

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mifers</i>	DATE <i>3-10-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>000456</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>3-20-08</i>	
2. DATE SIGNED BY DIRECTOR  <i>Cleand 3/25/08, letter attached. ✓</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.			

# MUSC

## INSTITUTE OF PSYCHIATRY

Youth and Family Services  
Psychiatry North  
9225 University Blvd • Unit E2A  
North Charleston • SC 29406

Ph (843) 553-0816  
Fax (843) 572-6509

February 20, 2008

**RECEIVED**

MAR 07 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**RECEIVED**

HEALTH & HUMAN  
SERVICES

FEB 26 2008

PREVENTIVE & ANCILLARY  
HEALTH SERVICES

Ms. Karen Wright

Program Manager

Department of Health and Human Services

1801 Main St.

Columbia, SC 29202-8206

*Log. Files*  
*Appeal sign.*

Dear Ms. Wright:

As per our telephone conversation I am sending this letter as a written request to my inquiry. As I do not have written permission to disclose client demographics I am maintaining their confidentiality and submitting my inquiry in general terms. At my earliest opportunity I will seek a release of information from my client and encourage them to submit their experience and concerns in writing to your office.

I am working with a family who travels from Florence to Charleston for non-emergency services at our clinic. Due to transportation issues the family has been using the transportation services from Logisti Care to attend appointments. There have been countless problems with using Logisti Care as reported by my client to include: on several occasions the driver arriving late causing the client to be tardy or miss their

scheduled appointment with our clinic entirely; driver arriving late to pick up clients following their appointment even when the client was the only rider i.e. appointment ended and clinic closes at 6:00 PM and client was not picked up for approximately 45 minutes; drivers requesting the client to sign traveler voucher regardless if client was picked up on time or arrived in time for their appointment; and allegations of sexual harassment by a driver while utilizing their services.

My client is committed to their care and faces multiple obstacles to attend appointments including finances, reliable transportation and outside support; thus they were highly dependent on the transportation provided by Logisti Care. It became increasingly difficult for my client to work within the flawed system set up by Logisti Care and obtain consistent treatment. My client diligently worked to find family members who could assist and transport them to their appointments so that they would not have to deal the frustration and vulnerability of working with Logisti Care's van service. Fortunately, my client was able to find someone to assist them with driving and obtained the reimbursement travel voucher from Logisti Care so that they would be reimbursed for scheduled trips to Charleston for their appointments. My client was able to attend one appointment with no problems.

However, on a second trip to Charleston to attend a scheduled appointment my client stated she took the wrong exit and arrived 45 minutes late for their appointment. I was unable to see the client for that scheduled hour as a client is considered late 10 minutes past their appointment time. The client presented me with the reimbursement

travel voucher for a signature as printed on the form as being required by a doctor or a clinician. After consultation with my supervisor and clarification of Logisti Care's policy, I informed the client I was unable to sign the voucher as no services were provided. The client was very distraught as they had made the effort to arrive at the clinic for their appointment.

Although the client understood they would not be able to be seen at that appointment hour, they were in need of reimbursement for the gas that had been used by their family member's vehicle. Fortunately on the day in question, I had a cancellation and was able to accommodate my client with an appointment and sign the voucher as services were rendered. I have contacted Logisti Care on several occasions and clearly informed of the policy regarding the reimbursement travel voucher: If no services are rendered to a client because the client is not attending their appointment, no show or late arrival, then neither signature nor reimbursement is provided. Considering the experience my client has endured with the van service including the client signing the driver's voucher regardless if the driver arrived in time for services to be provided or not for the client seems contradictory.

In an effort to assist my client navigate through this process I was able to meet with her along with my immediate supervisor, director of outpatient care and the administrator for the Institute of Psychiatry. In this meeting we were able to differentiate between therapeutic versus logistics issues. Logisti Care's performance and policy clearly is in question and impedes on my client's continued participation in treatment. My client

stated in this meeting that she had spoken with you as a representative from Medicaid and you were aware of the difficulties and challenges with Logisti Care they have been facing over the past six months. Per your request my client stated you would like her to write a letter documenting the concerns, problems, and obstacles they have endured with Logisti Care.

My client indicated her intention is to provide such a letter when time permits. I  
submit this correspondence in an effort to assist my client coordinate reliable transportation services where reimbursement allowances are considered on a case by case basis if my client makes the commitment to drive from Florence to Charleston and encounters traffic, vehicle problems or illness and is late or misses scheduled appointment time due to circumstances out of their control. I would not advocate for this to be the standard of practice but definitely encourage Logisti Care and Medicaid to consider exceptions. At this time, as the treating clinician I am unable to make these exceptions based on the current reimbursement voucher and compliance. With your assistance I am hopeful we can gain clarity and flexibility with this program and provide consistent services to my client without interruption or unnecessary hardship. If you have any questions or require additional information I can be contacted at (843) 553-0816.

Best Regards,



LMFT-1 LPC-1

Karen L. Brown, LMFT-1, LPC-1

## **Memorandum**

**To:** Shirley W. Carrington  
Program Coordinator II

**From:** Karen L. Wright  
Program Coordinator I



**Date:** February 26, 2008

**Re:** Beneficiary Needs Assistance/Written Response

I have spoken to this person writing this letter and asked them to put the request in writing. This is the lady with the mileage question regarding actual distance versus standard issue mileage distance. This correspondence needs a response. Please advise.



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Erma Forkner  
Director

March 25, 2008

Ms. Karen L. Brown, Clinician  
Medical University of South Carolina  
Institute of Psychiatry  
Youth and Family Services, Psychiatry North  
9225 University Boulevard, Unit E2A  
North Charleston, South Carolina 29406

Dear Ms. Brown:

Thank you for your letter dated February 20, 2008, regarding transportation services being furnished for Medicaid beneficiaries for appointments to your facility. We regret the unfortunate incidents that you reported and appreciate the opportunity to be of assistance in this matter. South Carolina Department of Health and Human Services (SCDHHS) works closely with the transportation brokers to ensure that reliable transportation services are provided in a timely manner.

SCDHHS has contacted LogistiCare, as the responsible regional transportation broker to review and address the concerns you reported. Ms. Cindy Franklin, Operations Director for LogistiCare, reported that she has spoken directly with you regarding this matter. She indicated that she has explained why these incidents occurred and has developed a plan of action to ensure similar incidents do not occur in the future. Logisticare has agreed to closely monitor transportation service for Medicaid beneficiaries accessing your facility to ensure timely pick-ups.

As follow-up, SCDHHS transportation staff will review the actions of Logisticare's management to ensure that acceptable transportation services are delivered as requested and a resolution is implemented with the service providers. You can expect the broker to take the action required to ensure adequate transportation is being furnished to Medicaid beneficiaries.

If your consumers receiving Medicaid benefits experience any further difficulty with transportation services, please contact Mr. MulMin AbdulRazaq, Transportation Program Coordinator, at (803) 898-2655. Thank you for your participation in the Medicaid program and for providing these valuable services.

Sincerely,

Felicity Myers  
Deputy Director

FM/mk

#456  
✓