

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

ACTION REFERRAL

Re-log from Hutto to Liggett... see attached notes. RM 3-17-15.

| | |
|--------------------------|---------------------------|
| TO <i>Liggett</i> | DATE <i>3-9-15</i> |
|--------------------------|---------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|--|
| 1. LOG NUMBER <i>000200</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>CC: Roberts, Hutto</i> <i>Still pending, see attached e-mail</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-26-15</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. <i>Appeal w/ Shelly - Cannot be answered by 3/18. It is an ongoing appeal.</i> | | | RECEIVED MAR 17 2015 Department of Health & Human Services Eligibility, Enrollment & Member Services |
| 2. | | | <i>* See attached e-mails regarding closing Log 4/30/15</i> |
| 3. | | | |
| 4. | | | |

15-0190
Alex
Shissias
- ongoing appeal -

(*Per Les area*)

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

ACTION REFERRAL

| | |
|--------------------|-----------------------|
| TO <i>Hutto</i> | DATE <i>3-9-15</i> |
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| 2. DATE SIGNED BY DIRECTOR <i>cc: Roberts</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-18-15</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. | | | |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Re-log from Hutto to Liggett... see attached notes. RM 3-17-15.

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|-------------------|--------------------|
| TO Liggett | DATE 3-9-15 |
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|---|---------|---|--|
| 1. Apolice w/ Shealy - Cannot be answered by 3/18. It is an ongoing appeal. | | | <p>RECEIVED</p> <p>MAR 17 2015</p> <p>Department of Health & Human Services Eligibility, Enrollment & Member Services</p> <p>* See attached e-mails regarding closing Log 4/30/15</p> |
| 2. | | | |
| 3. | | | |
| 4. | | | |

15-0190

Alex

Shissias

ongoing appeal.

(Pete's area)

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

ACTION REFERRAL

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|--------------------|-----------------------|
| TO <i>Hutto</i> | DATE <i>3-9-15</i> |
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| 2. DATE SIGNED BY DIRECTOR <i>cc: Roberts</i> <i>still per [unclear] [unclear]</i> <i>[unclear]</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-18-15</i> |
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| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

J. P. STROM, JR. P.A.
MARIO A. PACELLA*
JOHN R. ALPHIN
BAKARI T. SELLERS
JESSICA H. LERER
ALEXANDRA BENÉVENTO
ROBERT W. HARRELL, III
ROBYN W. MADDEN
AMY E. WILLBANKS†

STROM
LAW FIRM L.L.C.

2110 BELTLINE BOULEVARD, SUITE A
COLUMBIA, SOUTH CAROLINA 29204

COLUMBIA, SOUTH CAROLINA
BRUNSWICK, GEORGIA

PHONE: 803.252.4800

FAX: 803.252.4801

TOLL FREE: 888.490.2847

WWW.STROMLAW.COM

March 5, 2015

* ALSO ADMITTED IN GA. AND N.Y.
† OF COUNSEL

South Carolina Department of Health and Human Services
Division of Appeals and Hearings
PO Box 8206
Columbia, SC 29202-8206

Re: Notice of Appeal In the Matter of Guess Community Services, Inc.
Reference #: 643EHR2NEIE8JPB
Medicaid Claims Control System
Medicaid Provider Enrollment

To Whom It May Concern,

Please allow this letter to serve as Guess Community Services, Inc.'s notice, through his undersigned counsel of record, of Appeal in the above-referenced matter.

The agency issued its denial order on February 7th, 2015, and pursuant to the South Carolina Code of Regulations § 126-152(A) Guess Community Services, Inc. has 30 days to file its notice of appeal. Therefore this notice of appeal is timely.

The following information is provided in accordance with the South Carolina Code of Regulations § 126-152(B):

- On September 8th, 2014 Guess Community Services, Inc. completed the application for enrollment as a Rehabilitative Behavioral Health Services (RBHS) Provider and paid its required application fee.
- On September 29th, 2014 the Provider was informed by Provider Enrollment that the application was approved and being sent to on site review for follow up.
- On October 28th, 2014 a Provider Relations Representative responsible for scheduling site review informed Provider that his application would be returned to supplement with a land line phone number. Representative further stated that this would give Provider enough time to finish the construction on the facility. (DHHS and its representatives are aware of the more than \$130k Guess invested to up fit and provide necessities to the facility)
- On November 6th, 2014 a completed application was resubmitted.

- On December 5th, 2014, a Provider Relations Representative completed site Review of 3497 Main Hwy, Bamberg, South Carolina.
- On January 15th, 2015 Jeanie Carlton informed Provider that the application was approved, however, she was awaiting Provider enrollment to issue a Medicaid Provider number.
- On February 7, 2015 the South Carolina Department of Health and Human Services emailed a denial letter for Guess Community Services, Inc. enrollment application.

The South Carolina Department of Health and Human erred in issuing this denial by inappropriately issuing its Temporary Moratoria, pursuant to 42 C.F.R. § 455.470 (b)(2), violating Guess Community Services, Inc. rights of Due Process, and causing an irreparable harm violating fundamental tenants of equity and fairness.

Provider has the ability to appeal this denial of enrollment in the Medicaid program in accordance with appeals policy established under State Regulations chapter 126 Article 1, Subarticle 3.

Please find enclosed the letter denying the Medicaid enrollment application and a Certificate of Service to Christian L. Soura, Director of South Carolina Department of Health and Human Services.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Bakari Sellers', written over a horizontal line.

Bakari Sellers

THE STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT

Guess Community Services, Inc.)

Petitioner,)

vs.)

The South Carolina Department of)
Health and Human Services,)
Medicaid Claims Control System)
Medicaid Provider Enrollment)

Respondent.)
)
)
)

DOCKET NO.: ____ALC ____-____

CERTIFICATE OF SERVICE

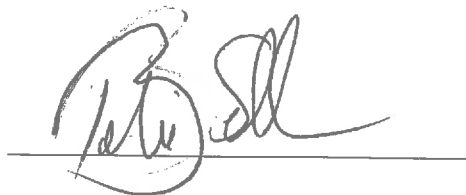
The undersigned employee of Strom Law Firm, LLC does hereby certify that he/she has served a copy of the below referenced document(s) in the above captioned case on the below referenced individual(s), entity by depositing the same by first class postage in the United States Mail on the 6th day of March, 2015.

Documents:

Notice of Appeal from a Final Agency Order

Parties Served:

Christian Soura
South Carolina Department of Health and Human Services
Division of Appeals and Hearings
PO Box 8206
Columbia, SC 29202-8206



Columbia, South Carolina



Nikki Haley GOVERNOR
Christian L. Saura INTERIM DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

February 6, 2015
MB# 15-005

MEDICAID BULLETIN

TO: Applicants for Enrollment as Rehabilitative Behavioral Health Services (RBHS) Providers

SUBJECT: RBHS Provider Enrollment Moratorium

Effective immediately the South Carolina Department of Health and Human Services (SCDHHS) is imposing a moratorium on the enrollment of Rehabilitative Behavioral Health Services providers. On February 5, 2015, SCDHHS received concurrence from the Centers for Medicare and Medicaid Services (CMS) to exercise the agency's authority under Section 1902 of the Social Security Act and regulations at 42 CFR 455.470 to impose this moratorium.

Any pending or new provider applications subject to the moratorium will be denied. Application fees will be refunded for affected entities that filed applications prior to the date of this bulletin.

SCDHHS will provide subsequent notice regarding the status of the moratorium.

Please contact the Provider Service Center at (888) 289-0709 for any questions regarding this moratorium.

/s/
Christian L. Saura
Interim Director

Jimmy Guess

From: "Jimmy Guess" <jimmyguess@bellsouth.net>
Date: Wednesday, February 11, 2015 12:26 PM
Subject: Fw: 643EHR2NEIE8JPB SC DHHS Provider Enrollment Status Change

From: no-reply@scdhhs.gov
Sent: Saturday, February 07, 2015 8:46 AM
To: jimmyguess@bellsouth.net
Subject: 643EHR2NEIE8JPB SC DHHS Provider Enrollment Status Change

South Carolina Department of Health & Human Services

Date: 02/07/15

GUESS COMMUNITY SERVICES, INC.
3497 Main Highway
Bamberg, SC, 29003-1866

Reference #: 643EHR2NEIE8JPB

Dear Provider:

South Carolina Medicaid Provider Enrollment received and reviewed your Medicaid enrollment application. We have denied your application for the following reason:

Additional Note for provider: Effective immediately the South Carolina Department of Health and Human Services (SCDHHS) is imposing a moratorium on the enrollment of Rehabilitative Behavioral Health Services providers. On February 5, 2015, SCDHHS received concurrence from the Centers for Medicare and Medicaid Services (CMS) to exercise the agency's authority under Section 1902 of the Social Security Act and regulations at 42 CFR 455.470 to impose this moratorium. The application fee will be refunded. SCDHHS will provide subsequent notice regarding the status of the moratorium. Please contact the Provider Service Center at (888) 289-0709 for any questions regarding this moratorium.

You have the right to appeal a denial of enrollment in the Medicaid program, in accordance with the appeals policy established under State Regulations Chapter 126 Article 1, Subarticle 3. The written request for a hearing should be sent to:

Division of Appeals and Hearings
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

If you have any questions or need information, please contact Medicaid Provider Enrollment at (888)289-0709, Option 4.

2/11/2015

Sincerely,

Medicaid Provider Enrollment

Medicaid Claims Control System
Medicaid Provider Enrollment
P.O. Box 8809 - Columbia, South Carolina 29202-8809
(888) 289-0709 FAX (803) 870-9022

Denial Letter
092012

Confidentiality Notice

This message is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, privileged, confidential or otherwise legally exempt from disclosure.

If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately either by phone (800-237-2000) or reply to this e-mail and delete all copies of this message.

2/11/2015

STROM
LAW FIRM L.L.C.
2110 BELTLINE BOULEVARD, SUITE A
COLUMBIA, SOUTH CAROLINA 29204

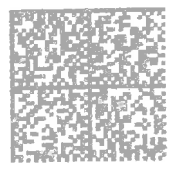
RECEIVED

MAR 09 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Christina Soura
South Carolina DHHS
Division of Appeals and Hearings
PO Box 8206
Columbia, SC 29202-8206

292028206 B044



UNITED STATES POSTAGE
PINEY BOWERS
\$000.69
02 1P
000649794 MAR 06 2015
MAILED FROM ZIP CODE 29204

Log # 200 ✓


Brenda James

From: Annie McCanne
Sent: Tuesday, April 14, 2015 8:25 AM
To: Libby Powers; Brenda James
Subject: RE: Log Letter 000200 - Outstanding

I do have this. I forwarded this on to Ann-Marie's area.

I'll talk to Ann-Marie and Shealy to determine if we should draft a response or just close with the hearing date and information.

Thanks,
Annie

Annie McCanne
Administrative Coordinator
MCCANNE@scdhhs.gov
803.898.0178
1801 Main Street
Columbia, South Carolina - 29201
www.scdhhs.gov




Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

From: Libby Powers
Sent: Monday, April 13, 2015 4:52 PM
To: Brenda James
Cc: Annie McCanne
Subject: RE: Log Letter 000200 - Outstanding

I believe so. I brought the original up to be re-logged a day when you were headed out to an appointment and you were going to re-log to Pete the next day.

Annie should have the blue original.

Annie can you confirm?

Thanks.

Libby Powers
Administrative Coordinator
Powersl@scdhhs.gov



803.898.1035
1801 Main Street
Columbia, SC - 29201
www.scdhhs.gov



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From: Brenda James
Sent: Monday, April 13, 2015 4:44 PM
To: Libby Powers
Cc: Annie McCanne; Shealy Reibold
Subject: RE: Log Letter 000200 - Outstanding

Is Annie aware of this yet? bj

Brenda James
Administrative Coordinator I
JAMESBR@scdhhs.gov
803.898.2580
1801 Main Street Suite 1100
Columbia, SC - 29201
www.scdhhs.gov



Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

From: Libby Powers
Sent: Monday, April 13, 2015 4:24 PM
To: Brenda James
Cc: Annie McCanne; Shealy Reibold
Subject: Log Letter 000200 - Outstanding

Brenda,

This log letter was reassigned to Pete's area, although the case is being handled in Appeals.

Thanks.

Libby Powers

Administrative Coordinator

Powersl@scdhhs.gov

803.898.1035

1801 Main Street

Columbia, SC - 29201

www.scdhhs.gov



Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

Close Log 200 ✓

Annie McCanne

From: Ann-Marie Dwyer, MSW, LISW-CP
Sent: Thursday, April 30, 2015 2:14 PM
To: Annie McCanne; Shealy Reibold
Subject: RE: Log 200

It makes sense to me to close it as it is in appeal but I defer to Shealy as the legal eagle.
Thanks all,

Ann-Marie Dwyer, MSW, LISW-CP

Director, Behavioral Health

AnnMarie.Dwyer@scdhhs.gov

803.898.2565

1801 Main Street

Columbia, SC - 29223

www.scdhhs.gov



Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

From: Annie McCanne
Sent: Thursday, April 30, 2015 1:41 PM
To: Shealy Reibold; Ann-Marie Dwyer, MSW, LISW-CP
Subject: Log 200

See attached. Would it be appropriate to close this log due to the on-going appeal or do we need to send a written response?

Thanks,
Annie

Annie McCanne

Administrative Coordinator

MCCANNE@scdhhs.gov

803.898.0178

1801 Main Street

Columbia, South Carolina - 29201

www.scdhhs.gov



Annie McCanne

From: Shealy Reibold
Sent: Thursday, April 30, 2015 3:57 PM
To: Annie McCanne
Subject: RE: Log 200

We have it down here; it is scheduled for a hearing on 5/13.

I don't know there is any reason to keep a log letter open for a response unless the director would like to send one.

Shealy Reibold

Program Manager, Division of Appeals and Hearings

REIBOLD@scdhhs.gov

803.898.2792

1801 Main Street

Columbia, SC - 29202

www.scdhhs.gov



Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

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Sent: Thursday, April 30, 2015 1:41 PM
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Subject: Log 200

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Thanks,
Annie

Annie McCanne

Administrative Coordinator

MCCANNE@scdhhs.gov

803.898.0178

1801 Main Street

Columbia, South Carolina - 29201

www.scdhhs.gov



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Relog from Hutto to Liggett... in attached notes. RM 3-17-15.

| | |
|----------------------------|-----------------------|
| TO <i>Liggett/Dwyer</i> | DATE <i>3-9-15</i> |
|----------------------------|-----------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|--|
| 1. LOG NUMBER <i>000200</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
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|--|---------|---|--|
| 1. <i>Spoke w/ Shealy - cannot be answered by 3/18 if is an ongoing appeal</i> | | | <p>RECEIVED</p> <p>MAR 17 2015</p> <p>Department of Health & Human Services Eligibility, Enrollment & Member Services</p> |
| 2. | | | |
| 3. | | | <p><i>close log - see emails from Ann-Maree and Shealy. (initials)</i></p> |
| 4. | | | |

15-0190
Alex
Shissias
- ongoing appeal -
(Pex's area)

J. P. STROM, JR. P.A.
MARIO A. PACELLA*
JOHN R. ALPHIN
BAKARI T. SELLERS
JESSICA H. LERER
ALEXANDRA BENEVENTO
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BRUNSWICK, GEORGIA

PHONE: 803.252.4800
FAX: 803.252.4801
TOLL FREE: 888.490.2847
WWW.STROMLAW.COM

March 5, 2015

* ALSO ADMITTED IN GA. AND N.Y.
† OF COUNSEL

South Carolina Department of Health and Human Services
Division of Appeals and Hearings
PO Box 8206
Columbia, SC 29202-8206

Re: Notice of Appeal In the Matter of Guess Community Services, Inc.
Reference #: 643EHR2NEIE8JPB
Medicaid Claims Control System
Medicaid Provider Enrollment

To Whom It May Concern,

Please allow this letter to serve as Guess Community Services, Inc.'s notice, through his undersigned counsel of record, of Appeal in the above-referenced matter.

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Provider has the ability to appeal this denial of enrollment in the Medicaid program in accordance with appeals policy established under State Regulations chapter 126 Article 1, Subarticle 3.

Please find enclosed the letter denying the Medicaid enrollment application and a Certificate of Service to Christian L. Soura, Director of South Carolina Department of Health and Human Services.

Respectfully Submitted,



Bakari Sellers

**THE STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT**

Guess Community Services, Inc.)
)
 Petitioner,)
)
 vs.)
)
The South Carolina Department of)
Health and Human Services,)
Medicaid Claims Control System)
Medicaid Provider Enrollment)
)
 Respondent.)
)
_____)

DOCKET NO.: ____ALC ____-____

CERTIFICATE OF SERVICE

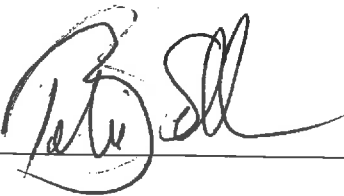
The undersigned employee of Strom Law Firm, LLC does hereby certify that he/she has served a copy of the below referenced document(s) in the above captioned case on the below referenced individual(s), entity by depositing the same by first class postage in the United States Mail on the 6th day of March, 2015.

Documents:

Notice of Appeal from a Final Agency Order

Parties Served:

Christian Soura
South Carolina Department of Health and Human Services
Division of Appeals and Hearings
PO Box 8206
Columbia, SC 29202-8206



Columbia, South Carolina

SOUTH CAROLINA

Healthy Connections
MEDICAID

Nikki Haley GOVERNOR
Christian L. Saura INTERIM DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

February 6, 2015
MB# 15-005

MEDICAID BULLETIN

TO: Applicants for Enrollment as Rehabilitative Behavioral Health Services
(RBHS) Providers

SUBJECT: RBHS Provider Enrollment Moratorium

Effective immediately the South Carolina Department of Health and Human Services (SCDHHS) is imposing a moratorium on the enrollment of Rehabilitative Behavioral Health Services providers. On February 5, 2015, SCDHHS received concurrence from the Centers for Medicare and Medicaid Services (CMS) to exercise the agency's authority under Section 1902 of the Social Security Act and regulations at 42 CFR 455.470 to impose this moratorium.

Any pending or new provider applications subject to the moratorium will be denied. Application fees will be refunded for affected entities that filed applications prior to the date of this bulletin.

SCDHHS will provide subsequent notice regarding the status of the moratorium.

Please contact the Provider Service Center at (888) 289-0709 for any questions regarding this moratorium.

/s/

Christian L. Saura
Interim Director



Jimmy Guess

From: "Jimmy Guess" <jimmyguess@bellsouth.net>
Date: Wednesday, February 11, 2015 12:26 PM
Subject: Fw: 643EHR2NEIE8JPB SC DHHS Provider Enrollment Status Change

From: no-reply@scdhhs.gov
Sent: Saturday, February 07, 2015 8:46 AM
To: jimmyguess@bellsouth.net
Subject: 643EHR2NEIE8JPB SC DHHS Provider Enrollment Status Change

South Carolina Department of Health & Human Services

Date: 02/07/15

GUESS COMMUNITY SERVICES, INC.
3497 Main Highway
Bamberg, SC, 29003-1866

Reference #: 643EHR2NEIE8JPB

Dear Provider:

South Carolina Medicaid Provider Enrollment received and reviewed your Medicaid enrollment application. We have denied your application for the following reason:

Additional Note for provider: Effective immediately the South Carolina Department of Health and Human Services (SCDHHS) is imposing a moratorium on the enrollment of Rehabilitative Behavioral Health Services providers. On February 5, 2015, SCDHHS received concurrence from the Centers for Medicare and Medicaid Services (CMS) to exercise the agency's authority under Section 1902 of the Social Security Act and regulations at 42 CFR 455.470 to impose this moratorium. The application fee will be refunded. SCDHHS will provide subsequent notice regarding the status of the moratorium. Please contact the Provider Service Center at (888) 289-0709 for any questions regarding this moratorium.

You have the right to appeal a denial of enrollment in the Medicaid program, in accordance with the appeals policy established under State Regulations Chapter 126 Article 1, Subarticle 3. The written request for a hearing should be sent to:

Division of Appeals and Hearings
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

If you have any questions or need information, please contact Medicaid Provider Enrollment at (888)289-0709, Option 4.

2/11/2015

Sincerely,

Medicaid Provider Enrollment

Medicaid Claims Control System
Medicaid Provider Enrollment
P.O. Box 8809 - Columbia, South Carolina 29202-8809
(888) 289-0709 FAX (803) 870-9022

Denial Letter
092012

Confidentiality Notice

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If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately either by phone (800-237-2000) or reply to this e-mail and delete all copies of this message.

2/11/2015

STROM
LAW FIRM L.L.C.

2110 BELTLINE BOULEVARD, SUITE A
COLUMBIA, SOUTH CAROLINA 29204

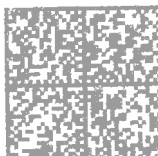
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