

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

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>10/19/06</i>
------------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>600318</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Keller</i> <i>Cleared 10/25/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10/30/06</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.			

JACKSON & JACKSON
ATTORNEYS AT LAW

1415 RICHLAND STREET
COLUMBIA, SOUTH CAROLINA 29201

MAILING ADDRESS:

P.O. BOX 7065
COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE 803-256-2398
FAX 803-779-2173

ROBERT L. JACKSON
LINDA Z. JACKSON

October 18, 2006

Department of Health and Human Services
Attention: Mr. Robert Kerr, Director
P.O. Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

OCT 19 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Carolina Health Care, Inc.
Our File No. 6969

Dear Mr. Kerr:

On August 16, 2006 Ms. Debora D. Carter, Compliance Review Officer, notified Carolina Health Care, Inc. that your department was suspending new client referrals to Carolina Health Care. She also notified Carolina Health Care that a special survey will be conducted in approximately ninety days and if SCDHHS determines that the deficiencies have been corrected the suspension of referrals may be lifted. On September 15, 2006, I sent you a letter protesting the suspension, but I have not received a response.

Prior to the suspension your department notified Carolina Health Care of numerous alleged discrepancies in the use of the Care Call system and demanded a refund of \$31,899.61. By letter dated July 21, 2006 I made an offer in compromise to Ms. Daryle D. Doyle, but I never received a response.

My client has, however, continued discussions with members of your staff and an agreement has been reached to the effect that your department will accept \$15,000.00 as full and complete restitution. Payment is to be by way of a weekly debit of my clients Medicaid reimburse for a period of 6 months. The loss of \$2,000 - \$3,000 per month combined with no new client referrals is a considerable financial hardship for my client to endure.

On behalf of Carolina Health Care, Inc. I am asking you to conduct the "special survey" immediately and lift the suspension if it is found that the deficiencies have been corrected.

Department of Health and Human Services

Attention: Mr. Robert Kerr, Director

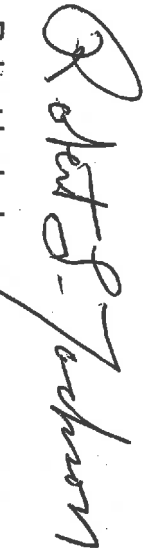
October 18, 2006

Page 2

Your earliest consideration of this matter is appreciated.

Sincerely,

JACKSON & JACKSON



Robert L. Jackson

RLJ:cld

cc: Carolina Health Care, Inc.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL



TO	DATE
Singleton	10/19/06

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2. DATE SIGNED BY DIRECTOR CC:Kell	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 10/30/06 <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

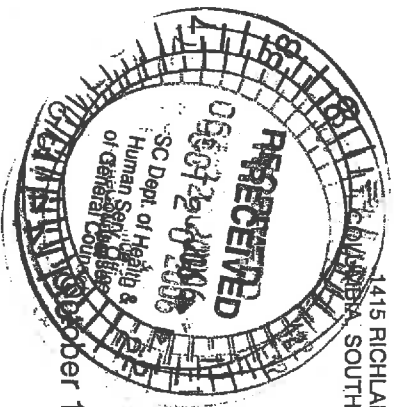
APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. BJS			
2.			
3.			
4.			

JACKSON & JACKSON
ATTORNEYS AT LAW

1415 RICHLAND STREET
COLUMBIA, SOUTH CAROLINA 29201

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COLUMBIA, SOUTH CAROLINA 29202
TELEPHONE 803-256-2398
FAX 803-779-2173

ROBERT L. JACKSON
LINDA Z. JACKSON



September 18, 2006

Department of Health and Human Services
Attention: Mr. Robert Kerr, Director
P.O. Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

OCT 19 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Carolina Health Care, Inc.
Our File No. 6969

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Department of Health and Human Services

Attention: Mr. Robert Kerr, Director

October 18, 2006

Page 2

Your earliest consideration of this matter is appreciated.

Sincerely,

JACKSON & JACKSON

A handwritten signature in black ink, appearing to read "Robert L. Jackson". The signature is written in a cursive, flowing style with a large initial "R".

Robert L. Jackson

RLJ:ctd

cc: Carolina Health Care, Inc.

JACKSON & JACKSON
ATTORNEYS AT LAW

1415 RICHLAND STREET
COLUMBIA, SOUTH CAROLINA 29201

MAILING ADDRESS:

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COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE 803-256-2398

FAX 803-779-2173

ROBERT L. JACKSON
LINDA Z. JACKSON

October 18, 2006

Received
10-19-06
James S. Guignard, Esquire
1611 Wyndam Road
Columbia, South Carolina 29204

Re: Carolina Health Care, Inc. / SCDHHS

Dear Mr. Guignard:

This is notice that the referenced parties have resolved the issue on appeal, and Carolina Health Care, Inc. hereby withdraws its request for an appeals hearing.

By copy of this letter I am notifying SCDHHS.

Sincerely,

JACKSON & JACKSON

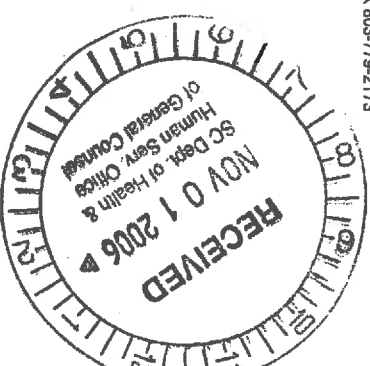


Robert L. Jackson

RLJ:ctd

cc: SCDHHS

Attn: Deirdra T. Singleton, Esquire





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 27, 2006

VIA CERTIFIED MAIL

Robert L. Jackson, Esq.
Post Office Box 7065
Columbia, South Carolina 29202

Re: Order of Dismissal in the Appeal Matter of Carolina Health Care vs. SC DHHS
Appeal Case #: 06-MISC-031

Dear Mr. Jackson:

The Order of Dismissal in the referenced appeal matter is set forth in the enclosure.

Any party has the right to petition for further review of this Decision, as provided in the Administrative Procedures Act [S.C. Code Ann. Section 1-23-310, et seq. (1976, as amended)]. To request a review, a Notice of Appeal must be filed with the South Carolina Administrative Law Court, 1205 Pendleton Street, Suite 224 (Brown Building - 2nd floor), Columbia, South Carolina 29201-3755, within 30 days of receipt of the Decision or Order from which the appeal is taken. The Notice of Appeal must be submitted in accordance with the Rules of Procedure for the South Carolina Administrative Law Court, including Rule 33 which establishes specific requirements for the contents of a Notice of Appeal. For a copy of the ALC rules, you may contact the Administrative Law Court at (803) 734-0550.

If an appeal to the Administrative Law Court is filed, a copy of the Petition should also be provided to the DHHS Office of General Counsel. Also, please see the enclosed copy of Rule 71 of the Rules of Procedure for the ALC which requires a filing fee for an appeal to the Administrative Law Court.

Sincerely yours,

Christine Crouch
Christine Crouch, Acting Director
Division of Appeals and Hearings
VC/jsg

Continued on Page Two



Mr. Robert L. Jackson, Esq.

October 27, 2006

Page Two

Enclosures: 1. Order of Dismissal

2. Rule 71, Rules of Procedure for the Administrative Law Court

cc: Office of General Counsel, SC DHHS

Michael Springs, SC DHHS Division of Appeals

Daryle Doyle, SC DHHS CLTC Waiver Management

ORDER OF DISMISSAL
Dismissing Appeal of Jeirline Jones

In the Matter of Carolina Health Care vs. DHHS
Appeal Case #: 06-MISC-031

Date: October 23, 2006

Hearing Officer: James S. Guignard

JURISDICTION

This case is adjudicated under the authority granted by the South Carolina General Assembly to the South Carolina Department of Health and Human Services to administer various programs and grants (See, e.g., S.C. Code Ann. 44-6-10, *et seq.*). This appeal has been conducted pursuant to the provisions of the Appeals and Hearings regulations of the South Carolina Department of Health and Human Services (Reg. 126-150, *et seq.*) and the South Carolina Administrative Procedures Act (S.C. Code Ann. 1-23-310, *et seq.*).

ISSUE

Did the Department of Health and Human Services (DHHS) (Respondent) commit any errors of fact or law in making the original determination that Carolina Health Care's billing records reflected certain errors?

HEARING

Prior to the scheduled hearing, I, the undersigned Hearing Officer, studied the documents presented and passed upon their credibility. Having fully reviewed the matter herein, including the written request for the withdrawal of the appeal, I make the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. On August 9, 2006, the Appeals Division received a letter from Petitioner requesting a fair hearing. (See copies in the case file, which are incorporated herein by reference.)
2. Thereafter, I set a hearing date of October 16, 2006.
3. Prior to the date of the hearing, I received a request from DHHS General Counsel to hold the appeal in abeyance pending negotiations between DHHS and Petitioner.
4. By letter dated October 18, 2006, Robert L. Jackson, attorney for Petitioner, stated that the parties involved had resolved the issue and that Petitioner desired to withdraw the appeal. (See attached copy.)

CONCLUSIONS OF LAW

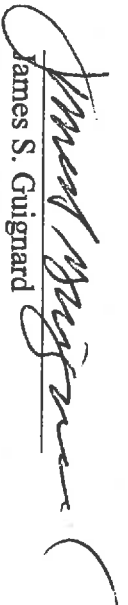
1. A Hearing Officer has the authority, among other things, to: direct all procedures; issue interlocutory orders; schedule hearings and conferences; preside at formal proceedings; rule on procedural and evidentiary issues; require the submission of briefs and conclusions of law; call witnesses; recess, continue, and conclude any proceedings; dismiss any appeal for failure to comply with the requirements of this sub-article. South Carolina Department of Health and Human Services, Chapter 126, "Administration" R.126-154, §44-6-90, S.C. Code, 1976, as amended.
2. Petitioner has withdrawn the appeal due to a resolution of the issue prior to the hearing date.
3. There is no question on which to rule due to the withdrawal of the request for an appeal.

ORDER

Based on the withdrawal of the request for an appeal by Petitioner as noted in the Findings of Fact and Conclusions of Law, this appeal should be, and is **DISMISSED**.

AND IT IS SO ORDERED

this 23 of October, 2006, at Columbia, South Carolina


James S. Guignard
Hearing Officer



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 31, 2006

Mr. Robert L. Jackson, Esquire
Jackson and Jackson Attorneys at Law
1415 Richland Street
Columbia, South Carolina 29201

Dear Mr. Jackson:

I am in receipt of your letters of September 15th and October 19th to Robert M. Kerr, Director of the Department of Health and Human Services (DHHS) regarding your client, Carolina Health Care, Inc. (CHC). As I mentioned to you in our telephone conversation in late September and most recently our conversation on October 30th, DHHS was in negotiations with representatives of CHC to first resolve matters relating to a review that was conducted as a result of a complaint received from one of the Community Long Term Care Area offices. The review resulted in a potential disallowance of \$31,899.61. Representatives of CHC were informed, that following our resolution of this matter, we would address concerns raised regarding DHHS' suspension of new client referrals to CHC.

As you are aware, DHHS and CHC have resolved the issues regarding the above-mentioned disallowance. CHC has agreed to a repayment plan whereby CHC will reimburse DHHS an amount of \$15,000 over a six months period.

In your October 18th letter, you asked if DHHS would "conduct a "special survey" immediately and lift the suspension [of new client referrals] if it is found that the deficiencies have been corrected." Please be advised that DHHS will conduct an unannounced survey of CHC to ensure that the deficiencies referenced in the August 16, 2006 letter from Ms. Debora Carter, Compliance Review Officer, have been corrected. However, if these deficiencies have not been corrected or if additional deficiencies are found, the suspension could be extended or CHC's contract could be terminated depending on the severity of the deficiencies found.

If you have any other questions or would like to discuss this matter further, please call me at 898-2795.

Sincerely,

A handwritten signature in black ink, appearing to read "Deirdra T. Singleton".

Deirdra T. Singleton,
General Counsel

Cc: Susan Bowling

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210