laurent and Ms. Forkner of this request for a due process fair hearing. I look forward to hearing from you.

Cordially,



Patricia L. Harrison

cc: Reginald Belcher, Esquire
Jane Wecker Harrison

Bill Braswell
Rep. Walt McLeod
Eugene A. Laurent
Emma Forkner