

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Waldrop	3-9-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000397	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 3-18-11
2. DATE SIGNED BY DIRECTOR cc: Mr. Keet Cleared 3/29/11 letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			

LOS
JMK
Kirst Signout



RECEIVED

MAR 09 2011

House of Representatives

State of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

519-B Blatt Building
P.O. Box 11867
Columbia, SC 29211
Tel. 803-734-3114

Committees:

Ethics, Chairman
Ways and Means

March 3, 2011

Mr. Anthony E. Keck

Director, SC Department of Health and Human Services
Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Dear Director Keck:

Enclosed please find a letter from a constituent of mine by the name of Eilyn J. Burkette. If you would please look into this matter and contact Ms. Burkette at 803-613-0789 I would greatly appreciate it.

If you have any questions or need any further information please contact my office at 803-734-3114.

Thank you for your time and help with this matter.

Sincerely,

J. Roland Smith
J. Roland Smith

Cc: Eilyn J. Burkette 1018 Skyview Drive, North Augusta, SC 29841



House of Representatives
State of South Carolina

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March 8, 2011

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SC Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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Department of Health & Human Services
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REPRESENTATIVE SMITH:

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5-New just delivered by BELK \$179.00 king size comforter still in package.

7-4 Leather hand bags @30.00 each from Belk

cans Pillsbury butter biscuits

11-PCA worker let my son fall and get hurt.

responsible?

I hope you will forgive any errors I've made. I'm in a lot of pain.

Dear Sir,

Polymorphous; 144° and the
Paraldehyde; from from from
C₂H₄ and from 191
can be used for
from under the
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at the end of 1918

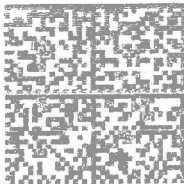


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Member, House of Representatives
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Department of Health & Human Services
OFFICE OF THE DIRECTOR

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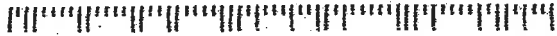


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03/08/2011
US POSTAGE
016H26513343
03/08/2011
US POSTAGE

Mr. Anthony E. Keck
Director, SC Department of Health and
Human Services
Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

292028206 B044




DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Roy/son



ACTION REFERRAL

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Waldrep	3-9-11

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2. DATE SIGNED BY DIRECTOR	cc: Mr. Fleet	<input type="checkbox"/> Prepare reply for appropriate signature	
		SOUTH CAROLINA Partners for Health	
			
		NT	
APPROVALS (Only when prepared for director's signature)			
1. Sam Waldrep		1-888-809-3040	
2. Roy Smith			
3. Jon Tapley			
4.			

log to
Jm
Kirst Signet

March 24, 2011

The Honorable J. Roland Smith
South Carolina House of Representatives
519-B Blatt Building
Post Office Box 11867
Columbia, South Carolina 29201

Dear Representative Smith:

Thank you for contacting this agency on behalf of Eilyn J. Burkett regarding her son's medical care.

A member of my staff has been in direct contact with Ms. Burkett regarding the issues brought forth in her letter. We understand that she has not contacted local law enforcement; however, we encouraged her to do so in order for a criminal investigation to be completed. Fortunately, Ms. Burkett indicated that she has chosen another agency to perform her son's personal care services and is currently satisfied with the provider of these services.

This agency has begun an investigation of A Mother's Choice Healthcare to determine if they will be eligible to continue participation with the South Carolina Medicaid program as a provider of personal care services.

As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing medical information without the client's written consent. We have enclosed an *Authorization to Disclose Health Information* form if you would like more information that we are currently able to provide.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,



Anthony E. Keck
Director

AEK/cd
Enclosure

SCDHHS AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name: _____ Date of Birth: _____

Record #: _____ Client SS #: _____

I _____ *(Client or Personal Representative)* hereby authorize

_____ *(Name of Provider/Plan/Agency)* to disclose specific health information

from the records of the above named client to: _____ *(Recipient Name/Address/Phone/Fax)*

_____ for the specific purpose(s): _____

_____ Specific information to be disclosed: _____

_____ I understand that this authorization will expire on the following date, event or condition: _____

_____ I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time and that I will be asked to sign the *Revocation Section* on the back of this form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

_____ I understand that refusal to sign this authorization will not condition or limit my access to treatment, payment, enrollment or eligibility for benefits available to me.

_____ I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

_____ I further understand that I may request a copy of this signed authorization.

_____ <i>(Signature of Client)</i>	_____ <i>(Date)</i>	_____ <i>(Witness-If Required)</i>
---------------------------------------	------------------------	---------------------------------------

_____ <i>(Signature of Personal Representative)</i>	_____ <i>(Date)</i> *****	_____ <i>(Personal Representative Relationship/Authority)</i>
--	---------------------------------	--

NOTE: This Authorization was revoked on _____	_____ <i>(Date)</i>	_____ <i>(Signature of Staff)</i>
---	------------------------	--------------------------------------

REVOCATION SECTION

I do hereby request that this authorization to disclose health information of _____
signed by _____ on _____
(Enter Name of Person Who Signed Authorization) (Enter Date of Signature)
be rescinded, effective _____. I understand that any action taken on this authorization prior to the
(Date)
rescinded date is legal and binding.

_____ (Signature of Client)	_____ (Date)	_____ (Signature of Witness)	_____ (Date)
_____ (Signature of Personal Representative)	_____ (Date)	_____ (Personal Representative Relationship/Authority)	

VERBAL REVOCATION SECTION

I do hereby attest to the verbal request for revocation of this authorization by _____
on _____ The client or his personal representative has been informed that any
(Date)
action taken on this authorization prior to the rescinded date is legal and binding.

_____ (Signature of Staff)	_____ (Date)	_____ (Signature of Witness)	_____ (Date)
-------------------------------	-----------------	---------------------------------	-----------------



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State of South Carolina

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Warrenville, SC 29851

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Tel. 803-734-3114

Committees:

Ethics, Chairman
Ways and Means

March 3, 2011

Mr. Anthony E. Keck
Director, SC Department of Health and Human Services
Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

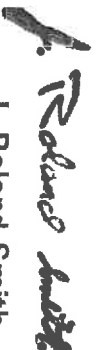
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If you have any questions or need any further information please contact my office at 803-734-3114.

Thank you for your time and help with this matter.

Sincerely,


J. Roland Smith

Cc: Eilyn J. Burkette 1018 Skyview Drive, North Augusta, SC 29841

1018 SKYVIEW DRIVE
NORTH AUGUSTA, S.C. 29841-4220
FEB. 16, 2011

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MAR 09 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

REP. ROLAND SMITH
519 BLATT BUILDING
COLUMBIA, S.C. 29201

REPRESENTATIVE SMITH:

PLEASE ACCEPT MY LETTER, HOPEFULLY YOU MAY BE OF HELP IN MY SITUATION. THE PERSONAL CARE AIDES COMPANIES (ESPECIALLY MOTHERS CARE LOCATED IN ROCK HILL, S.C.) MS. YOLANDA IRWIN HAS SENT TO CARE FOR MY SON AT LEAST NEAR A DOZEN. EVERYONE OF THEM TELL ME THEY AREN'T GETTING PAID. THEY LEAVE BUT NOT EMPTY HANDED. NOTE THE FOLLOWING LIST.

- 1-399.00 14 karat gold dinner ring
- 2-179.00 black hills gold garnet birthstone ring
- 3-299.00 14 karat cluster diamond white gold engagement ring (AN ANTI-QUE 64 years old)
- 4-DAMAGE TO MY CAR \$250.00 at least.
- 5-~~new~~ just delivered by BELK \$179.00 king size comforter still in package.
- 6-3 pairs bedroom shoes --10.99 each
- 7- 4 leather hand bags @30.00 each from Belk
- 8-3 lb. country crock churn style margarine and 1 can whip cream
- 9-one 7.00 pack shelled pecans, one pack Ground turkey \$3.79 and 2 cans Pillsbury butter biscuits
- 10- complete set 18/10 stainless steel flatwear service for 8.
- 11-PCA worker let my son fall and get hurt.
- 12- another stomped my son's feet. When I complained to their company employer to pay his medical bill. Their response he is on medical aid. they will pay it. These ladies were bonded. Aren't they responsible?
- 13-One PCA worker told her I wouldn't be gone very long. I went to the pharmacy. When I returned I surprised her. She had my son in the bed trying to perform a sexual act with him.
I hope you will forgive any errors I've made. I'm in a lot of pain.

P.S. I also have medical equipment, Polysomnography, Adairmont device, Cardiac monitoring, C.H.F. and you can do it in your home. I've been doing it since 1991. Do you want to try it? I'll be glad to show you. I'll be glad to show you. I'll be glad to show you.

Respectfully,
Ellen P. Buckner

...with an electric fan, 8x8



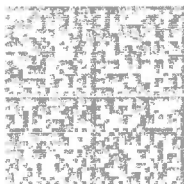
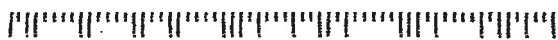
J. Roland Smith
Member, House of Representatives
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29202\$8206 B044



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03/08/2011
Mailed From 29201
US POSTAGE

** Mailed copy after
faxed one.*



*Log # 397
Waldrep*
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MAR 10 2011

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State of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

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183 Edgar Street
Warrenville, SC 29851

519-B Blatt Building
P.O. Box 11867
Columbia, SC 29211

Tel. 803-734-3114

Committees:

Ethics, Chairman
Ways and Means

March 8, 2011

Mr. Anthony E. Keck, Director
SC Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

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Thank you for your time and help with these matters.

Sincerely,

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Cc: Eilyn J. Burkette 1018 Skyview Drive, North Augusta, SC 29841

1018 SKYVIEW DRIVE
NORTH AUGUSTA, S.C. 29841-4220
FEB. 16, 2011

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COLUMBIA, S.C. 29201

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Sincerely,
Ellen P. Buckette

P.S. I also have medical information, Polymeropathy, Adenomatous hyperplasia, Basaloid myoepithelioma, C.H.T. and the C.O.P.D. in my chest. Your son knew our accident and my injury. 1991 from weeks before he was 10. I am 68



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State of South Carolina

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J. Roland Smith

Cc: Eilyn J. Burkette 1018 Skyview Drive, North Augusta, SC 29841

1) Does APS need to get involved?

Because there is a legal guardian in this case and the case involves the allegation of petty theft by the aides, this is a case that should be pursued by police investigation. When we talked with the mom, she was encouraged to make this referral to her local authorities.

This allegation also is a good example of why we need a state licensure law of personal care agencies.

2) Were the aides getting paid?

We sent a letter to the provider A Mother's Choice Healthcare to investigate the allegation. If we find that the provider agency did something inappropriate or outside of their contract scope, we will recoup and possibly suspend or terminate the provider in this case.

We investigate reports of aides not being paid. We will notify the local office to look out for any irregularities. However, the aides' payment is an issue between them and their employer and those complaints will be addressed by LLR.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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3.			
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10 SAM
3/11/11

log to
JMM
first report



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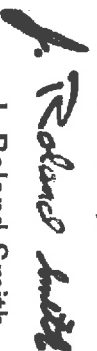
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physiotherapy, add-on with
cardiovascular, C.H.T. and the
cardiovascular and other from some
people who were not very good
and accident with my son. 1991
from some people who were not
the track of the bond when I was
...and as we can't pay, 838

Sincerely,
Elaine D. Buckner

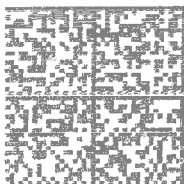


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Hasler

016H26513343
\$00.440
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Mailed From 29201
US POSTAGE

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Director, SC Department of Health and
Human Services
Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

292028206 B044



From: Jan Polatty
To: Sam waldrep
Date: 3/21/2011 1:34 PM
Subject: log 397 - Roland Smith

~~X~~ Just wanted to make sure you saw the questions TK had on this log - sent down a note on 3/14 -
1) Does APS need to get involved.
2) They aren't getting paid?

Think I need these answers before I give him the log. thanks, Jan.

Sam -
PS - we reviewed log better response
for -
The Jan