

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Re-logged to Bowling Per Gary/Linter
 TO Bowling DATE 11/2/06

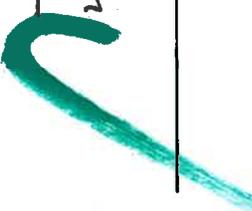
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|----------------------------|--------------------------------|---|--------------------------|
| 1. LOG NUMBER | 000338 | <input type="checkbox"/> Prepare reply for the Director's signature | DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR | <u>CC: Sangketon Stensland</u> | <input type="checkbox"/> Prepare reply for appropriate signature | DATE DUE _____ |
| | | <input checked="" type="checkbox"/> FOIA | DATE DUE <u>11/15/06</u> |
| | | <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. <u>Cleared 11/20/06 letter attached.</u> | <u>+ 12/07/06</u> | | |
| 2. <u>Final copy attached, dated</u> | | | <u>2/2/07</u> |
| 3. | | | |
| 4. | | | |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

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| TO | DATE |
| <i>Ries</i> | <i>11/2/06</i> |

| | |
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|---|----------------|--|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

From: "Pou, Tracy" <Tracy.Pou@selecthealthofsc.com>
To: <stensief@scdhhs.gov>
Date: 11/2/2006 9:32:42 AM
Subject: FOIA Request-Select Health of South Carolina

<<FOIA Request>>

RECEIVED

NOV 02 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Tracy Pou
Manager
Govt Affairs/Corporate Communications
Select Health of South Carolina
PO Box 40489
Charleston, SC 29420
843.569.4640 ph
843.569.7228 fx
843.478.1431
tracy.pou@selecthealthofsc.com
Serving South Carolina Families For 10 Years

CC: "Pou, Tracy" <Tracy.Pou@selecthealthofsc.com>



RECEIVED

NOV 02 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Jeff Stensel
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

November 1, 2006

Dear Mr. Stensel:

I am writing under the Freedom of Information Act (FOIA) to request the following:

- The last two quarters of the hcfa91 report
 - The total number of South Carolina Medicaid enrollees who have lost their eligibility from July 1, 2006-November 1, 2006
 - A month-by-month report of eligibility loss
 - A county-by-county report of eligibility loss
-
- The total unique enrollees who lost their eligibility July 1, 2005 - June 30, 2006. Of those enrollees, what percent regained eligibility within 60 days? Within 90 days? Greater than 90 days?
 - The total unique enrollees who lost their eligibility July 1, 2005 - June 30, 2006 and who were enrolled in managed care at the time of disenrollment. Of those enrollees, what percent regained eligibility within 60 days? Within 90 days? Greater than 90 days?

Please send the requested information to the following fax number: 843.569.7228 or mail it to:

Tracy Pou
Manager, Govt. and Public Affairs
Select Health of South Carolina
PO Box 40849
Charleston, SC 29423

Warm Regards,

Tracy Pou

Tracy Pou



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO:
FROM:
SUBJECT: Cost of Processing FOIA Request

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

| | | | |
|---|-------|-------|-----------------|
| Staff processing time at \$10.00 per hour | _____ | Hours | \$ _____ |
| Pages copied at \$.10 per page | _____ | Pages | \$ _____ |
| Pages faxed at \$.20 per page | _____ | Pages | \$ _____ |
| Shipping and Handling Costs | | | \$ _____ |
| Other costs associated with the FOIA request: | _____ | | \$ _____ |
| Total Amount Due SCDHHS: | | | \$ _____ |

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact _____ should you have
any questions.

Signature _____ Date: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 898-4515



State of South Carolina
Department of Health and Human Services

Log 000338

Mark Sanford
Governor

Robert M. Kerr
Director

November 20, 2006

Ms. Tracy Pou, Manager
Government and Public Affairs
Select Health of South Carolina
Post Office Box 40849
Charleston, South Carolina 29423

Dear Ms. Pou:

We received your request for the last two quarters of the HCF91 report and other eligibility information under the Freedom of Information Act.

The South Carolina Department of Health and Human Services (SCDHHS) has requested a copy of the HCF91 that Select Health has received in the past. SCDHHS has not been able to find the referenced report. The eligibility information that Select Health has requested is not compiled in a standard report. Therefore, staff is working hard to compile this information for you. We will send this information to you no later than November 30, 2006.

If you have any questions, you can contact me at (803) 898-2812.

Sincerely,

Kevin L. Rogers
Kevin L. Rogers
Bureau Chief

KLR:m

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

For Alicia

ACTION REFERRAL

Re-logged to Bowling Per Gary/Linda

TO Bowling / Rogers DATE 11/2/06

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NOV 03 2006
Bureau of Health Services
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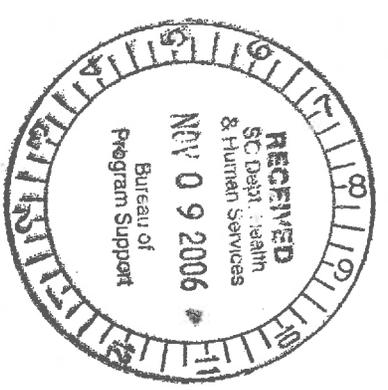
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- ④ • A county-by-county report of eligibility loss
- ⑤ • The total unique enrollees who lost their eligibility July 1, 2005 - June 30, 2006. Of those enrollees, what percent regained eligibility within 60 days? Within 90 days? Greater than 90 days?
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Manager, Govt. and Public Affairs
Select Health of South Carolina
PO Box 40849
Charleston, SC 29423

Warm Regards,
Tracy Pou
Tracy Pou



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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Post Office Box 8355
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Please contact _____ should you have any questions.

Signature

Date:

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 898-4515

From: "Helling, Cindy" <Cindy.Helling@selecthealthofsc.com>
To: "DHHS - Jerry Clark (E-mail)" <clarkjy.DHHS.SHHSFC@dhhs.state.sc.us>
Date: 11/3/2006 3:31:20 PM
Subject: Citizenship requirements

<<Citizenship questions.doc>>

Jerry,
Beverly Hamilton and I were speaking about something else yesterday, and I mentioned to her that we would like an opportunity to speak with the agency about the citizenship requirements. Beverly suggested that we submit our questions in writing to you. Would you please assist us in setting up a meeting with the appropriate individuals in the eligibility area? Given the magnitude of the effect this is having on our membership numbers, we would like to meet with the agency as soon as possible.

I checked calendars here, and we are available to meet in Columbia on the following dates in November:
9th in the afternoon
14th from 1:30 on
13th in the afternoon
16th any time

Please let me know if none of those dates work.

thanks
Cindy

CC: "DHHS - Beverly Hamilton (E-mail)" <hamiltbv@dhhs.state.sc.us>, "Stone, Kathy" <Kathy.Stone@selecthealthofsc.com>, "DHHS - Mark McKenna (E-mail)" <mckenna@scdhhs.gov>

DHHS offices

- 1) Describe the review process that occurs when a recipient walks into a DHHS office with the recertification paperwork with the citizenship papers. What is the education process if the recipient does not bring the citizenship papers?
- 2) Describe the process that occurs when a recipient mails in the recertification paperwork without the citizenship papers.
- 3) Describe the average handle time between receipt of the citizenship documents and system update.
- 4) Describe the extension process if additional documents are required.
- 5) How many extension requests are made?
- 6) How are extension requests documented?
- 7) How frequently must extension requests be made?
- 8) Describe any additional recipient education that the agency intends to furnish.
- 9) Must recipients make an appointment with their caseworker for a review to take place?
- 10) Describe the assistance available for recipients born in other states.
- 11) Describe the citizenship/identity requirements process for enrolling infants born after July 1, 2006.
- 12) Describe the process that occurs when recipients submit citizenship/identity documents outside of the recertification process.
- 13) Are all outstationed Medicaid caseworkers also trained as documentation verification specialists?
- 14) What are the state's plans to increase the numbers of documentation verification specialists?
- 15) Describe the training process for documentation verification specialists.

Records requirements

- 1) Describe acceptable documentation for citizenship requirement:
 - 4) Extract of a hospital record on hospital letterhead established at time of birth
 - 5) Life or health or other insurance record
 - 6) Medical (clinical, doctor or hospital) record (excludes immunization records)
- 2) *Must have been created at least 5 years before Medicaid application, unless the applicant is a child under the age of 5. Are these documents acceptable with no waiting period for children under the age of 5?*
- 3) Describe acceptable documentation for identity requirement:
 - School record or report card
 - Clinic doctor or hospital record
 - Daycare/nursery school record
- 4) Describe the circumstances under which an attestation will be considered acceptable for young children.

Systems

- 1) Describe the processes used to systematically verify information with DHEC vital records, school records and DMV.
- 2) Are you aware of any other assistance agencies in SC that have already collected birth certificates?
- 3) What efforts are being made to match information with WIC, Food Stamps, etc.?
- 4) Is the agency aware of other states with successful systematic documentation of citizenship?
- 5) Is system update indicating each recipient's compliance with the new requirements done at the local or state level?

From: Beverly Hamilton
To: Clarence Lewis
Date: 11/3/2006 3:48:36 PM
Subject: Log Letter FOIA request

The agency received a request from Select Health of SC for the following:

A copy of the last two quarters of the hcfa91 report.

Is this something that you can produce and provide to me? Will this be in electronic format? Could you tell me approximately when you could do this?

Thanks in advance for your help with this. Beverly

Beverly G. Hamilton, MHSA
Division Director for Care Management
SC Dept. of Health & Human Services
803-898-4502

CC: Mark McKenna



From: Daisy G. Massey
To: Margarete Keller
Date: 12/7/2006 10:14:21 AM
Subject: FOIA Request---Log 000338

This is more followup on Log 338. They are still working on information she requested.

>>> Kevin Rogers 12/7/2006 9:56 AM >>>
Tracy,

I want to update you on the status of your information request. I have attached an Excel file that should answer some of the questions you had. My understanding is that you were to provide us sample pages of the HCFA 91. To date, we have not received the requested examples. My fax number is 803-255-8208 if you would like to send that directly to me. SCDHHS is not familiar with this report.

Regarding the last 2 items you requested:

1. The total unique enrollees who lost their eligibility 7/1/05 - 6/30/06. Of those enrollees, what percent regained eligibility within 60, 90 or greater than 90 days.
2. The total unique enrollees who lost their eligibility 7/1/05 - 6/30/06 and who were enrolled in managed care at the time of disenrollment. Of those enrollees, what percent regained eligibility within 60, 90 or greater than 90 days.

These are not standard DHHS reports. These will need to be created at a cost to you. We are in the process of determining the effort involved in that, and will provide you that estimate as soon as it is available.

If you have any questions, please fee free to give me a call.

Kevin Rogers
SCDHHS
Bureau of Program Support
Ph: 803-898-2812

| | # of Medicaid Ineligibles |
|-------------------------------------|---------------------------|
| Jul-06 | 43,617 |
| Aug-06 | 38,912 |
| Sep-06 | 37,781 |
| Oct-06 | 45,397 |
| Total | 165,707 |
| Unduplicated | 157,165 |
| Remain Ineligible as of 11/1 | 86,034 |

Datasource: MEDS Eligibility Table
Date: 11/27/2006
From: OMR, MJ

| County | Ineligibles |
|--------|-------------|
| 1 | 876 |
| 2 | 5,309 |
| 3 | 817 |
| 4 | 5,581 |
| 5 | 783 |
| 6 | 1,230 |
| 7 | 3,978 |
| 8 | 5,201 |
| 9 | 611 |
| 10 | 10,956 |
| 11 | 1,935 |
| 12 | 1,364 |
| 13 | 2,274 |
| 14 | 1,639 |
| 15 | 2,270 |
| 16 | 3,499 |
| 17 | 2,055 |
| 18 | 3,511 |
| 19 | 743 |
| 20 | 1,231 |
| 21 | 6,232 |
| 22 | 2,302 |
| 23 | 11,881 |
| 24 | 2,818 |
| 25 | 1,607 |
| 26 | 9,540 |
| 27 | 1,400 |
| 28 | 2,023 |
| 29 | 2,507 |
| 30 | 2,656 |
| 31 | 1,048 |
| 32 | 6,819 |
| 33 | 343 |
| 34 | 2,105 |
| 35 | 1,636 |
| 36 | 1,523 |
| 37 | 2,535 |
| 38 | 5,037 |
| 39 | 3,486 |
| 40 | 10,617 |
| 41 | 747 |
| 42 | 8,668 |
| 43 | 4,766 |
| 44 | 1,195 |
| 45 | 1,956 |
| 46 | 5,855 |
| ===== | |
| | 157,165 |

From: Kevin Rogers
To: Daisy G. Massey
Date: 2/2/2007 4:02:44 PM
Subject: Fwd: RE: CMS(HCFA)-64 reports

Log 338 ✓

FOIA backup. Came in under Tracy Pou.

*See email of 2-2-07. For Harris
this log is now complete.*

From: Kevin Rogers
To: Kathy Stone
Date: 2/2/2007 4:00:36 PM
Subject: RE: CMS(HCFA)-64 reports

Please let me know if this is not what you need. Thanks.

>>> "Stone, Kathy" <Kathy.Stone@selecthealthofsc.com> 1/26/2007 3:27:44 pm >>>
Hi Kevin,

Is it possible we are considering different definitions of 2006? I am looking for calendar year 2006 quarter 3 and 4. For instance, I would expect that quarter 3 would end September 30, 2006; quarter 4 would end December 31, 2006.

I see that what you have indicated as quarter 3 2006 is for the quarter ended 03-31-06 - so perhaps you are looking at the the states 2005-2006 year.

I probably should have made the request for the quarter ending 09-30-06 and the quarter ending 12-31-06 (which I recognize may not yet be available.).

Thanks, (I'm sorry to be such a pest about this.)

Kathy

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

From: Kevin Rogers [<mailto:Rogers@scdhhs.gov>]
Sent: Friday, January 26, 2007 10:08 AM
To: Stone, Kathy
Cc: Jeff Bryson; Mark McKenna; Kevin Rogers; Pou, Tracy
Subject: RE: CMS(HCFA)-64 reports

Kathy, attached are the reports you requested.

>>> "Stone, Kathy" <Kathy.Stone@selecthealthofsc.com> 1/25/2007 12:02 pm >>>
Thanks so much!

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

From: Kevin Rogers [<mailto:Rogers@scdhhs.gov>]
Sent: Thursday, January 25, 2007 12:01 PM
To: Stone, Kathy
Cc: Pou, Tracy
Subject: Re: CMS(HCFA)-64 reports

Should have those to you shortly. Sorry for the delay. We can do this under the existing FOIA request.

>>> "Stone, Kathy" <Kathy.Stone@selecthealthofsc.com> 1/25/2007 11:59:37 am >>>
Hi Mr. Rogers,

Jeff Bryson gave me your name. A while back we requested via a FOIA request made by Tracy Pou, CMS(HCFA) 64 reports for the last two most

recent quarters . We received what were the most recent reports at that time - quarters 1 and 2 from 2006.

I am now looking for 2006 quarters 3 and 4 (if available yet). Would it be possible to request those through you...or would we need to submit another FOIA request?

Thanks,

Kathy Stone
Vice President of Public Affairs
Select Health of South Carolina, Inc.
PO Box 40849
Charleston, SC 29423
(P) 843 569-4801
(C) 843 697-5190
kathy.stone@selecthealthofsc.com
www.selecthealthofsc.com
Serving South Carolina Families for over a Decade

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

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CC: Jeff Bryson; Kevin Rogers; Tracy Pou

**For Fourth Quarter Only
Quarter Ended 9/30/06**

Children's Health Insurance Program

| | |
|--|---------------|
| Number of Children Enrolled at Quarter End | 34,170 |
| Fee for Service Plans | 6,555 |
| Managed Care Arrangements | 0 |
| Primary Care Case Management | 0 |
| Total | 40,725 |

Medical Assistance Program

| | |
|--|----------------|
| Number of Children Enrolled at Quarter End | 306,484 |
| Fee for Service Plans | 72,302 |
| Managed Care Arrangements | 0 |
| Primary Care Case Management | 0 |
| Total | 378,786 |

**For Fourth Quarter Only
Quarter Ended 9/30/06**

Children's Health Insurance Program

| | |
|--|---------------|
| Number of Children Enrolled at Quarter End | |
| Fee for Service Plans | 30,961 |
| Managed Care Arrangements | 6,254 |
| Primary Care Case Management | 0 |
| Total | 37,215 |

Medical Assistance Program

| | |
|--|----------------|
| Number of Children Enrolled at Quarter End | |
| Fee for Service Plans | 293,462 |
| Managed Care Arrangements | 74,168 |
| Primary Care Case Management | 0 |
| Total | 367,630 |



State of South Carolina
Department of Health and Human Services

109 338

Mark Sanford
Governor

Robert M. Kerr
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November 20, 2006

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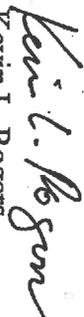
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Sincerely,


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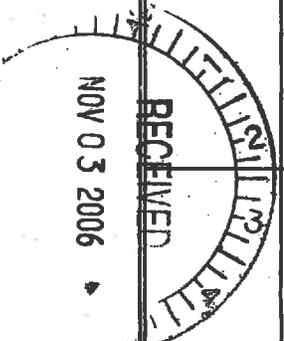
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TO Bowling / Rogers DATE 11/2/06

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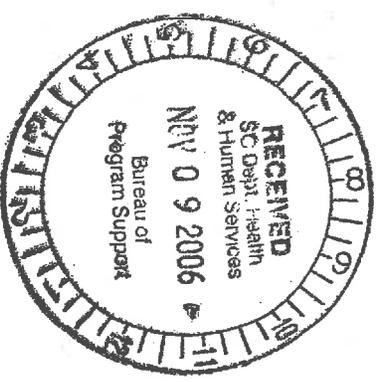
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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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TO:
FROM:
SUBJECT: Cost of Processing FOIA Request

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

| | | |
|---|-------------|-----------------|
| Staff processing time at \$10.00 per hour | _____ Hours | \$ _____ |
| Pages copied at \$.10 per page | _____ Pages | \$ _____ |
| Pages faxed at \$.20 per page | _____ Pages | \$ _____ |
| Shipping and Handling Costs | | \$ _____ |
| Other costs associated with the FOIA request: | _____ | \$ _____ |
| Total Amount Due SCDHHS: | | \$ _____ |

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact _____ should you have
any questions.

Signature _____

Date: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 898-4515

From: "Helling, Cindy" <Cindy.Helling@selecthealthofsc.com>
To: "DHHS - Jerry Clark (E-mail)" <clarkjy.DHHS.SHHSFC@dhs.state.sc.us>
Date: 11/3/2006 3:31:20 PM
Subject: Citizenship requirements

<<Citizenship questions.doc>>

Jerry,
Beverly Hamilton and I were speaking about something else yesterday, and I mentioned to her that we would like an opportunity to speak with the agency about the citizenship requirements. Beverly suggested that we submit our questions in writing to you. Would you please assist us in setting up a meeting with the appropriate individuals in the eligibility area? Given the magnitude of the effect this is having on our membership numbers, we would like to meet with the agency as soon as possible.

I checked calendars here, and we are available to meet in Columbia on the following dates in November:
9th in the afternoon
14th from 1:30 on
13th in the afternoon
16th any time

Please let me know if none of those dates work.

thanks
Cindy

CC: "DHHS - Beverly Hamilton (E-mail)" <hamiltbv@dhs.state.sc.us>, "Stone, Kathy" <Kathy.Stone@selecthealthofsc.com>, "DHHS - Mark McKenna (E-mail)" <mckenna@scdhs.gov>

DHHS offices

- 1) Describe the review process that occurs when a recipient walks into a DHHS office with the recertification paperwork with the citizenship papers. What is the education process if the recipient does not bring the citizenship papers?
- 2) Describe the process that occurs when a recipient mails in the recertification paperwork without the citizenship papers.
- 3) Describe the average handle time between receipt of the citizenship documents and system update.
- 4) Describe the extension process if additional documents are required.
- 5) How may extension requests be made?
- 6) How are extension requests documented?
- 7) How frequently must extension requests be made?
- 8) Describe any additional recipient education that the agency intends to furnish.
- 9) Must recipients make an appointment with their caseworker for a review to take place?
- 10) Describe the assistance available for recipients born in other states.
- 11) Describe the citizenship/identity requirements process for enrolling infants born after July 1, 2006.
- 12) Describe the process that occurs when recipients submit citizenship/identity documents outside of the recertification process.
- 13) Are all outstationed Medicaid caseworkers also trained as documentation verification specialists?
- 14) What are the state's plans to increase the numbers of documentation verification specialists?
- 15) Describe the training process for documentation verification specialists.

Records requirements

- 1) Describe acceptable documentation for citizenship requirement:
 - 4) Extract of a hospital record on hospital letterhead established at time of birth
 - 5) Life or health or other insurance record
 - 6) Medical (clinical, doctor or hospital) record (excludes immunization records)
- 2) *Must have been created at least 5 years before Medicaid application, unless the applicant is a child under the age of 5. Are these documents acceptable with no waiting period for children under the age of 5?*
- 3) Describe acceptable documentation for identity requirement:
 - School record or report card
 - Clinic doctor or hospital record
 - Daycare/nursery school record
- 4) Describe the circumstances under which an attestation will be considered acceptable for young children.

Systems

- 1) Describe the processes used to systematically verify information with DHEC vital records, school records and DMV.
- 2) Are you aware of any other assistance agencies in SC that have already collected birth certificates?
- 3) What efforts are being made to match information with WIC, Food Stamps, etc.?
- 4) Is the agency aware of other states with successful systematic documentation of citizenship?
- 5) Is system update indicating each recipient's compliance with the new requirements done at the local or state level?

From: Beverly Hamilton
To: Clarence Lewis
Date: 11/3/2006 3:48:36 PM
Subject: Log Letter FOIA request

The agency received a request from Select Health of SC for the following:

A copy of the last two quaters of the hcfa91 report.

Is this something that you can produce and provide to me? Will this be in electronic format? Could you tell me approximately when you could do this?

Thanks in advance for your help with this. Beverly

Beverly G. Hamilton, MHSA
Division Director for Care Management
SC Dept. of Health & Human Services
803-898-4502

CC: Mark McKenna