

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling/FOIA</i>	<i>6-26-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000797	I Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>cc: Singleton, Stensland cleared 7/9/07, letter attached</i>	I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7-11-07</i>	
		<input type="checkbox"/> Necessary Action	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

JUN 25 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Freedom of Information Request
Robert Kerr, Director
Dept. of Health & Human Services
P.O. Box 8206
1801 Main St.
Columbia, SC 29202-8206

Eric Frahm
1228CR 200N
Pesotum, IL 61863

To whom it may concern:

This is a formal Freedom of Information request. What type of Medicaid Waiver for Self-Directed Care is in effect for your state? For example demonstration waiver, no waiver, 1915c, new freedom initiative, waiver being processed, etc.

1. What population does the waiver cover? Developmentally Disabled, Elderly, etc
2. What is the expiration date for each waiver?
3. What are the names and addresses of Fiscal Intermediaries or Fiscal Agents who are contracted to provide payroll and payment services for waiver recipients?
4. What are the rates each Fiscal Intermediary / Fiscal agent currently charging?

Thank you for your help. If you have any questions or problems please call me at 217-867-2383 or email at ejfrahm@gmail.com.

Sincerely,



Eric Frahm, Consultant

Log: Bowling/
Waldrop
FOIA
C. Singleton
app. own



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:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

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) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

July 9, 2007

797

Mr. Eric Frahm, Consultant
1228 County Road 200 North
Pesotum, Illinois 61863

Dear Mr. Frahm:

We appreciate your interest in the South Carolina Medicaid home and community-based waiver programs. In response to your inquiry, enclosed is a summary of the 1915(c) waivers that have self-directed care options. Thank you for the opportunity to provide this information.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Acting Director

SBB/wsk

Enclosure

Office of the Director
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2504 • Fax (803) 255-8235

G:\WP51\Mr Eric Frahm-CLTC.doc
Rev. 03/1/2003

South Carolina Home and Community-Based Waiver Self-Directed Care Options

Name of Waiver: Community Choices

Type of Waiver: 1915(c)

Population served: Elderly and Disabled

Expiration Date: 06/30/2011

Name & Address of Fiscal Intermediary:

First Data Government Solutions (FDGS)

11311 Cornell Park Dr., Suite 300

Cincinnati, OH 45242

(Note: FDGS subcontracts with Acumen, P. O. Box 539, Orem, UT 84059-0539 to provide the service)

Rates for Fiscal Intermediary: \$36.00/month per participant

Other information: Self-directed care is an option in the Community Choices waiver. A participant enrolling in this waiver may choose all agency services, some self-directed care, or complete self-directed care.

Name of Waiver: Ventilator Dependent

Type of Waiver: 1915(c)

Population served: Clients age 21 and older dependent on mechanical ventilation

Expiration Date: 11/30/2008

Name & Address of Fiscal Intermediary:

First Data Government Solutions (FDGS)

11311 Cornell Park Dr., Suite 300

Cincinnati, OH 45242

(Note: FDGS subcontracts with Acumen, P. O. Box 539, Orem, UT 84059-0539 to provide the service)

Rates for Fiscal Intermediary: \$36.00/month per participant

Other information: The attendant care service in the waiver allows for self-directed care.

Name of Waiver: HIV/AIDS

Type of Waiver: 1915(c)

Population served: Clients diagnosed with HIV and/or AIDS of any age

Expiration Date: 09/30/2011

Name & Address of Fiscal Intermediary:

First Data Government Solutions (FDGS)

11311 Cornell Park Dr., Suite 300

Cincinnati, OH 45242

(Note: FDGS subcontracts with Acumen, P. O. Box 539, Orem, UT 84059-0539 to provide the service)

Rates for Fiscal Intermediary: \$36.00/month per participant

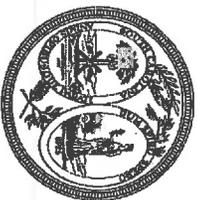
Other information: The attendant care service in the waiver allows for self-directed care.

South Carolina Home and Community-Based Waiver Self-Directed Care Options

Name of Waiver: Head and Spinal Cord Injury (HASCI)
Type of Waiver: 1915(c)
Population served: Head and spinal cord injured
Expiration Date: 6/30/2008
Name & Address of Fiscal Intermediary:
Jasper County Disabilities and Special Needs Board
P.O. Box 747
Ridgeland, SC 29936
843-726-4499
Rates for Fiscal Intermediary: Contact Tom Waring
SC Department of Disabilities and Special Needs (803-898-9792)
Other information: The attendant care service in the HASCI waiver allows for hiring and supervisory authority, but not budget authority.

Name of Waiver: Pervasive Developmental Disorder (PDD)
Type of Waiver: 1915(c)
Population served: Children with autism
Expiration Date: 12/31/2010
Name & Address of Fiscal Intermediary:
Jasper County Disabilities and Special Needs Board
P.O. Box 747
Ridgeland, SC 29936
843-726-4499
Rates for Fiscal Intermediary: To be determined
Other information: The PDD waiver was implemented 1/1/07. There is a self-directed care option planned for the waiver in year two. The service will allow for hiring and supervisory authority, but not budget authority.

Name of Waiver: Mental Retardation/Related Disability (MR/RD)
Type of Waiver: 1915(c)
Population served: Individuals with mental retardation or a related disability
Expiration Date: 09/30/2009
Name & Address of Fiscal Intermediary:
Jasper County Disabilities and Special Needs Board
P.O. Box 747
Ridgeland, SC 29936
843-726-4499
Rates for Fiscal Intermediary: Contact Tom Waring
SC Department of Disabilities and Special Needs (803-898-9792)
Other information: The attendant care service in the MR/RD waiver allows for hiring and supervisory authority, but not budget authority.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO: Eric Frahm
FROM: George Maky
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	3.5	Hours	\$ 35.00
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:			\$ _____
Total Amount Due SCDHHS:			\$ 35.00

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact George Maky should you have any questions.

Signature  Date: July 6, 2007