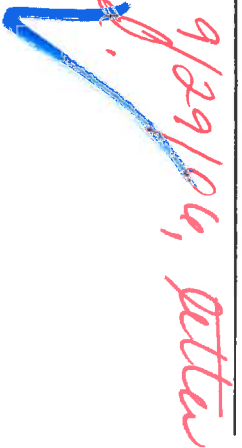


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>9-13-06</i>
DIRECTOR'S USE ONLY	
1. LOG NUMBER <i>000244</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Hand 9/29/06, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-22-06</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.			
2.			
3.			
4.			

RECEIVED
HEALTH & HUMAN
SERVICES

SEP 12 2006

PREVENTATIVE & ANCILLARY
HEALTH SERVICES

MD00:20 9002/21/60

Brown Productions, Inc.

THE COOK CENTER ADULT DAY HEALTH CARE CENTER
937 Cook Road, Orangeburg, SC 29118 -- Telephone: (803) 536-5100 Fax: (803) 536-5158

SEPTEMBER 12, 2006

To:

MS. SHEILA L. MILLS
BUREAU CHIEF
REHABILITATIVE AND
MEDICAL SUPPORT SERVICES
SCDHHS
1801 MAIN STREET - 9TH
FLOOR
COLUMBIA, SC 29118

MR. GEORGE HOWK
SCDHHS
P.O. BOX 8206
COLUMBIA, SC 29202

RECEIVED

SEP 13 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: INDIVIDUAL TRANSPORTATION PROVIDER

I AM AN INDIVIDUAL TRANSPORTATION PROVIDER AND ADULT DAY CARE OWNER.

TODAY, I WAS TOLD THAT I NEEDED TO COORDINATE WITH CLTC AND THE BUREAU CHIEF OF REHAB & MEDICAL SERVS TO GET SPECIAL PERMISSION TO PICK UP SOME OF OUR ADULT DAY HEALTH CARE CLIENTS THAT LIVE OVER 15+ MILES FROM THE CENTER IN ORDER TO GET REIMBURSED \$0.32 PER MILES AND TO STATE WHY MEDICAID TRANSPORTATION CANNOT BE USED INSTEAD.

MEDICAID TRANSPORTATION SERVICES GENERALLY PROVIDE CURB TO CURB SERVICES.

MOST OF OUR CLIENTS ARE ELDERLY, DISABLED, AND WHEELCHAIR BOUND, OR ARE MENTALLY CHALLENGED BECAUSE OF ALZHEIMER'S, DEMENTIA OR HAVE SPECIAL NEEDS.

MANY OF THEIR CAREGIVERS ARE OFTEN ELDERLY AND HAVE SOME PHYSICAL OR MEDICAL CONDITIONS THEMSELVES AND NEED DOOR TO DOOR SERVICES ESPECIALLY OUR ELDERLY WHEELCHAIR BOUND CLIENTS WITH BEHAVIOR PROBLEMS.

MOST OF MY ELDERLY CLIENTS ARE 76 TO 96 YEARS OLD AND CANNOT STAND THE LONG HOURS OF TRAVELLING, SOMETIMES, UP TO 2-3 HOURS. THEIR FAMILY MEMBERS MAY BE MORE COMFORTABLE WITH OUR DRIVER SINCE HE IS AN EMPLOYEE & KNOW THEM.

MANY OF OUR CLIENTS ARE WHEELCHAIR BOUND AND HAVE HAD STROKES OR HAVE ALZHEIMER OR DEMENTIA AND NOT ABLE TO TRAVEL ALONE ON THE MEDICAID TRANSPORTATION SERVICE OR THEY REQUIRE MORE ASSISTANCE THAN THE MEDICAID SHOULD NOT PROVIDE.

MANY OF OUR CLIENTS CANNOT BE READY TO MEET THE SCHEDULE OF THE MEDICAID TRANSPORTATION BECAUSE THE RESPONSIBLE FAMILY MEMBER MAY WORK AND OUR TRANSPORTATION MAY BE ABLE TO ACCOMMODATE THEIR WORK SCHEDULE BETTER.

SOME OF THE FAMILY MEMBERS FREQUENTLY ARE NOT HOME WHEN THE TRANSPORTATION SERVICE GET TO THE CLIENT'S HOME. WE CALL THESE FAMILY MEMBERS DAILY PRIOR TO DEPARTURE. FREQUENTLY THESE FAMILY MEMBERS CALL AT THE LAST MINUTE WHEN THEY WILL BE GETTING HOME, AND WE ARE BETTER ABLE TO ACCOMMODATE THE CHANGE IN SCHEDULE.

Page 1 of 2

1 of 4

XRAY TELETYPE UNIT 9002 21 DES

MD00:20 9002/21/60

Brown Productions, Inc.
THE COOK CENTER ADULT DAY HEALTH CARE CENTER
937 Cook Road, Orangeburg, SC 29118 -- Telephone: (803) 536-5100 Fax: (803) 536-5158

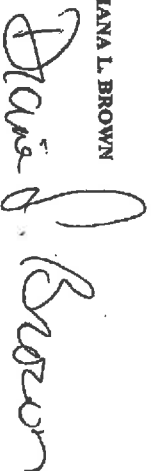
WE CERTAINLY DO NOT WANT TO TAKE BUSINESS FROM THE MEDICAID TRANSPORTATION SERVICES - MAKING \$0.32 PER MILE.

WE ARE ONLY PAID \$.32 PER MILE. WE COST SCDHHS LESS. WE HELP THE MEDICAID TRANSPORTATION WITH CLIENTS THAT TAKE UP TOO MUCH OF THEIR TIME WITH SPECIAL ASSISTANCE. WE HELP THE MEDICAID TRANSPORTATION WITH WHEELCHAIR CLIENTS THAT TAKE UP TOO MUCH OF THEIR SPACE. WE HELP THE MEDICAID TRANSPORTATION WITH CLIENTS THAT PUT THE MEDICAID TRANSPORTATION BEHIND HAVING TO WAIT 15-20 MINUTES FREQUENTLY ON FAMILY MEMBERS TO GET HOME.

PROVIDING THESE SERVICES HELP THE MEDICAID TRANSPORTATION IN MANY WAYS THAT I AM SURE THEY APPRECIATE, AS WELL AS, BEING COST EFFECTIVE TO THE STATE AND PROVIDING A TINY BIT MORE ASSISTANCE TO OUR ELDERLY, DISABLED, AND SPECIAL NEEDS PEOPLE IN OUR COMMUNITY.

I HAVE BEEN WORKING ON THIS SINCE MAY. PLEASE CALL ME TODAY AND LET ME KNOW IF THIS IS OKAY.

DIANA L. BROWN



Page 2 of 2

Mary A - Please log

From: Cynthia Higgins
To: Cooper, Mary
Date: 9/12/2006 2:59:29 PM
Subject: Re: Cook Center ADC Letter

This letter appears that it needs to be sent to J11 to be considered as a Log Letter.

Yes

Cynthia W. Higgins, R.N., Division Director
DHHS / Division of Preventive and Ancillary Health Services
1801 Main Street, J-8 Room: 841
Columbia, South Carolina 29202

Office = (803) 898-2598
Fax = (803) 255-8222
higgins@scdhs.gov

RECEIVED

SEP 13 2006

>>> Mary Cooper 9/12/2006 2:47 PM >>>
Placed in your chair Cynthia.

>>> Sheila Mills 9/12/2006 2:31:23 PM >>>
provide copy to cynthia.

cynthia: pls evaluate and advise (time sensitive)

CC: Mills, Sheila

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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To: Cooper, Mary
Date: 9/12/2006 2:59:29 PM
Subject: Re: Cook Center ADC Letter

This letter appears that it needs to be sent to J11 to be considered as a Log Letter.

Cynthia W. Higgins, R.N., Division Director
DHHS / Division of Preventive and Ancillary Health Services
1801 Main Street, J-8 Room: 841
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Placed in your chair Cynthia.

>>> Sheila Mills 9/12/2006 2:31:23 PM >>>
provide copy to cynthia.

cynthia: pls evaluate and advise (time sensitive)

CC: Mills, Sheila

Mary - Please Log
#244

Yes

RECEIVED

SEP 13 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 29, 2006

Ms. Diana L. Brown
The Cook Center Adult Day Health Care
937 Cook Road
Orangeburg, South Carolina 29118

Dear Ms. Brown:

Thank you for your request regarding non-emergency transportation service needs for Medicaid beneficiaries receiving Adult Day Health Care (ADHC) services at the Cook Center. As you are aware, the Department of Health and Human Services (DHHS) currently reimburses ADHCs an all-inclusive rate that includes transports within a fifteen mile radius of the facility. Currently, ADHCs arrange for transportation through the existing Medicaid contractual provider for transports in excess of the fifteen mile radius.

Thank you for taking the time to discuss your specific situation with program staff. It is my understanding that you are only seeking approval to bill as an Individual Transportation Provider (ITP) for transports in excess of the fifteen mile radius for a limited number of Medicaid ADHC clients who, due to their special health care needs, cannot be transported by Santee Wateree. According to program staff, you indicated that Santee Wateree is adequately meeting the transport needs of the majority of the Cook Center ADHC clients. However, a few of your clients require door-to-door assistance versus the traditional curb-to curb assistance available. Additionally, the medical conditions of a few of your clients necessitate shorter pick-up and return trip travel times than what is available through Santee Wateree.

Program staff contacted Santee Wateree subsequent to receipt of your letter. They confirmed that it is difficult to limit the travel time for these clients because of the travel distances within the rural service area and growing demand for transports.

Medical Services

P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2501 Fax (803) 898-4515

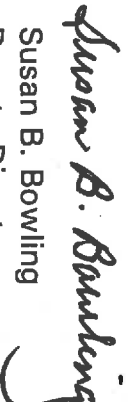
Log # 244
✓

Ms. Diana L. Brown
September 29, 2006
Page Two

Based on the information compiled in researching your request, DHHS is approving your request to enroll as a Medicaid Individual Transportation Provider only for transports in excess of the fifteen mile radius involving documented extenuating circumstances. The Cook Center must submit the enclosed ITP enrollment form to obtain a unique Medicaid provider number to be used in billing for the approved beneficiaries. It will be necessary for you to submit the current list of Medicaid beneficiaries to be billed under the assigned Individual Transportation Provider Medicaid number. You will need to receive prior approval from DHHS for any additional Medicaid beneficiaries to be billed based on documented extenuating circumstances.

Thank you for your commitment to provide quality services to Medicaid beneficiaries. If you have any questions, please contact Shirley Carrington, Team Leader for Transportation Services at (803) 898-2655.

Sincerely


Susan B. Bowling
Deputy Director

SBB/mhw

Enclosures

**Medicaid Provider Enrollment
Post Office Box 8809
Columbia, South Carolina 29202-8809**

SHADED ITEMS ARE FOR AGENCY USE ONLY AND NO INFORMATION SHOULD BE ENTERED BY THE MEDICAID PROVIDER. ITEMS IN **BOLD CAPITALS** MUST BE COMPLETED OR THIS FORM WILL BE RETURNED TO YOU.

ITEMS MARKED WITH AN ASTERISK (*) SHOULD BE COMPLETED BASED ON THE CODES LISTED ON THE BACK OF THIS FORM.

[illegible][illegible][illegible]

19 Type Ownership	20 EC Ind.
	N

21 LICENSE NO.

--	--	--	--	--	--

22 LICENSE ISSUE DATE

--	--	--	--	--	--

23 State

4	0
---	---

24 Enroll Status		25 Enroll Date	

I further certify that I have read the conditions of participation and payment on the reverse side of this form, that I understand and agree to the conditions of participation on the reverse side of this form, that the enrollment information I have furnished is true, accurate, and complete and that I will report any change affecting my enrollment. I further certify that I will obtain authorization from each Medicaid patient to release to SCDHHS medical information necessary for processing Medicaid claims.

Signature and Title of Authorized Agent: _____ Date _____

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Name (if a joint account or you changed your name, see Specific Instructions on page 2.)

Business name, if different from above. (See Specific Instructions on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2.

For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

OR

Employer identification number

Part II

For Payees Exempt From Backup
Withholding (See the instructions
on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign
Here Signature

Date

Purpose of form. A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you are a foreign person, IRS prefers you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons must use an appropriate Form W-8.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect. **Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.