


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Myers	DATE 3-10-10
------------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 001382	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 3/26/10, Survey response attached. 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 3-19-10 <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.			
2.			
3.			
4.			



RECEIVED

MAR 10 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Memorandum

TO: Human Service Transportation Providers

FROM: Reginald Simmons, Transportation Director

DATE: March 9, 2010

SUBJECT: Provider Update Questionnaire

The Central Midlands Council of Government in collaboration with the South Carolina Department of Transportation is conducting a survey to better understand the transportation services and needs of the elderly and disabled populations in the Central Midlands region. This survey has been designed to collect information that expands upon the 2007 study which developed the Central Midlands Human Services Transportation Coordination Plan. The intent of this survey is to identify the primary transportation needs and service gaps that may prohibit our region from providing comprehensive transportation services. CMCOG will also use the survey results to develop a comprehensive database which will be used to develop an implementation plan and to inform participants of funding opportunities.

Attached, please find a survey questionnaire for your review. Please complete the questionnaire and return it by 2 p.m. on March 30th to Reginald Simmons, Transportation Director, Central Midlands Council of Governments, 236 Stoneridge Drive, Columbia, SC 29210. Please note that you may also access this survey questionnaire online at www.centralmidlands.org.

Thank you in advance for your participation. If you have any questions or need additional information, please contact Reginald Simmons at 803-744-5133 or send an email to rsimmons@cmcog.org.

**Central Midlands Council of Governments
Human Services Transportation Coordination Action Plan
Provider Update Questionnaire**

Organization

Address

City

State

Zip Code

Phone

FAX

Email

Contact Name

Title

Agency Website

I. Organization Characteristics and Services Provided: *These questions are related to the general characteristics of your organization and the general nature of the services provided.*

1. Which of these best describes your organization? (Select One)

- | | |
|---|---|
| <input type="radio"/> Adult Day Care | <input type="radio"/> Public Sponsored Transit Agency |
| <input type="radio"/> Faith-Based Organization/Church | <input type="radio"/> School |
| <input type="radio"/> Head Start | <input type="radio"/> Senior Center |
| <input type="radio"/> Hospital | <input type="radio"/> Senior Program |
| <input type="radio"/> Medical Center | <input type="radio"/> Social Service Agency - Nonprofit |
| <input type="radio"/> Neighborhood Center | <input type="radio"/> Social Service Agency - Public |
| <input type="radio"/> Nursing Home | <input type="radio"/> Taxi |
| <input type="radio"/> Nutrition Site | <input type="radio"/> YMCA/YWCA |
| <input type="radio"/> Private Transportation Agency | <input type="radio"/> Other |

2. What are the major services of your organization? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Recreation/Social |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Housekeeping/Chore | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> Income Assistance | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Other |

10. What trip purpose is your organization authorized to provide to clients or the general public?

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Health/Medical (periodic or single trips) |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Income Maintenance |
| <input type="checkbox"/> Counseling/ Social Worker/SS | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Nutrition Sites |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Recreation/ Social |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Health Maintenance (recurring trips) | <input type="checkbox"/> Other |

11. What vehicle types are used in the provision of transportation services provided directly by your agency?

Vehicle Type	Number	Owned	Leased	Handicap Access.
Sedans				<input type="checkbox"/>
Station wagons				<input type="checkbox"/>
Minivans				<input type="checkbox"/>
Standard 15-passenger vans				<input type="checkbox"/>
Converted 15-passenger vans				<input type="checkbox"/>
Light-duty bus (16-24 passengers)				<input type="checkbox"/>
Medium-duty bus (over 22 passengers)				<input type="checkbox"/>
Small school bus (9 to 24 passengers)				<input type="checkbox"/>
Large school bus (25 to 60 passengers)				<input type="checkbox"/>
Other (describe)				<input type="checkbox"/>

12. Are your vehicles equipped with any type of communication device? (check all that apply)

- ☐ Cellular phones
☐ Two-way mobile radios
☐ Pagers
☐ Mobile data terminals
☐ Other

13. What are the daily hours and days of operation for your transportation services?

- ☐ Weekdays
☐ Saturday
☐ Sundays
☐ Holidays

What are your transportation expenses? (Include costs for salaries, benefits, overhead fuel, lubricants and tires, maintenance, insurance, contract service, administrative, reporting costs and other related transportation expenses).

Transportation Operating Expenses and Revenues

Transportation Expenses – Total
Transportation Revenues

Actual	Actual	Projected
FY 2009	FY 2010	FY 2011

Fares collected from passengers through cash, or tickets/tokens purchased by passengers

Revenues collected from cash or ticket/tokens purchased by third parties on behalf of passengers

Reimbursements for services obtained from third parties such as Medicaid

Local government appropriations

Grants directly received by the organization

Other

Total Transportation Revenues

V. Purchased Transportation Services

23. If your agency purchases transportation services from third parties, please complete the following table. In case of private individuals, sum all entries in one line and label as "private individuals."

Transportation Payments Made to Third Parties for the Purchase of Transportation Services

Name of Third Party	Total Number of Trips Purchased	Basis of Payment (per mile/per trip)	Total Amount Paid Last Fiscal Year

24. Please identify all of the funding sources that provide money for your transportation program:

% of total funding is Federal (for example: FTA Section 5310/formerly Sec 16)

Federal Funding Sources

31. Based on your experience, what are the barriers to coordination?

- | | |
|---|--|
| <input type="checkbox"/> Federal regulations | <input type="checkbox"/> Liability issues |
| <input type="checkbox"/> State regulations | <input type="checkbox"/> Turf battles |
| <input type="checkbox"/> Funding | <input type="checkbox"/> Reluctance of area providers to coordinate |
| <input type="checkbox"/> Not enough equipment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Incompatible clients | <input type="checkbox"/> Satisfied with present transportation program |

32. Given the greater emphasis on coordinated services by federal grantors as the Federal Transit Administration and the Administration on Aging, what would make a coordinated transportation program more attractive to your agency?

33. If there are any other issues, concerns, or information relevant to the issue, please feel free to address them in the spaces below.



Thank you for your participation in this important update!

To submit the form by email to rsimmons@cmcog.org:

Complete the survey electronically
On the Menu bar, Click "File" and "Save" to save a copy to your computer, and then email as an attachment.

To submit the form by FAX or Mail

Complete the survey.
Send by FAX to 803-376-5394.
Send by mail to Reginald Simmons, 236 Stoneridge Drive, Columbia, SC 29210.

If you have any questions, email rsimmons@cmcog.org or call 803-744-5133.

From: Felicity Myers
To: Annmarie McCanne
CC: Beverly Hamilton; Brenda James; David Giesen; Sheila Platts
Date: 3/22/2010 9:53 AM
Subject: Re: Log 382

that is fine

>>> Annmarie McCanne 3/19/2010 12:00 PM >>>

We are requesting an extension for this log as David is still waiting on some numbers to answer the survey questions. The requested return date on the survey is March 30th. Our requested due date is next Friday, March 26th.

Before the survey is completed and submitted to Reginald Simmons (Central Midlands) this will be forwarded to you for approval.

Thanks,
Annie

Annmarie "Annie" McCanne
Administrative Assistant
Bureau of Care Management & Medical Support Services
Phone 803-898-0178
Fax 803-255-8232
mccanne@scdhhs.gov

TO	DATE
Myers / Hamilton / Giesen	3-10-10

DIRECTOR'S USE ONLY	
1. LOG NUMBER	001382
2. DATE SIGNED BY DIRECTOR	

APPROVALS (Only when prepared for director's signature)	APPROVE
1. Sheila Dick	SDP 03/26/10
2. Beverly Hamilton	BH 3/26/10
3. HM	3/26/10
4.	

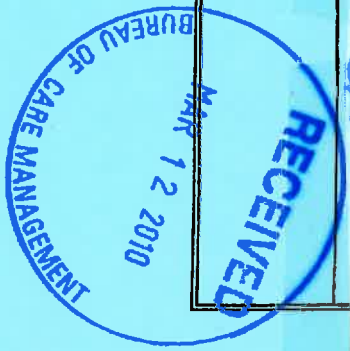
David completed the survey on Survey Monkey. Attached is a printout of the completed survey.

Shawna,
Kula,

RECEIVED

MAR 12 2010

Division of Medical Support Services



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Hamilton/Grisen</i>	DATE <i>3-10-10</i>
------------------------------------	------------------------

DIRECTOR'S USE ONLY	
1. LOG NUMBER <i>001382</i>	
2. DATE SIGNED BY DIRECTOR <i>3-10-10</i>	

APPROVALS (Only when prepared for director's signature)	APPROVE
1. <i>Sheila Dick</i>	<i>ASD</i> <i>03/26/10</i>
2. <i>Beverly Hamilton</i>	<i>Bent</i> <i>3/26/10</i>
3. <i>SM</i>	<i>3/26/10</i>
4.	

David completed the survey on Survey Monkey. Attached is a printout of the completed survey.

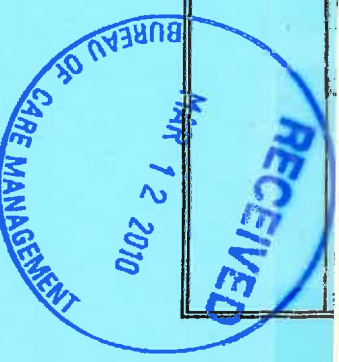
Shawna,

Sheila

RECEIVED

MAR 12 2010

Division of Medical Support Services





RECEIVED

MAR 10 2010

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REF



3/12/10



TO

DA

Myers/Hamilton/Giesen

Please copy to Sheila,
Mallory and Mike and ask
Sheila to coordinate response.
Thanks,
Doris
3/14/10

DIRECTOR'S USE ONLY

1. LOG NUMBER

0001382

11P

DATE DUE

☒ Prepare reply for appropriate signature

DATE DUE 3-19-10

11 FOIA

DATE DUE

11 Necessary Action

you can
skip most
and go
to purchase
transcript
sect.

Sheila Dicks

2.

Beverly Hamilton

3.

4.

APPROVE

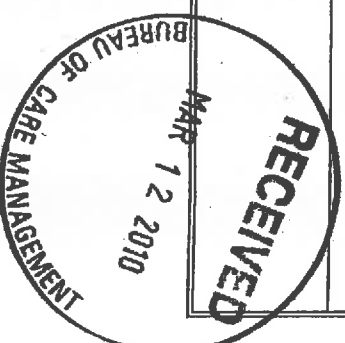
COMMENT

* DISAPPROVE
(Note reason for
disapproval and
return to
preparer.)

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Division of Medical
Support Services





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**Central Midlands Council of Governments
Human Services Transportation Coordination Action Plan
Provider Update Questionnaire**

Organization

Address

City

State

Zip Code

Phone

FAX

Email

Contact Name

Title

Agency Website

I. Organization Characteristics and Services Provided: *These questions are related to the general characteristics of your organization and the general nature of the services provided.*

1. Which of these best describes your organization? (Select One)

- | | |
|---|---|
| <input type="radio"/> Adult Day Care | <input type="radio"/> Public Sponsored Transit Agency |
| <input type="radio"/> Faith-Based Organization/Church | <input type="radio"/> School |
| <input type="radio"/> Head Start | <input type="radio"/> Senior Center |
| <input type="radio"/> Hospital | <input type="radio"/> Senior Program |
| <input type="radio"/> Medical Center | <input type="radio"/> Social Service Agency - Nonprofit |
| <input type="radio"/> Neighborhood Center | <input checked="" type="radio"/> Social Service Agency - Public |
| <input type="radio"/> Nursing Home | <input type="radio"/> Taxi |
| <input type="radio"/> Nutrition Site | <input type="radio"/> YMCA/YWCA |
| <input type="radio"/> Private Transportation Agency | <input type="radio"/> Other |

2. What are the major services of your organization? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Recreation/Social |
| <input checked="" type="checkbox"/> Health Care | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Housekeeping/Chore | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> Income Assistance | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Other |

10. What trip purpose is your organization authorized to provide to clients or the general public?

- ☒ Adult Day Care
- ☐ Bank
- ☒ Counseling/ Social Worker/SS
- ☐ Day Care
- ☐ Education/Training
- ☐ Employment
- ☒ Health Maintenance (recurring trips)
- ☒ Health/Medical (periodic or single trips)
- ☐ Income Maintenance
- ☒ Mental Health Services
- ☒ Nutrition Sites
- ☐ Recreation/ Social
- ☐ Shopping
- ☐ Other

11. What vehicle types are used in the provision of transportation services provided directly by your agency? *Unable to Answer*

Vehicle Type	Number	Owned	Leased	Handicap Access.
Sedans				<input type="checkbox"/>
Station wagons				<input type="checkbox"/>
Minivans				<input type="checkbox"/>
Standard 15-passenger vans				<input type="checkbox"/>
Converted 15-passenger vans				<input type="checkbox"/>
Light-duty bus (16-24 passengers)				<input type="checkbox"/>
Medium-duty bus (over 22 passengers)				<input type="checkbox"/>
Small school bus (9 to 24 passengers)				<input type="checkbox"/>
Large school bus (25 to 60 passengers)				<input type="checkbox"/>
Other (describe)				<input type="checkbox"/>

12. Are your vehicles equipped with any type of communication device? (check all that apply)

- ☒ Cellular phones
- ☒ Two-way mobile radios
- ☒ Pagers
- ☐ Mobile data terminals
- ☐ Other

13. What are the daily hours and days of operation for your transportation services?

- ☒ Weekdays
- ☒ Saturday
- ☒ Sundays
- ☒ Holidays

22. What are your transportation expenses? (Include costs for salaries, benefits, overhead fuel, lubricants and tires, maintenance, insurance, contract service, administrative, reporting costs and other related transportation expenses). *Unavailable*

Transportation Operating Expenses and Revenues

Actual FY 2009 Actual FY 2010 Projected FY 2011

Transportation Expenses – Total

Transportation Revenues

Fares collected from passengers through cash, or tickets/tokens purchased by passengers

Revenues collected from cash or ticket/tokens purchased by third parties on behalf of passengers

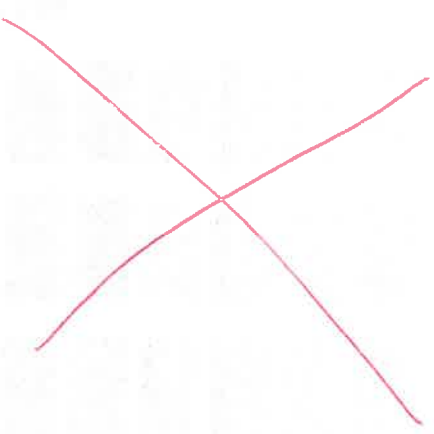
Reimbursements for services obtained from third parties such as Medicaid

Local government appropriations

Grants directly received by the organization

Other

Total Transportation Revenues



V.Purchased Transportation Services

23. If your agency purchases transportation services from third parties, please complete the following table. In case of private individuals, sum all entries in one line and label as "private individuals." *Unavailable*

Transportation Payments Made to Third Parties for the Purchase of Transportation Services

Name of Third Party	Total Number of Trips Purchased	Basis of Payment (per mile/per trip)	Total Amount Paid Last Fiscal Year
---------------------	---------------------------------	--------------------------------------	------------------------------------

24. Please identify all of the funding sources that provide money for your transportation program:

% of total funding is Federal (for example: FTA Section 5310/formerly Sec 16)

Federal Funding Sources

31. Based on your experience, what are the barriers to coordination?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Federal regulations | <input type="checkbox"/> Liability issues |
| <input checked="" type="checkbox"/> State regulations | <input type="checkbox"/> Turf battles |
| <input checked="" type="checkbox"/> Funding | <input type="checkbox"/> Reluctance of area providers to coordinate |
| <input type="checkbox"/> Not enough equipment | <input checked="" type="checkbox"/> Other <i>Not enough providers in Rural Area</i> |
| <input type="checkbox"/> Incompatible clients | <input type="checkbox"/> Satisfied with present transportation program |

32. Given the greater emphasis on coordinated services by federal grantors as the Federal Transit Administration and the Administration on Aging, what would make a coordinated transportation program more attractive to your agency?

Expansion by other service providers would reduce our dependence on contracted providers reducing our costs.

33. If there are any other issues, concerns, or information relevant to the issue, please feel free to address them in the spaces below.

Thank you for your participation in this important update!

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Complete the survey electronically

On the Menu bar, Click "File" and "Save" to save a copy to your computer, and then email as an attachment.

To submit the form by FAX or Mail

Complete the survey.

Send by FAX to 803-376-5394.

Send by mail to Reginald Simmons, 236 Stoneridge Drive, Columbia, SC 29210.

If you have any questions, email rsimmons@cmcog.org or call 803-744-5133.

Survey title:

CMCOG
Human
Services
Transportation
Coordination
Action Plan
Provider
Update
Questionnaire

current report: Default Report

Displaying 12 of 12 respondents

Response Type: Normal Response	Collector: New Link (Web Link)
Custom Value: empty	IP Address: 167.7.227.2
Response Started: Fri, Mar 26, 2010 9:15:54 AM	Response Modified: Fri, Mar 26, 2010 9:40:56 AM

1. Background Information

Name: - David V. Giesen
Company: - SC Department of Health and Human Services
Address: - P.O. Box 8206
Address 2: - 1801 Main St.
City/Town: - Columbia
State: - SC
ZIP: - 29202-8206
Country: - USA
Email Address: - giesen@scdhs.gov
Phone Number: - 803.898.0271

1. Which of these best describes your organization? (Select One)

Social Service Agency - Public

2. What are the major services of your organization? (Check all that apply)

Health Care

3. If not a 501(c)(3) organization, please indicate under what legal authority your organization operates
State of South Carolina Government

4. Does your organization purchase transportation from other service providers?

Yes

5. What is the service area that your organization covers?

The State of South Carolina

6. Does your transportation program have any service restriction? (check all that apply)

Clients Only

Trip Purpose

Advanced Reservations

7. Why are these services restricted?

Funding Requirements of the Federal Government

8. If advance reservations are required, how long in advance should clients call for reservation?

3 Business days unless need is urgent

1. How does your organization provide transportation for clients or the general public?

General Public Clients Only

Personal vehicles of agency staff or volunteer

X

Staff or volunteer using agency-owned vehicle

X

Pre-purchased tickets, tokens, passes or other transit providers

X

Reimbursement of mileage and auto expenses paid to clients, family, and friends

X

Other (please specify):

2. What trip purpose is your organization authorized to provide to clients or the general public?

Adult Day Care

Health Maintenance (recurring trips)

Health/Medical (periodic or single trips)

Mental Health Services

Any other services covered by Medicaid

3. How many of each vehicle type are used in the provision of transportation services provided directly by your agency?

No Response

4. How many of each vehicle type are owned in the provision of transportation services provided directly by your agency?

No Response

5. How many of each vehicle type are leased in the provision of transportation services provided directly by your agency?

No Response

6. How many of each vehicle type are handicap accessible in the provision of transportation services provided directly by your agency?

No Response

7. Are your vehicles equipped with any type of communication device? (check all that apply)

Cellular phones

Two-way mobile radios

8. What are the daily hours and days of operation for your transportation services?

Weekdays - 24/7/365

Saturday - 24/7/365

Sundays - 24/7/365

Holidays - 24/7/365

9. What level of assistance is provided for users of your transportation service?

Curb-to-curb (drivers assist passengers in and out of vehicle only)

Door-to-door (drivers assist passengers to the entrance of their origin/destination)

Drivers are permitted to assist passengers with packages

Provider personal care escorts to passengers who require such service

Passengers are permitted to travel with personal care escorts

1. Total number of persons provided transportation (A "person" is an unduplicated count of individuals receiving service - a person riding the vehicle 200 trips per year is counted as one person.)

6692

2. Total number of passenger trips (A "trip" equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.)

257297

3. Estimated number of trips when the rider uses a wheelchair
27191

4. Time period for counts or estimates
October 1, 2008 - September 30, 2009

5. Are ridership figures exact or estimated?
Exact

1. What does your organization charge for providing transportation services?
No Response

2. What are the beginning and ending dates of your organization's fiscal year?
Beginning - July 1
End - June 30

3. What were your transportation expenses for FY 2009? (Include costs for salaries, benefits, overhead fuel, lubricants and tires, maintenance, insurance, contract service, administrative, reporting costs and other related transportation expenses).
No Response

4. What were your transportation expenses for FY 2010? (Include costs for salaries, benefits, overhead fuel, lubricants and tires, maintenance, insurance, contract service, administrative, reporting costs and other related transportation expenses).
No Response

5. What are your projected transportation expenses for FY 2011? (Include costs for salaries, benefits, overhead fuel, lubricants and tires, maintenance, insurance, contract service, administrative, reporting costs and other related transportation expenses).
No Response

1. V. Purchased Transportation Services If your agency purchases transportation services from third parties, please complete the following table. In case of private individuals, sum all entries in one line and label as "private individuals." Transportation Payments Made to Third Parties for the Purchase of Transportation Services

Name of Third Party - MTM, Inc & Logisticare

Total Number of Trips Purchased - 257297

Basis of Payment (per mile/per trip) - Per Member per Month

2. Please identify all of the funding sources that provide money for your transportation program:

% of total funding is Federal (for example: FTA Section 5310/formerly Sec 16) - 74.81

% of total funding is State (for example: Division of Rehabilitation Services) - 25.19

1. Does your agency have any interest and/or commitment to coordinating human service transportation trips to maximize resources?

Yes. However, SCDHHS Transportation is only able to work within the parameters established by Federal Medicaid Guidelines.

2. How does your agency assess transportation needs for individuals with disabilities, older adults, and/or persons with limited income?

After eligibility requirements are met, needs assessments are made based on medical necessity for the level of service required to meet current/immediate transportation requirements.

3. What gaps in service for the above populations do you see? (i.e. What needs are not being met?)

Transportation needs falling outside SCDHHS eligibility and Medicaid Covered service requirements.

4. Do you have any plans to address those gaps? (Please explain and identify specific projects)
No.**5. How would you expand your services for individuals with disabilities, older adults, and persons with limited incomes if you could?**

The only expansion possible would be through changes in eligibility requirements and expansion of covered services.

6. Are your agency's transportation services coordinated with other transportation providers in your area? If yes, who do you coordinate with and to what extent?

No.

7. Based on your experience, what are the barriers to coordination?

Federal regulations

State regulations

Funding

Liability issues

Insufficient providers in rural areas.

8. Given the greater emphasis on coordinated services by federal grantors as the Federal Transit Administration and the Administration on Aging, what would make a coordinated transportation program more attractive to your agency?

Reduce DHHS dependence on a few contracted providers.

9. If there are any other issues, concerns, or information relevant to the issue, please feel free to address them in the spaces below.

None at this time.

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[Netherlands](#)

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RECEIVED

MAR 15 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

[Signature]
Hamilton 382
105-382

Memorandum

TO: Human Services Transportation Providers

FROM: Reginald Simmons, Transportation Director

DATE: March 12, 2010

SUBJECT: Provider Update Questionnaire – Online Survey Link

Sheila → David
Shirley Bar

I would like to express my thanks and appreciation for your participation in the Human Services Transportation Survey. Unfortunately, we have identified some technical issues with the PDF form that was emailed to you. To correct these issues, I would like to encourage you to complete the questionnaire online using an online survey tool called survey monkey. I apologize for any inconvenience, as this will be a more efficient way for you to participate and will eliminate the aforementioned technical issues.

If you have any questions or need additional information, please don't hesitate to give me a call at 803-744-5133 or send an email to rsimmons@cmcoq.org. To access the survey online, please type the following address in your internet browser:

<http://www.surveymonkey.com/s/2D6JZN5>

The online questionnaire is also available on our website at www.centralmidlands.org. Thank you once again for your participation!

RECEIVED

MAR 17 2010

Division of Medical
Support Services



Serving Local Governments in South Carolina's Midlands

236 Stoneridge Drive, Columbia, SC 29210 ♦ (803) 376-5390 ♦ FAX (803) 376-5394 ♦ Web Site: <http://www.centralmidlands.org>