

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

*Re-log from Waldrop to Johnson on 7/30/12*

|                          |                            |
|--------------------------|----------------------------|
| TO<br><br><i>Johnson</i> | DATE<br><br><i>7-24-12</i> |
|--------------------------|----------------------------|

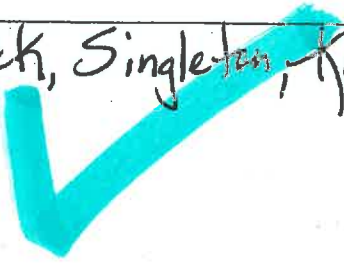
| DIRECTOR'S USE ONLY  | ACTION REQUESTED  |
|--|---|
| 1. LOG NUMBER<br><br><i>100035</i>   | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____                 |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>CC: Mr. Keck, Singleton, Kest, Waldrop</i><br><i>Closed, see attached email response.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>8-9-12</i> |
|  | <input type="checkbox"/> FOIA<br>DATE DUE _____   |
|  | <input type="checkbox"/> Necessary Action   |

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                      |                        |
|----------------------|------------------------|
| TO<br><i>Waldrep</i> | DATE<br><i>7-24-12</i> |
|----------------------|------------------------|

| DIRECTOR'S USE ONLY  | ACTION REQUESTED  |
|--|---|
| 1. LOG NUMBER<br><i>000035</i>   | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____   |
| 2. DATE SIGNED BY DIRECTOR<br><i>cc: Mr. Keck, Singleton, Kost</i><br> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>8-3-12</i><br><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><br><input type="checkbox"/> Necessary Action |

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



*State of South Carolina*  
*Department of Mental Health*

**RECEIVED**

JUL 24 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**MENTAL HEALTH COMMISSION:**

Alison Y. Evans, PsyD, Chair  
Joan Moore, Vice Chair  
Jane B. Jones  
Everard Rutledge, PhD  
J. Buxton Terry

2414 Bull Street • P.O. Box 485  
Columbia, SC 29202  
Information: (803) 898-8581

**John H. Magill**  
State Director of Mental Health

July 23, 2012

Anthony Keck, State Director  
SC Department of Health and Human Services  
1800 Main St.  
Columbia, SC 29201

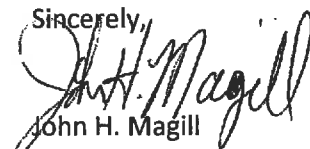
Dear Mr. Keck:

Confirming our agreement, the South Carolina Department of Health and Human Services (SC DHHS) has agreed to manage the prior authorization and reimbursement of Rehabilitative Psychosocial Services (RPS) provided by Medicaid enrolled private providers. In return, the South Carolina Department of Mental Health (SCDMH) will transfer recurring state funds in the amount of \$670,000 to SC DHHS.

The SCDMH Community Mental Health Centers provided prior authorizations for RPS delivered by Medicaid enrolled private providers only for referrals of individuals deemed to have medical needs for rehabilitative services to help them restore or enhance skills necessary to lead independent lives. The process of authorization used by the Centers included specific treatment objectives based on periodic evaluations of the clients which helped determine progress and/or further need for the services. Services were appropriately discontinued as clients reached their treatment objectives.

SCDMH Centers will continue to provide Medical Necessity Statements for current active Center clients who are assessed as being in need of RPS services and who have chosen to receive such services from a Medicaid enrolled private provider.

Sincerely,

  
John H. Magill  
State Director

cc: Robert Bank, M.D., Medical Director-DMH  
Geoffrey Mason, Deputy Director, Division of Community Mental Health Services-DMH  
Sam Waldrep, Deputy Director, Long Term Care & Behavioral Services-SC DHHS

**MISSION STATEMENT**

To support the recovery of people with mental illnesses.





South Carolina  
Department of Mental Health  
2414 Bull Street • Columbia, SC 29202



**RECEIVED**

JUL 24 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Anthony Keck, State Director  
SC Department of Health and Human Services  
1800 Main St.  
Columbia, SC 29201



**Brenda James**

Log #35 ✓

**From:** Janet Bell  
**Sent:** Thursday, August 16, 2012 5:26 PM  
**To:** Brenda James  
**Cc:** Ruth Johnson; Louis Krause; Donna Parker; Kathy Bass  
**Subject:** RE: Letter to Tony Keck

Brenda,  
Log letter 000035 is closed per the email exchange below. Thanks!  
Janet

-----Original Message-----

**From:** Kathy Bass  
**Sent:** Thursday, August 16, 2012 5:20 PM  
**To:** Janet Bell  
**Cc:** Ruth Johnson; Louis Krause; Donna Parker; Brenda James  
**Subject:** Fw: Letter to Tony Keck

Janet,

Donna confirmed the receipt of funds about a week ago. The email is attached. Brenda just needs to close out the letter.

Thanks!

---

**From:** Donna Parker  
**Sent:** Wednesday, August 08, 2012 8:35:33 AM  
**To:** Ruth Johnson; Kathy Bass  
**Subject:** RE: Letter to Tony Keck

We have received the transfer. I have let the staff at DMH know that we have received it. Thanks!!

-----Original Message-----

**From:** Ruth Johnson  
**Sent:** Thursday, August 02, 2012 5:27 PM  
**To:** Donna Parker; Kathy Bass  
**Subject:** Fw: Letter to Tony Keck

See David's e-mail below

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**From:** SAM WALDREP  
**Sent:** Thursday, August 02, 2012 8:47:22 PM  
**To:** Ruth Johnson  
**Subject:** FW: Letter to Tony Keck

fyi

-----Original Message-----

**From:** David Schaefer [<mailto:DAS26@SCDMH.ORG>]

Sent: Thursday, August 02, 2012 4:28 PM  
To: SAM WALDREP; Kathy Bass  
Cc: Mark Binkley  
Subject: FW: Letter to Tony Keck

This is the first time we have done this in SCEIS. Please confirm when you receive the \$670,000...thanks

-----Original Message-----

From: Noelle Wriston  
Sent: Thursday, August 02, 2012 4:11 PM  
To: David Schaefer; Julia Clark; Lewis Wingard; Julie M. Bonnette  
Subject: RE: Letter to Tony Keck

Appropriation transfer has been completed and is awaiting approval from the State Budget Office.

-----Original Message-----

From: David Schaefer  
Sent: Tuesday, July 31, 2012 12:53 PM  
To: Julia Clark; Noelle Wriston; Lewis Wingard; Julie M. Bonnette  
Subject: FW: Letter to Tony Keck

We need to discuss the appropriation transfer to HHS...thanks

-----Original Message-----

From: Mark Binkley  
Sent: Monday, July 30, 2012 4:18 PM  
To: SAM WALDREP; David Schaefer  
Subject: Letter to Tony Keck

As discussed.

--Mark

Mark W. Binkley  
General Counsel and Deputy Director,  
Division of Administrative Services  
South Carolina Department of Mental Health  
2414 Bull Street  
P.O. Box 485  
Columbia, SC 29202  
Ph. 803-898-8392  
Fax 803-898-8311

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