

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singletary/FOIA</i>	<i>6-23-10</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>3011504</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Stenoland, Myers, Waldrep</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
	<i>Checked 8/18/10, letter attached.</i>	<input checked="" type="checkbox"/> FOIA	DATE DUE <i>7-8-10</i>
		<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.			

Marie Brown - Fwd: Received Fax From: 4047600225

From: Vicki Johnson
To: Deirdra Singleton
Date: 6/21/2010 12:09 PM
Subject: Fwd: Received Fax From: 4047600225
Attachments:

RECEIVED

JUN 23 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Deirdra,

Please advise how I should proceed.

Thank you,
Vicki

>>> Ernestine Staley 6/21/2010 12:03 PM >>>

Your assistance is needed in reviewing and responding to this FOIA. Thanks.

Ernestine J. Staley
SCDHHS/Bureau of Administrative Services
Division of Contracts
Ph:(803) 898-2642 FAX: 255-8212
email: staley@scdhs.gov

JOYCE THRASHER KAISER & LISS, LLC

ATTORNEYS AT LAW

FIVE CONCOURSE PARKWAY

SUITE 2350

ATLANTA, GEORGIA 30328

404-760-6000 • (F) 404-760-0225

FACSIMILE TRANSMITTAL SHEET

TO:

Ernestine Staley

FROM:

Kristofer Schleicher

COMPANY:

SC Dept. of Health & Human Services

DATE:

6/18/2010 6:04:49 PM

FAX NUMBER:

803-255-8212

TOTAL NO. OF PAGES INCLUDING COVER:

3

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

2855.001

RE:

FOIA request

YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTE(S)/COMMENTS:

(0004308)

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Of Counsel
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ksd@schleichner@jtklaw.com

June 18, 2010

*Via Regular U.S. Mail and
Facsimile Transmission
To (803) 255-5212*

Ms. Ernestine Staley
Director, Division of Contracts
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

FREEDOM OF INFORMATION REQUEST

Dear Ms. Staley or other Custodian of Records:

Please make the following information available for inspection and copying pursuant to South Carolina Code § 30-4-30:

1. All notices of termination of contracts or suspensions of services for Medicaid Home and Community Based Waiver Service providers issued by the Department in the past five years.
2. All documents showing providers of Medicaid Home and Community Based Waiver Services whose audits resulted in a finding of deficiencies or non-compliance related to the procurement and maintenance of updated physicians orders.
3. All documents showing whether any sanctions or corrective action resulted from providers of Medicaid Home and Community Based Waiver Services failing to procure and maintain updated physicians orders every ninety (90) days.
4. All documents showing the disposition of appeals of suspensions or terminations of contracts (or certain services under contracts) for Medicaid Home and Community Based Waiver Services providers for the past five years.

Ms. Ernestine Staley
Columbia, South Carolina
June 18, 2010
Page 2

5. All aggregate reports and summaries showing (a) the number or types of deficiencies found in audits of providers of Medicaid Home and Community Based Waiver Services; or (b) the grounds for imposition of corrective actions or sanctions against such providers as the result of audits; or (c) the types of sanctions and corrective actions imposed by the Department on providers of Medicaid Home and Community Based Waiver Services.

Thank you in advance for your cooperation.

Sincerely,

JOYCE, THRASHER, KAISER & LISS, LLC

Kristofer R. Schleicher

KRS:jm



Doc #000504

August 18, 2010

Kristofer R. Schleicher, Esquire
Joyce Thrasher Kaiser & Liss, LLC
Five Concourse Parkway
Suite 2350
Atlanta, Georgia 30328

RE: Freedom of Information Request
Control #: 000504

Dear Mr. Schleicher:

This will confirm our telephone conversation in reference to your Freedom of Information request. Based on the Agency's review of your request, we estimated that approximately 100 hours of time, at Ten Dollars (\$10) per hour, would be required to review all the files that potentially contain information related to your request. The majority of the time is related to your request numbers 2, 3 and 5 which had no time limitation. These were the requests for:

2. All documents showing providers of Medicaid Home and Community Based Waiver Services whose audits resulted in a finding of deficiencies or non-compliance related to the procurement and maintenance of updated physicians orders.
3. All documents showing whether any sanctions or corrective action resulted from providers of Medicaid Home and Community Based Waiver Services failing to procure and maintain updated physicians orders every ninety (90) days.
5. All aggregate reports and summaries showing (a) the number or types of deficiencies found in audits of providers of Medicaid Home and Community Based Waiver Services; or (b) the grounds for imposition of corrective actions or sanctions against such providers as the result of audits; or (c) the types of sanctions and corrective actions imposed by the Department on providers of Medicaid Home and Community Based Waiver Services.

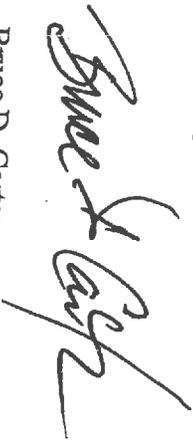
As we discussed, the Department's records are not filed by these categories and would require us to review individual provider files to determine if responsive documents are present. For cases or audits beyond the five year time frame set out in the other requests, this would involve retrieving archived files and reviewing them.

This confirms that we have agreed to impose the five year time frame on all five requests. I will be back in touch with you by the end of this week to discuss a time estimate and volume with you for these requests. Additionally, this will confirm that you have requested that the Department provide you with copies of any and all documents it intends to make use of in the upcoming

hearing on Guardian Angel and I have noted that in my file.

Thank you for your assistance and cooperation in this matter, along with your patience. I look forward to talking to you further about this matter once we have been able to provide you the requested information. If you have questions or I can be of any further assistance, please contact me at 803-898-2793 or at carterbd@scdhhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce D. Carter". The signature is fluid and cursive, with the first name "Bruce" being the most prominent.

Bruce D. Carter

Assistant General Counsel