

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                     |                        |
|---------------------|------------------------|
| TO<br><i>Giesel</i> | DATE<br><i>5-27-11</i> |
|---------------------|------------------------|

|  |   |                                |  |
|--|---|--------------------------------|--|
| <b>DIRECTOR'S USE ONLY</b>                   |   | <b>ACTION REQUESTED</b>        |  |
| 1. LOG NUMBER<br><i>100527</i>               | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____   |                                |  |
| 2. DATE SIGNED BY DIRECTOR<br><i>Jacob</i>   | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>6-8-11</i><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><input type="checkbox"/> necessary Action |                                |  |
| <i>cc: Mr. Speck, Deps, CUS file, Jacobs</i> |   | <i>Cleared 6/23/11, letter</i> |  |

|    | <b>APPROVALS</b><br>(Only when prepared for director's signature) | <b>APPROVE</b> | <b>* DISAPPROVE</b><br>(Note reason for disapproval and return to preparer.) | <b>COMMENT</b> |
|----|---|----------------|--|----------------|
| 1. |   |                |  |                |
| 2. |   |                |  |                |
| 3. |   |                |  |                |
| 4. |   |                |  |                |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909



May 16, 2011

**RECEIVED**

MAY 27 2011

Mr. Anthony E. Keck, Director  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

**Subject:** Recommendation on Application for Federally Qualified Health Center  
Look-Alike Program under the Intra-Agency Agreement

**Dear Mr. Keck:**

The Health Resources and Services Administration (HRSA) notified CMS that they recommend approval of CareNet of Lancaster, as a Federally Qualified Health Center (FQHC) look-alike for Medicaid reimbursement. However, before a final decision is made, we would like to solicit any comments or information you have that has a bearing on whether this health center should become a FQHC look-alike for Medicaid reimbursement

HRSA's March 17, 2011 letter advises us that **CareNet of Lancaster** is located at 838 West Meeting Street, Medical Arts 5, Suite H, Lancaster, South Carolina 29720. Medicaid Number: GP4795, Medicare Number: 8901. CareNet provides comprehensive health services to the medically underserved in Lancaster County, South Carolina. The center is serving approximately 6,565 patients, eight percent of whom are Medicaid recipients.

**Site:** **Care Health Center**  
838 West Meeting Street  
Medical Arts 5, Suite H  
Lancaster, South Carolina 29720

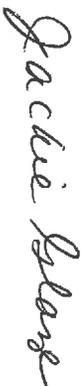
**Contact:** Clarence Carpenter  
**Title:** Executive Director/Chief Executive Officer

We ask that you submit your comments to us within two weeks of the date of this letter. Upon receipt of your comments and assuring there are no issues that would lead to the South Carolina Department of Health and Human Services (SCDHHS) opposition with the approval recommendation, CMS will then submit a formal approval letter to SCDHHS.

Page 2  
Mr. Keck

If additional information is needed regarding this request, please contact Tandra Hodges at (404)562-7409.

Sincerely,



Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL



|   |                        |
|---|------------------------|
| TO<br><i>Giesel <del>Strom</del> Williams</i> | DATE<br><i>5-27-11</i> |
|---|------------------------|

|  |  |   |  |
|--|--|---|--|
| <b>DIRECTOR'S USE ONLY</b>   |  | <b>ACTION REQUESTED</b>   |  |
| 1. LOG NUMBER<br><i>100527</i>   |  | I I Prepare reply for the Director's signature<br>DATE DUE _____  |  |
| 2. DATE SIGNED BY DIRECTOR<br><i>cc: Mr. Speck, Deps, CMS file, Jacobs</i> |  | X Prepare reply for appropriate signature<br>DATE DUE <i>6-8-11</i><br>I I FOIA<br>DATE DUE _____<br>Necessary Action |  |

| APPROVALS<br>(Only when prepared for director's signature) | APPROVE        | * DISAPPROVE<br>(Note reason for disapproval and return to preparer) | COMMENT |
|--|----------------|--|---------|
| 1. <i>[Signature]</i>                                      | <i>6-14-11</i> |  |         |
| 2. <i>BB Lane</i>  | <i>6-23-11</i> |  |         |
| 3.   |                |  |         |
| 4.   |                |  |         |

**RECEIVED**

Dept. of Health & Human Services

MAY 27 2011

Medical and Managed Care Services

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, SW, Suite 4120  
Atlanta, Georgia 30303-8909



May 16, 2011

**RECEIVED**

**MAY 27 2011**

Mr. Anthony E. Keck, Director  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

**Subject:** Recommendation on Application for Federally Qualified Health Center  
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Lancaster, South Carolina 29720

**Contact:** Clarence Carpenter  
**Title:** Executive Director/Chief Executive Officer

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Page 2  
Mr. Keck

If additional information is needed regarding this request, please contact Tandra Hodges at (404)562-7409.

Sincerely,



Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations



June 23, 2011

Mr. Clarence Carpenter  
Executive Director/Chief Executive Office  
61 Forsyth Street, South West, Suite 4T20  
Atlanta, Georgia 30303-8909

Dear Mr. Carpenter:

The South Carolina Department of Health & Human Services (SCDHHS) is in receipt of your letter concerning CareNet of Lancaster and their application as a Federally Qualified Health Center (FQHC) look-alike.

CareNet of Lancaster has been active with South Carolina Medicaid since 12/01/2006 as a Medicaid provider. Upon review of the request, SCDHHS is not aware of any issues or concerns that would cause opposition with the approval recommendation.

Thank you for bringing your concerns to our attention. If you have any additional questions please feel free to contact Mr. William Feagin, Team Leader, in the Division of Pharmacy, Durable Medical Equipment, and Physician Services.

Sincerely,  
  
Melanie "Bz" Giese, RN  
Deputy Director

MG/lws