

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 Closed 3/27/11 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

 Krist Stewart



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

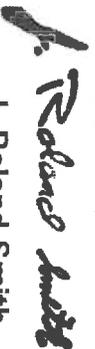
Dear Director Keck:

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

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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OFFICE OF THE DIRECTOR

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

Dear Director Keck:

I mailed a letter to you last week concerning the enclosed letter from a constituent of mine by the name of Eilyn J. Burkette. It has come to my attention that the phone number for Ms. Burkette that I included in my previous letter to you is no longer in service. The best phone number to contact Ms. Burkette is 803-278-3020. If someone from your staff could contact Ms. Burkette regarding these matters I would greatly appreciate it.

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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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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.

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- 13-One PCA worker I 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 regular donations,
Plymouth, Adwell, Dennis
Dorchester, etc. etc. etc. etc.
ADP's and other stuff from 1991
and account of my trip to
from under his bed when he
he took the bed when he
...and as a result of...*

*Diarily,
Ellen F. Buckner*

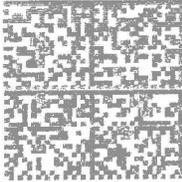


J. Roland Smith
Member, House of Representatives
183 Edgar Street
Warrenville, SC 29851

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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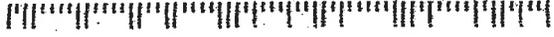


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Ratified From 29201
US POSTAGE

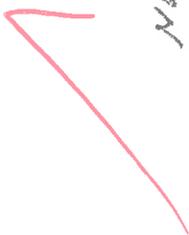
Mr. Anthony E. Keck
Director, SC Department of Health and
Human Services
Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Roy/son

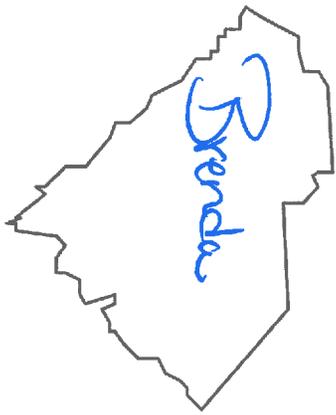


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TO <i>Waldrep</i>	DATE <i>3-9-11</i>
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2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fleet</i>	<input type="checkbox"/> Prepare reply for appropriate signature

SOUTH CAROLINA
Partners for Health



1-888-809-3040

APPROVALS (Only when prepared for director's signature)		NT
1. Sam Waldrep	<i>W</i>	
2. Roy Smith	<i>RS</i>	
3. Jon Tapley	<i>JT</i>	
4.		

Waldrep
NT
Kim Stewart



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 _____ hereby authorize
(Client or Personal Representative)

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

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.

(Signature of Client) _____ *(Date)* _____ *(Witness-If Required)*

(Signature of Personal Representative) _____ *(Date)* _____ *(Personal Representative Relationship/Authority)*

NOTE: This Authorization was revoked on _____ *(Date)* _____ *(Signature of Staff)*

REVOCAATION SECTION

I do hereby request that this authorization to disclose health information of _____
(Name of Client)
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 _____
(Name of Client or Personal Representative)
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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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

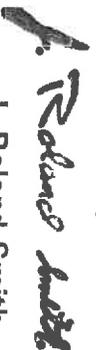
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Cc: Eilyn J. Burkette 1018 Skyview Drive, North Augusta, SC 29841

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

*P.S. I also have medical equipment,
polyurethane, Adrenalt device
Dialysis machine, CHT and the
Dialysis machine, you know the
DAD Rd. in my home since 1991
and doctors orders have been
from the best doc. ever
...with an order form, 828*

*Driscoll,
Ellen P. Buckett*

** Mailed copy after
faxed me.*



*Log # 399
Waldrep*
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MAR 10 2011

House of Representatives
State of South Carolina

Department of Health & Human Services
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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 8, 2011

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SC Department of Health and Human Services
P. O. Box 8206
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Thank you for your time and help with these matters.

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

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

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COLUMBIA, S.C. 29201

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

P.S. I also have Myrtlebees Organics, Polynesian Papaya, Adoniam Granita, Carobmygallberry, ATF and the Red's my short pour from some car's accidents and my baby. 1991 from some - from my car. 1991

*Sincerely,
Ellen J. Bucklett*

*Debbie & I are very sorry
to hear of the loss of your son
and I hope you will find some
peace and love in the days
ahead.*



House of Representatives
State of South Carolina

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Sincerely,


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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2.	<u>2</u>		They are getting paid?
3.			
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to SMM
3/11/11

cc: to
SMM
Kirst Stewart



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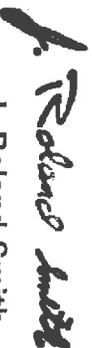
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I hope you will forgive any errors I've made. I'm in a lot of pain.

*P.S. I also have 999.00 leather Separators,
Pajamas, pajamas, Adonwell dresses,
Pajamas, pajamas, C.H.F. find the
Carroll's pajamas, pair from the
CDP. I've just what I need. My son
can accident with him. My son
from accident. My son. My son.
The track of the bank when I was
... ..*

*Graciously,
Ellynn D. Burkhardt*

From: Jan Polatky
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