

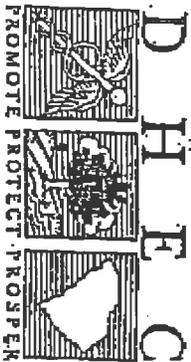
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Burling IA IA	7-17-06

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000098	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Singlehan, Stansland Cland 7/21/06, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE 7-31-06
		<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.			



# FAX MESSAGE

South Carolina Department of Health  
and Environmental Control

*Log - Bowling*  
*"F-03A"*

*cc: Singleton*  
*Stensland*

Number of Pages Including Cover Sheet: 2

Date: 7/17/06

Please Deliver This Fax Message To:

**RECEIVED**

TO: Bygone Coast

JUL 17 2006

(Name) D.H.H.S

(Organization/Department) 255-8235

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

(803) 898-2865

(Fax Number)

( ) 898-2865

(Phone Number)

FROM: Paul Was

Bureau of Water, SCDHEC  
Fax #: (803) 898-3795

Phone #: ( ) 898-4181

SUBJECT/COMMENTS: Please call if you have questions  
thank you

Paul Was

July 17, 2006

**RECEIVED**

JUL 17 2006

Bryan Kost  
Department Of Health and Human Services  
P.O. Box 8206  
Columbia, S.C. 29292-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Care Call Report  
Alice H. Wise  
134 Welsh Court  
Lexington, S.C.  
Phone 803-356-3162

Dear Mr. Kost,

Pursuant to the Freedom of Information Act, I am requesting the Care Call Report for services provided to Alice Wise by Brianna Floyd, employee of Carolina Health Care, for the period from April 1, 2006 through May 5, 2006.

Please call me at 898-4181 if you have questions related to this request.

Thank you

*Paul F. Wise*

Paul F. Wise  
134 Welsh Court  
Lexington, SC 29073



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

TO:  
FROM:  
SUBJECT: Cost of Processing FOIA Request

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

Please remit the above amount to the following address:

Bureau of Fiscal Affairs  
South Carolina Department of Health and Human Services  
Post Office Box 8355  
Columbia, South Carolina 29202-8355

Please contact \_\_\_\_\_ should you have any questions.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Finance and Administration  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2503 Fax (803) 898-4515



State of South Carolina  
Department of Health and Human Services

Log #98  
✓

Mark Sanford  
Governor

Robert M. Kerr  
Director

July 21, 2006

Mr. Paul F. Wise  
134 Welsh Court  
Lexington, South Carolina 29073

Dear Mr. Wise:

We received your faxed request for the Care Call Report listing the services provided to Alice Wise by Brianna Floyd, employee of Carolina Health Care, covering the period April 1, 2006 through May 5, 2006. The enclosed report provides the information you requested.

If you have further questions or concerns, please contact Debora Carter at (803) 898-2590.

Sincerely,

*Susan B. Bowling*  
Susan B. Bowling  
Deputy Director

SBB/wsk

Enclosures

# Client Activity Report

July 19, 2006 12:08:59PM

Page 1 of 2

Date Range: 4/1/2006 to 5/5/2006

Total Records Returned: 11

Filtered By: Date Range, CLTC#, Provider ID, Worker ID

Area: All

Sorted By:

Case Manager: Melissa Tuten

Client: Wise, Alice

CLTC#: 0543491

Claim #	Date of Service	Worker Name	Worker ID #	CLTC#	Provider Name	Provider ID	Auth Service	Service Performed	Check In	Check Out	Total Units	Auth Units	Billable Units	Total Payment (\$)	Exception Code(s)
I06042003749	04/20/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040		PC2	9:03 am	9:09 am	0.1	0.0	0.0	0.00	A1
I06042401839	04/24/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040		PC2	7:46 am	9:13 am	1.5	0.0	0.0	0.00	A1
I06042404024	04/24/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040		PC1	9:14 am		0.0	0.0	0.0	0.00	A1
I06042502112	04/25/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040	PC2	PC2	7:57 am	9:55 am	2.0	2.0	2.0	25.60	
I06042505108	04/25/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040	PC1	PC1	9:57 am	10:47 am	0.9	1.0	0.9	9.09	D
I06042601593	04/26/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040	PC2	PC2	7:32 am	9:33 am	2.1	2.0	2.0	25.60	E
I06042604571	04/26/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040	PC1	PC1	9:35 am	10:34 am	1.0	1.0	1.0	10.10	
I06050101792	05/01/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040	PC1	PC1	7:46 am	8:46 am	1.0	1.0	1.0	10.10	
I06050103381	05/01/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040	PC2	PC2	8:48 am	10:36 am	1.8	2.0	1.8	23.04	D
I06050301788	05/03/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040	PC1	PC1	7:42 am	8:46 am	1.1	1.0	1.0	10.10	E
I06050402313	05/04/2006	B Floyd	00404245	0543491	Carolina Health Care	EX0040	PC1	PC1	8:02 am	8:53 am	0.9	1.0	0.9	9.09	D
<b>Client Totals:</b>											<b>12.4</b>	<b>11.0</b>	<b>10.6</b>	<b>122.72</b>	<b>8</b>

<b>Case Manager Total:</b>	<b>12.4</b>	<b>11.0</b>	<b>10.6</b>	<b>122.72</b>	<b>8</b>
<b>Area Total:</b>	<b>12.4</b>	<b>11.0</b>	<b>10.6</b>	<b>122.72</b>	<b>8</b>

Exception Code Definitions	
CODE	DEFINITION
A1	No Authorization To Match Service Delivery
A2	Service Not Performed
B	Non-Authorized Service Period
C1	No CheckIN but CheckOUT exists
C2	No CheckOUT but CheckIN exists
D	Daily Units Provided Less Than Units Authorized
E	Daily Units Provided Exceed Units Authorized
F	Authorized Units Is Greater Than Actual Units
G1	CheckIN and CheckOUT Phone Numbers Do Not Match Authorized
G2	CheckOUT Phone Number Does Not Match Authorized
G3	CheckIN Phone Number Does Not Match Authorized
I1	Worker Entered Is Not Listed to Perform Service
I2	Authorized Worker ID Not Equal To Actual Worker ID
I3	Provider Entered Is Not Listed to Perform Service