

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Releg From Beeding to Singleton per Juan B. on 1/17/07

TO:

DATE

Singleton

1-16-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000447	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>1-25-07</u> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

Closed 2/26/07, letter attached. ✓

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

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

ACTION REFERRAL

TO <i>Howling</i>	DATE <i>1-16-07</i>
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3.			
4.			

Cynthia C. Still

Licensed Professional Counselor

398 College Avenue

Clemson, South Carolina 29631

Telephone: (864) 653-4112

Fax: (864) 653-4129

RECEIVED

JAN 11 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FAX COVER SHEET

ATTENTION: Bryan Kost

FAX #: 803-255-8235

PAGES TO FOLLOW: 2

FROM: Cindy Still

MEMO:

Confidentiality Warning!!

This communication may be confidential and legally privileged. If you are not the person to whom it is addressed, do not read, copy or let anyone else besides the addressees see it. Please respect the confidentiality of this personal information and respect the federal and state laws that protect its confidentiality. If this has been transmitted to you by mistake, we ask you to extend the courtesy of calling us back at the voice number listed above and telling us what went wrong.

Thank you for your time.

Cynthia C. Sell, LPC
398 College Avenue
Clemson, SC 29631
Phone (864) 653-4112, Fax (864) 653-4129

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JAN 11 2007

Attention: Nancy Pittman, Sherry Ward, Kathleen Snider
Re: Clemson Behavioral Health case #P2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Date: January 11, 2007

This letter is an addendum to the letter of December 15th in which I discussed the shadow audit of my cases. I wish to amplify my concerns again and will share this letter in the appeals process. I also have specific questions in this letter to be answered, which I will bold face type so they do not get lost in the text.

Six of my nine charts pulled were patients of the supervising physician, Dr. Mouzon. In all, you chose a sample of four to specifically review. Of those four, two were her patients. Of the remaining five charts that you did not review, four of those patients were Dr. Mouzon's. You have extrapolated a 97% error rate on those charts as if they were like the first four—although they are not. This is one reason for appeal. I can tell you that all nine patients have a medical necessity to be seen and this can be proven. All patients had treatment plans and progress summaries and were discussed with the doctor. The only disallowance, which I have no problem reimbursing to Dr. Mouzon, is for any missing daily notes, even if billing error was the cause.
Of continued concern...

Medical Necessity

If a doctor refers a child to me, it means they were seen and he/she is concerned and wants them to see a counselor. No one in our office knew the documentation had to be kept in the chart. In some cases written proof came in with the referral and at other times it was verbal. Why can't we place already existing proof of medical necessity in the charts now? Why do we not have the chance to prove these cases were covered all along? We need the opportunity to prove that all of these cases were very necessary.

Referral

At the October 12 meeting we asked about a proper referral form for the doctor. You stated they may refer in the manner they please as long as they show medical necessity. Isn't their diagnosis and signature enough? Also, will you please cite in the manual where a physician cannot directly refer to a licensed counselor? Can you please cite in the manual where it says the referring physician must first refer to the supervising physician?

Treatment Plans/Progress Summary

Your other concern is over proof that counselors are being supervised. You do not recognize our treatment plans that have a progress section on the back. Someone even said they should be in separate places—was this a cause for disallowance? Can you reference the manual? The progress meeting is supposed to be face to face and it is. Where in the manual does it state that the terminology "met face to face with physician" is required in the note itself? Explain why "progress summary since last update" is not a progress summary. Occasionally, a patient's progress is discussed and the note is signed by the doctor a day after as time allows, will you cite in the manual where it states this is a disallowance if the dates don't match? Can you prove that patients have not been discussed just because the dates don't match?

Why doesn't DHHS have approved treatment plans and progress summaries as samples to follow? Or, could we submit forms that you can screen and approve?

Acceptable notes

Dr. Mouzon saw one of my patients initially and you then allowed 3 months of brief notes as acceptable. They did not become unacceptable until after 3 months when you did not acknowledge the progress summary in the chart. The doctor sees 6 of my 9 patients frequently. After those patients were seen, why are my notes not accepted? The doctor always states to continue treatment with Cindy Still. This is a continuing referral.

Access

As an LPC, I should have direct access to someone in Columbia DHHS who can answer my charting questions. You have a program manager. Why can I not contact her directly to ask some of these questions? She even gave me her cards. All remains a guessing game.

In summary, all of the problems you cite can be corrected with discussion and education. It seems DHHS would rather avoid education and extract as much in recoupment as possible. It is analogous to the college professor who never gives you any feedback on how you're doing until the end, when you make an F. There are efforts to extract money first and educate later, then announcements to the public that you have saved them money.

Let's look at the true cost of this situation. When I am certain my current patients have been successfully treated and released, I will accept no more Medicaid. My colleagues feel the same. Considering that most children in the Golden Corner are on Medicaid, this will wipe out service delivery to many. Other counselors in the area who are not associated with us, have already done so -having warned us long ago not to "mess with" Medicaid. I thought they were being elitist because of the population we serve. They are the poorest. There is more drug addiction, crime, abandonment and abuse in these homes. We wanted to do our best, but it appears this private care counselor is being driven out of the business in a state where I've served the neediest of South Carolina for a long time. My clients will not be pleased.

The "nine" families can attest to the good work I've done with their children in that audit year and beyond. I've held crying children in my arms after they lost their mother, and then gone home and cried myself. I've reported abuse and testified in family and criminal court. I've visited schools and advocated on their behalf. I've e-mailed teachers and lawyers at midnight. I've supervised visitation of bio parents. I've explained adoption, drug addiction and abuse to children who have lost their parents. I've explained good touch/bad touch and hopefully helped prevent another generation of perpetrators. I've helped patients stop self-injurious behaviors and taught coping skills to deal with life.

I am being asked to repay a year's worth of service provided to the above individuals- at great financial hardship to me- because paperwork was not deemed acceptable. I've been given no opportunity to make corrections in lieu of fines. I wish to appeal and be heard since these are my patients as well as Dr. Mouzon's, and I would like my questions answered soon.

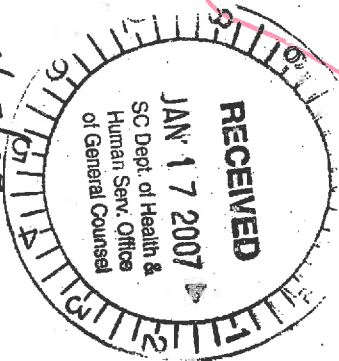
Cynthia C Still

Cynthia C. Still, LPC

Cc Dr. Jacqueline Mouzon

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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JAN 11 2007

Department of Health & Human Services
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FAX COVER SHEET

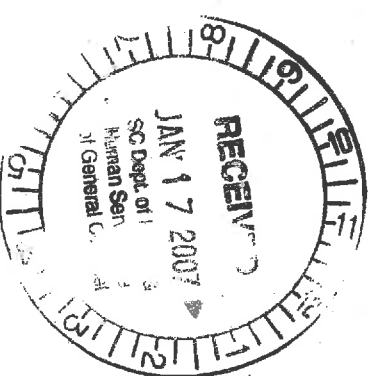
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JAN 17 2007

SC Dept. of Health &
Human Serv. Office
Chief Counsel

01/11/2007 12:07 PM

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Cynthia C. Still
Cynthia C. Still, LPC

Cc: Dr. Jacqueline Mouzon



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Karr
Director

February 26, 2007

Cynthia C. Still, LPC
398 College Avenue
Clemson, South Carolina 29631

Dear Ms. Still:

We are sending you this letter in response to your letter about the South Carolina Department of Health and Human Services' (SCDHHS) Division of Program Integrity review conducted on the Medicaid claims submitted by Dr. Jacqueline Mouzon. The period of this review covered claims for psychiatric services paid by Medicaid for the time period of May 2005 through April 2006 (12 months).

The Program Integrity review findings centered on Dr. Mouzon's failure to properly supervise the services provided to Medicaid patients. SCDHHS Medicaid physician program policy, which sets the standards for the psychiatric services billed by Dr. Mouzon, requires her to directly supervise the allied professionals (including counselors) who are providing the counseling to the patients for whom reimbursement is made.

Dr. Mouzon was the enrolled provider and the pay-to provider for the services we reviewed, and the Medicaid reimbursement was made only to her. Paraprofessionals are not separately enrolled as Medicaid providers under this program. For these reasons, neither you nor any of her counselors have a responsibility to repay Medicaid for the excessive and inappropriate claims identified during the review. Rather, Dr. Mouzon is responsible for refunding this agency. Dr. Mouzon has been informed of this in a letter dated December 21, 2006.

Because this is a physician-driven program, Medicaid policy requires that all patients receiving psychiatric and/or counseling services must be seen by a physician to assess and monitor the patient's psychiatric and/or psychological status. Either a referral with written documentation by a physician to determine medical necessity, or a medical assessment by Dr. Mouzon herself, must be in the client's chart before counseling is initiated. This is also why any progress summary notes must sufficiently document that the physician met with you at the required three month intervals in order to discuss and direct the on-going treatment of the patient.

Cynthia C. Still, LPC

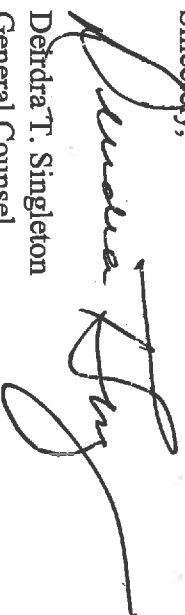
February 26, 2007

Page 2

The Medicaid policies and requirements can be found in the physician provider manual. It was Dr. Mouzon's responsibility to make sure that you and the other counselors followed the manual before claims were submitted for Medicaid payment.

I hope this alleviates some of your concerns. Since this case is under appeal by Dr. Mouzon, it may be best that any further questions are directed to me at the Office of General Counsel, (803) 898-2795.

Sincerely,

A handwritten signature in black ink, appearing to read "Deirdra T. Singleton". The signature is fluid and cursive, with a large, stylized initial "D".

Deirdra T. Singleton
General Counsel

DTS/b



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

February 26, 2007

Robert M. Kerr
Director

Holly L. Partin, LPC
800 Whitworth Circle; Suite B
Seneca, South Carolina 29678

Dear Ms. Partin:

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Holly L. Partin, LPC

February 26, 2007

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Deirdra T. Singleton
General Counsel

DTS/b



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

February 26, 2007

Michael A. Whitener, LPC, M.Ed.
398 College Avenue
Clemson, South Carolina 29631

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Michael A. Whitener, LPC, M.Ed.
February 26, 2007

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General Counsel

DTS/b