

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton	11-5-07

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	000245	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 11-13-07	
2. DATE SIGNED BY DIRECTOR	cc: Myers, Quintan, Krst	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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>Cleared on 11/13/07 letter attached</i>			
2.			
3.			
4.			

Dennis Carroll Moss  
District No. 29 - Cherokee-Chester-  
York Counties  
306 Silver Circle  
Gaffney, SC 29340



Committee:  
Medical, Military, Public  
and Municipal Affairs  
422-A Blatt Building  
Columbia, SC 29211  
E-Mail: MossD@schouse.org  
Tel. (803) 734-3073

House of Representatives

State of South Carolina

RECEIVED

NOV 05 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Emma Forkner  
Director, Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Log: Sinden  
C: Myers  
Quinton  
"du, Mrs" not

Dear Mrs. Forkner,

I trust you are enjoying your new position as Director of Health And Human Services and wish you the best.

I am interested in information concerning Non-Emergency Medicaid Transportation and would appreciate your efforts to have your staff promptly, within 7 days, forward to me the following:

1. All mandatory performance reports from the transportation brokers to DHHS, including the complaint summary report AND all transportation services-summary reporting, and others as required in the contract. Please include the dates these were received by DHHS.
  2. The final "SCDHHS specific quality insurance plan", which was due within 10 days of award notification. Please include the date accepted by DHHS.
  3. The date of completion of the "vehicle inspection plan and insurance verification program" for the vehicles being used on May 1st, 2007. Please include the dates inspected, and the date the inspection report was accepted by DHHS. Please include the information required in section 8.2 of the RFP.
  4. All monthly report cards issued by DHHS on the brokerage companies, beginning with the June 31, 2007 report cards, and the dates accepted by DHHS.
  5. A copy of the "disaster recovery plans", also possibly known as the disaster or contingency plan, for loss of Medicaid non-emergency transportation service. Please include the date these plans were accepted by DHHS.
  6. A copy of the "turn over" plans, and the date of acceptance by DHHS and verification of that date.
  7. Please forward a copy of the completed implementation checklist and the date received by DHHS.
- If for some reason portions of this request take longer than ten days, please submit the completed portions of this request as soon as possible.

Sincerely,  
Rep. Dennis Moss

*Dennis Moss*

(11/02/07)

Dennis Carroll Moss  
District No. 29 - Cherokee-Chester-  
York Counties  
306 Silver Circle  
Gaffney, SC 29340



Log # 245

## House of Representatives

State of South Carolina

Committee:  
Medical, Military, Public  
and Municipal Affairs  
422-A Blatt Building  
Columbia, SC 29211  
E-Mail: MossD@schouse.org  
Tel. (803) 734-3073

RECEIVED

NOV 05 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Emma Forkner  
Director, Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Dear Mrs. Forkner,

I trust you are enjoying your new position as Director of Health And Human Services and wish you the best.

I am interested in information concerning Non-Emergency Medicaid Transportation and would appreciate your efforts to have your staff promptly, within 7 days, forward to me the following:

1. All mandatory performance reports from the transportation brokers to DHHS, including the complaint summary report AND all transportation services-summary reporting, and others as required in the contract. Please include the dates these were received by DHHS.
  2. The final "SCDHHS specific quality insurance plan", which was due within 10 days of award notification. Please include the date accepted by DHHS.
  3. The date of completion of the "vehicle inspection plan and insurance verification program" for the vehicles being used on May 1st, 2007. Please include the dates inspected, and the date the inspection report was accepted by DHHS. Please include the information required in section 8.2 of the RFP.
  4. All monthly report cards issued by DHHS on the brokerage companies, beginning with the June 31, 2007 report cards, and the dates accepted by DHHS.
  5. A copy of the "disaster recovery plans", also possibly known as the disaster or contingency plan, for loss of Medicaid non-emergency transportation service. Please include the date these plans were accepted by DHHS.
  6. A copy of the "turn over" plans, and the date of acceptance by DHHS and verification of that date.
  7. Please forward a copy of the completed implementation checklist and the date received by DHHS.
- If for some reason portions of this request take longer than ten days, please submit the completed portions of this request as soon as possible.

Sincerely,  
Rep. Dennis Moss

A handwritten signature in dark ink, appearing to read "Dennis Moss".

(11/02/07)

Log # 000245



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

Mark Sanford  
Governor

Emma Forkner  
Director

November 13, 2007

The Honorable Dennis Carroll Moss  
House of Representative  
State of South Carolina  
422-A Blatt Building  
Columbia, South Carolina 29211

Dear Representative Moss:

The Department of Health and Human Services (SCDHHS) has received your request for information concerning Non-Emergency Medicaid transportation. Thank you very much for your detailed interest in this program. Our agency has made every attempt to provide you with the information requested and have enclosed the documents we believe to be responsive to your request. Some of the information you have requested is described below to provide an explanation of what you are receiving.

With regard to your request for the final "SCDHHS specific quality insurance plan," we are not aware of a plan by that name. However, both MTM and LogistiCare were required to submit Quality Assurance Plans and we have enclosed copies of those in response to this request. The Logisticare Plan was accepted by SCDHHS on April 17, 2007, and the MTM Plan was accepted by SCDHHS on April 10, 2007.

With regard to your request for the date of completion of the "vehicle inspection plan and insurance verification program," we believe what you are referring to is the vehicle inspection reports that are referred to in our Implementation Checklist. For Logisticare the reports were accepted on April 17, 2007 and for MTM the reports were accepted on April 10, 2007. Also in response to this request, please find Logisticare's "Vehicle by Provider Detail Report" which indicates the dates that Logisticare's vehicles were inspected and MTM's Vehicle Listing which includes the dates their vehicles were inspected. It should be noted that SCDHHS allowed vehicles that were used by local transportation providers contracted with SCDHHS

The Honorable Dennis Carroll Moss  
November 13, 2007

Page 2

2nd Sheet Log #  
245

for Non-Emergency Medicaid Transportation prior to the Broker system to be grandfathered in and inspected on an on-going basis.

The "disaster recovery plans" have been included in this response. MTM's Plan was accepted by SCDHHS on April 17, 2007 and Logisticare's Plan was also accepted on April 17, 2007. We have also included a dated copy of each broker's "turn over" plan.

Our agency believes the enclosed information is a complete response to your request. However, if we have misunderstood any of your requests and not included information that you expected, please contact us immediately and we will work to provide you the information that you desire.

Please note that much of the information you have requested has also been provided to the Legislative Audit Council in response to their on-going review of the Non-Emergency Medicaid Transportation program. We also would like to make you aware of the upcoming Transportation Advisory Committee meeting to be held at SCDHHS on November 27, 2007. SCDHHS appreciates your interest in the Medicaid program and welcomes your attendance and participation at this meeting.

Sincerely,



Emma Forkner  
Director

EF/srb

Enclosures