

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

Re-logged from Roberts to Hutto on 10/16/13 Changed due

TO <i>Hutto/German</i>	DATE <i>date to 10/28/13</i> <i>10-14-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000144</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Supra</i> <i>cleared 10/21/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-28-13</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.			<i>Brenda</i> <i>Please relog to Hutto/German.</i> <i>Thanks.</i> <i>See attached note.</i>  <i>maie</i> <i>* See attached Note.</i>
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

## ACTION REFERRAL

TO  <i>Roberts</i>	DATE  <i>10-14-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <div style="text-align: right;"><i>000144</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature <div style="text-align: right;">DATE DUE _____</div>
2. DATE SIGNED BY DIRECTOR <hr/> <i>cc: Supra</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature <div style="text-align: right;">DATE DUE <i>10-24-13</i></div> <input type="checkbox"/> FOIA <div style="text-align: right;">DATE DUE _____</div> <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**

OCT 14 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

September 10, 2013

Mr. Robert M. Kerr  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Dear Mr. Kerr:

Our auditors, McKinley, Cooper & Co., LLC, are making an examination of our June 30, 2013 financial statements. In that connection, please mail a list of all payments made for services provided in FYE 2013. Also, please include any relevant Federal CFDA numbers.

Please mail your reply to McKinley Cooper & Co., LLC, 555 North Pleasantburg Drive, Suite 225, Greenville, South Carolina 29607.

Sincerely,

Greenville County Commission on Alcohol and Drug Abuse

PHOENIX CENTER

1400 CLEVELAND STREET, GREENVILLE, SC 29607 PHOENIXCENTER.ORG

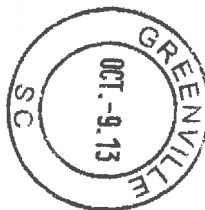
The Greenville County Commission on Alcohol and Drug Abuse



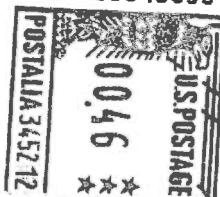
*McKinley, Cooper & Co., LLC*  
CERTIFIED PUBLIC ACCOUNTANTS

Suite 225  
555 North Pleasantburg Drive  
Greenville, South Carolina 29607-2191

2920238206 BC44



# 0000019350





October 21, 2012

McKinley, Cooper & Co., LLC  
555 North Pleasantburg Drive, Suite 225  
Greenville, South Carolina 29607

Re: Greenville County Commission on Alcohol and Drug Abuse  
Phoenix Center—NPI Number 1891795738

Dear Sir or Madam:

Enclosed is the Medicaid Provider Payment History Schedule for the above referenced provider.

During the time period July 1, 2012 through June 30, 2013, the South Carolina Department of Health and Human Services reimbursed Greenville County Commission on Alcohol and Drug Abuse (Phoenix Center) **\$3,438,852.07** for provided Medicaid services.

If you have any questions concerning the information provided, please contact Beth Klapman at 803-898-1045.

Sincerely,



Elizabeth B. Hutto  
Interim Deputy Director/CFO  
Finance and Administration