

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|----------------------|------------------------|
| TO <i>Roberts</i> | DATE <i>12-3-12</i> |
|----------------------|------------------------|

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|---|---|---|--|
| 1. LOG NUMBER <i>101163</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | <input checked="" type="checkbox"/> Prepare reply for approbation signature DATE DUE <i>12/17/12</i> | |
| 2. DATE SIGNED BY DIRECTOR <i>C. Director CES</i> <i>Deane 11/13, letter</i> <i>attached</i> | <input type="checkbox"/> Necessary Action DATE DUE _____ | | |

| APPROVALS (only when prepared for director's signature) | APPROVE | * DISAPPROVE (note reason for disapproval and return to preparer) | COMMENT |
|---|---------|---|---------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

U.S. HUMAN SERVICES
OF DIRECTOR
REFERRAL

| | |
|------|---------|
| DATE | 12-3-12 |
|------|---------|

| | |
|---|-------------------|
| ACTION REQUESTED | |
| 1. Prepare reply for the Director's signature | DATE DUE |
| X 1. Prepare reply for appropriate signature | DATE DUE 12/17/12 |
| () FOIA | |
| DATE DUE | |
| 1. Necessary Action | |

| | |
|--------------|---|
| * DISAPPROVE | (Note: Reason for disapproval must be prepared) |
| COMMENT | |
| | |
| | |
| | |
| | |

Mrs. E. Johnson
Elton Church Rd.
Ins, SC 29061

: 803.351.0773

son2906188@yahoo.com

icaid Fraud and Abuse

use to your attention. This occurred through a contract
ian Services—Community Long Term Care (CLTC) division
agement (ACM,) which provides case management

for CLTC clients since July, 2009. However, after I
mer and Ruby Lasane, and Tim Davis, CEO of ACM, on
s of two CLTC clients as directed by Ms. Farmer, Ms.
ail on Nov. 5, 2012, informing me that I “was no longer
ugh he refused to state why.

has ended to retaliate against me for refusing demands
ument in the CLTC records of CLTC client # 07-17503
ecific types of “hands-on” assistance which I knew they
I Ms. Lasane that the clients did not need that assistance
rds to document that they did.

s: that occurred on Monday, Nov. 5, 2012:

r and also sent courtesy copies to Tim Davis of ACM and
a Sechrest with CLTC, that I would not falsify the CLTC
I 96-00881 as she, Ms. Lasane and Mr. Davis directed me
ur letter of immediate resignation effective Nov. 5,

a letter of resignation.
ff I was being terminated, I wanted Mr. Davis to respond
ymment with ACM) was being terminated.
o longer an employee of Advanced Care Management,
why I was no longer an ACM employee.

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DEC 03 2012

RECEIVED

statement of termination and the specified reason(s) for

ire no longer and employee of Advanced Care

iving any reason why I was no longer an ACM employee.
made a third request for a written statement of

termination.

VI has been involved in Medicaid fraud and abuse. On
nief-operating-officer Emma Myers via email (see copy
me during the late afternoon of the previous day that
I case manager until I was designated to be, had not
Ms. Lackey's documentation in #07-11819's record and
id received Medicaid reimbursement for monthly visits
pd.

she would follow up with the client regarding this report

ir to report that she had contacted the client, but did not
employment with ACM continued for approximately
fell so low that CLTC Area 5 refused to allow her to work
know whether ACM fired her or if she was allowed to

as at all—she is very alert, intelligent and articulate. The
; she has crippling arthritis which has resulted in her

son why neither Emma Myers nor Tim Davis disciplined
vis. Lackey's father, Kay Patterson, who was a former
al of political influence in South Carolina, could
which would result in ACM receiving fewer CLTC referrals.

and abuse, ACM violated state labor laws as it did not
tact it regarding this matter, and a paycheck was issued
issued to me on 11/07/2012.

attention as well as the offices of the SC State Attorney
Health and Human Services Inspector General will
itnuing and to protect other "whistleblowers" from

participants' level re: toileting, I have checked "limited" because
letting on or off the toilet, and I will not check that she does
in her records which is Medicaid fraud and abuse.

participants' "at risk for hospitalization" has to be received on a
within 12 months of the participant's Re-Evaluation
chart. Nevertheless, I will take the
Dr. Williams' office so that the confirmation can be used for

the Re-Evaluation of (CLTC # 07-16546) on
was already documented regarding his "at risk for
it of . . . The last 1718a created in Phoenix was
nd no documentation of a 1718a nor any contact with his
uation narration. Why is it that you are requiring this for
t last month? This arbitrary application of CLTC policy and

s upon Re-Evaluation, regardless of how often I have
s. Of the dozens of cases you have staffed with me during
is the first time you have ever required that I contact
to my knowledge, I am the only case manager of whom
, it should be enforced ALL THE TIME with EVERYONE, not
agency and documented it in a narrative entry for
tact the formal supports identified in the policy as requiring
ure that they are being required by you to do the same.

: Re-Evaluation have been more than adequately addressed,
out any additional unnecessary delay.

is are made prior to signing off on a assessment. Not only
al Office at times. Unless corrections are made in a timely
indicated in your narrative dated 10/30/2012, you notified

11/6/2012

you did. That was after my e-mail I sent to you on 10/26/2012
schedule for review and requesting you to post them in order
he was 10/24/2012. I reviewed the cases. I sent you an e-
ry corrections. If the necessary changes were made on
the very same day. The changes were not made as
late.

addresses his toileting needs. This includes how the individual
get to the toilet, transfer on/off, and the appropriateness of
appropriate places.
It clearly states the following: If the individual requires help
ide commode, select Limited Assistance. In your comment
I suggested to you in the e-mail dated (10/26/2012 @ 2:44)
o support your comment. This was not corrected.

Physician Form) on file documenting the CD4. In reviewing
Phoenix for a current 1718-A (HIV Physician Form) as
A (HIV Physician Form) was done by NC on 10/27/2011. If
to bring the chart into the office for review. The other
with Participant's Physician Office to confirm the At Risk for
who you spoke with. Yes, it is on the narrative checklist, but
you spoke with to confirm the At Risk Status. This was also
was not completed as requested in the e-mail I sent
made.

be obtained. However,
confirmed with professional(s),
action" must be confirmed
actioner's office and documented.

: documentation regarding your contact with the formal
arly states:
: providers as often as the need
agencies (excluding providers
t control, DME, PERS, HDM,
cumentation of the contact.
primary contact, and/or
monthly thereafter with

situation period. Documentation with whom you spoke
f Service Coordination. On the narrative checklist it does
I. This Participant is authorized a combination of 12 hours of

11/6/2012

with HIV-positive and have a definitive AIDS diagnosis, both not synonymous and per CLTC policy, ALL current diagnoses

bolleing, it is already adequately documented to support the mediate LOC status.

s on file documenting the participant's CD4 status. No other ed in the narration as it is already documented on the nation should not be documented twice within the same

) formal supports at least yearly, you obviously overlooked or participants PCA agency on 03/26/2012, 04/04/2012,

completed in accordance to CLTC policy has resulted in an time. Unfortunately, this is not the first time this has writing that I be re-assigned to another CLTC staff person nely and professional manner.

CD4 declined (Yes/No)

check needing assistance getting on and off the toilet.

to be narrated. (HIV/Policy) - See Policy below.

icate in your narrative who you spoke with. See Chapter 5

be obtained. However, confirmed with professional(s), addition" must be confirmed additioner's office and

ative (including checklists) in

11/6/2012

rt providers as often as the need
: agencies (excluding providers
st control, DME, PERS, HDM,
documentation of the contact.
; primary contact, and/or
monthly thereafter with

10/26/12

10/26/12

10/26/12

we scheduled the reviews on the Participants referenced
im waiting for the posting in order for me to review.

y. 803-983-0700.

29. Please let me know which cases you want to review.

entality Note

n or entity to which it is addressed and may contain
privileged, confidential, and the disclosure of which is
message is not the intended recipient, or the employee
recipient, you are hereby notified that any
information is STRICTLY PROHIBITED.

s immediately and destroy the related message.

11/6/2012

rey@cdhs.gov; Sechrest@cdhs.gov;

. as I clearly stated in my response to your original email, I
change that I had already told you that I made seems to be
not signing off on this Re-Evaluation and thus making it
completion rate.

zen people—including Gloria Farmer—who have staffed re-
CLTC case manager, you are the only one who has stated
the date that the Re-Evaluation is done. Why is this?

as I told you repeatedly last week, does not need
will not falsely claim that she does as it would be Medicaid

ed that personal goals were not discussed which is why there
id to even understand what the term "personal goals"
iff.

s it is regarding item # 2 for
s date for her

each of the issues that you have raised again regarding
hat both be signed without further unnecessary delay.

This correction is still needed before I can sign off.
pest control request listed as a current need in the home
r checklist states: were personal goals discussed and your
need before I can sign off.

11/6/2012

UCKEY

ed to indicate that participant never had a need for shower chair; to program.

on the checklist. If there is any other information that is supposed cklist, please clarify what it is.
regarding missed visits.

d to indicate that participant never had a need for a space heater; to program.

ollecting as she only has poor hygiene. Please clarify what you d since the participant does not need help with that.
participant unable to complete. The only thing I could think of to comprehend questions.

Please clarify what else, if anything, is supposed to

ly, and per Gloria Farmer's email, she will be off the rest of the ase managers are to contact for staffing the rest of this week. I started by tomorrow. Maebeil Stuckey responded that she is . If you do have any issue with Maebeil staffing this Re-Eval with ould be much obliged.

..y#9600881. I will need you to make the following

teater was listed as a need on 10/31/11 and is still listed as a date. Also in your narrative you indicated that participant

11/6/2012

te the home needs with this current need request. The

tensive. Please indicate how she is lifted.

s rating as Limited, you only checked her toileting

ng which would indicate that she would need assistance with
being said, participant's rating for toileting would not be

ompleted. Please make comment as to why you were not able
giver and providing hands on care for participant? If so you

is list for

ing the level of care date for 10/31/12. This is the date that

viders for PCH/PCI and Incontinent Supplies and document

e made these corrections so I can sign off and you can start

trusted us to contact you for staffings this week while she is on
follows:

ditional information about these participants than what is already

entality Note

11/6/2012

in or entity to which it is addressed and may contain
: privileged, confidential, and the disclosure of which is
message is not the intended recipient, or the employee
recipient, you are hereby notified that any
information is STRICTLY PROHIBITED.
s immediately and destroy the related message.

11/6/2012

11/9/2012 4:26 PM

S.

: it best to do it in writing as it may involve Medical fraud.
With '_____' / late yesterday afternoon, she told me that
to contact her each month, she hadn't received any type of
it, however, reflects that monthly visits were made (and
r CLTC staff about this issue; I haven't either and don't
d tell Me. _____ that I would relay her info to you and that

Stuckey@scdhs.gov

her resigned nor have been given a written notice of my employment with Advanced Care Management continues nation or receive a written notice of termination with specific

is already been denied to me, I have also began to experience and subsequently, assume that it will soon become

mail account. Should you decide to send me written re Management has been terminated and for what specific registered or certified USPS mail to my home address.

ence regarding this matter is and will continue to be shared if you or in addition to the SC Department of Labor, Licensing

in as detailed above, I will arrange a time to turn in all CLTC

ems as I need them to do my current job as an Advanced Care employee, I again request that my access to Phoenix and Care

attempt to use this email address or any other email address

management. Your access to Phoenix and Care Call will not be I CLTC participant files to the Sumter by close of business Advanced Care Management Tablet Computer which has Care Management at 1225 Laurel Street, Suite 109, Columbia records and equipment is not returned it could possibly

11/6/2012

You have been transferred to another case manager to ensure
of CLTC. Please in accordance with Medical Policy "DO NOT
no longer their case manager effective November 5, 2012 at

Written notice that I have been terminated from my position as
ing, my employment continues. Subsequently, I need the
ually do my job. I also need my access to Phoenix and the
ily do my job.

I that I have been terminated and the reasons for my
case management services to my clients is negatively impacting
ed Care Casemanagement to even more legal liability.

mer immediately per state policy and procedures. These files
ze immediately with 24 hours of your resignation/termination

Confidentiality Note

on or entity to which it is addressed and may contain
s privileged, confidential, and the disclosure of which is
message is not the intended recipient, or the employee
recipient, you are hereby notified that any
formation is STRICTLY PROHIBITED.

is immediately and destroy the related message.

11/6/2012

07-17503

schrest@scdhhs.gov;

se of Advanced Care Management, i.e. as I have not

ated and the reason why I have been terminated, my
ment, and subsequently, I am making a second written
re-instated so that I can provide case management services

I related correspondence to the government officials that I
SC Board of Labor, Licensing, and Regulation.

sdcaremgmt.com]

C # 07-17503

anagement, LLC. Please return the equipment as requested

7-17503

state or imply that I was resigning. If I am being terminated, you
inated. I will forward your response to the government officials

I, I remain an Advanced Care Management employee and request
led so that I can continue to serve the participant in my caseload.

11/6/2012

dcaremgmt.com]

hrest
: # 07-17503

if your letter of immediate resignation effective November 5,
are Call access effective immediately and request that you
CLTC Community Waivers Program, Advanced Care

ter 64VT3MI (Dell XT2) to Advanced Care Management,
29201 by Friday November 9, 2012.

BELT STUCKEY, Mona Sechrest
7503

I, has now apparently turned into a "necessary change" that I must
sical assistance to get on and off of the toilet comes despite the fact
ne basis. If this were so, I would have indicated this on her
demand regarding the Re-Evaluation for : (CLTC #
needed to be lifted either manually or mechanically despite my
ly need either type of such assistance to transfer. She also insisted
her clothing up and down while toileting despite my repeatedly
ted she would not sign off on the Re-Evaluation unless I checked
lly told Ms. LaSane that the participant did not need.

doubt and assume that despite your many years of experience with
either of you are aware that knowingly placing false information in
Now that you are aware, if either of you make another demand
nt, I will forward this email and any related correspondence to
n Wilson, SC State Inspector General Patrick Maley, Inspector
psector General David R. Levinson, and any other officials who

result of my refusing to falsify Medicaid participant information,
ive already mentioned, but I will also file a federal lawsuit under
dividual, agency, or company that violates this federal law.
been willing to re-assign me to any other CLTC employee who
al and timely manner.

Independent case management contractor so that I will no longer
participants' records that you tell me to in order for his company,
from CLTC Area 8. And as I have not signed any non-
r is there any CLTC agency regulation prohibiting any of the

Hopkins, South Carolina 29061

Dear Ms. Johnson:

Your letter to Mr. Tony Keck has been forwarded to me for action. The Division of Program Integrity, South Carolina Department of Health and Human Services (SCDHHS), has conducted a preliminary investigation into the allegations specified in your complaint. Specifically, we have reviewed the Care Call records, service notes, and service authorizations for the two beneficiaries in your complaint, and have consulted with the SCDHHS Community Long Term Care program managers on this case. At this time, we cannot substantiate the allegations in your complaint, and find that a fraud referral is not warranted. However, we will continue to monitor the provider in question and may open a review in the future if we find other indications of fraud or abuse.

Thank you very much for your information and your support of the South Carolina Medicaid Program.

Sincerely,



Betty Jane Church, Director
Division of Program Integrity

BJC/sm

cc: Byron Roberts, General Counsel
Roy Smith, Program Director, CLTC
Kathleen C. Snider, Compliance Performance Review