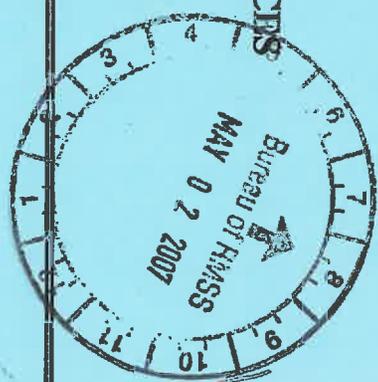


DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECEIVED
 HEALTH & HUMAN SERVICES
 MAY 02 2007
 ACTION REFERRAL
 OFFICE OF DIRECTOR



TO HEALTH SERVICES

Bowling / Higgins / DATE *4-30-07*

DIRECTOR'S USE ONLY

ACTION REQUESTED

1. LOG NUMBER 000684

Prepare reply for the Director's signature

2. DATE SIGNED BY DIRECTOR

Prepare reply for appropriate signature

Closed 5/15/07, see attached email.

FOIA

DATE DUE _____

DATE DUE _____

Necessary Action *NRN*

5/15/07 VRS

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Cynthia W. Higgins</i>	<i>5-9-07</i>		
2.			
3.			
4.			



RECEIVED

APR 30 2007

State of South Carolina
Department of Health and Human Services

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mark Sanford
Governor

March 30, 2007

Robert M. Kerr
Director

TO: Medicaid Transportation Beneficiaries

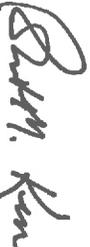
SUBJECT: Medicaid Transportation News

This notice is to inform you that the way you schedule non-emergency Medicaid transportation services is about to change. In an effort to improve ~~transportation~~ transportation services, the South Carolina Department of Health and Human Services has hired a new company called a "broker" in your area to schedule routine non-emergency transportation to Medicaid covered medical appointments. The local Medicaid office will no longer schedule transportation services.

This change will take place on **May 1, 2007**. The broker will handle any transportation appointments already scheduled by the local Medicaid office. Enclosed is the name of the broker who will work in your county. The broker will be sending you more information soon, including how to contact them and instructions for scheduling rides.

Please note: The broker is not responsible for emergency transportation. In case of an emergency, dial 911 to reach local emergency responders.

We do not expect a break in services as a result of this change. If you have questions about this notice, please contact your local Medicaid office.


Robert M. Kerr
Director

RMK/bhk

Enclosure

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/02/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 11/05/05 END: PAGE: 0001

NAME: COOKE BARBARA A HH NAME: COOKE BARBARA A

RCP NUMBER: 3780527866 HH NUMBER: 101087337 ACTION TYPE: MAINTENANCE

SSN: 138-34-6440 VC: V APL STATUS: ACTION DATE: 11/05/05

PRIMARY INDIVIDUAL: APL CO: 26 WORKER ID: CUWKR LOCATION: 099

782 CAROLINA COVE SSCN: 138346440A RRN:

DR APT H RACE: 01 SEX: F MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

MYRTLE BEACH SC 29577-4583 DOB: 10/09/1943 DOD:

CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
09017472	11/01/2005	80	50			N				.00

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: TTR1001 DATE: 11/08/05

ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV

PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

Log - Susan
"Rec. Action"

To State of South Carolina Etc
Dept of Health & Human Services
PO Box 8206 Columbia SC
My Name is Barbara Ann Cooke
7824 H Carolina Cove
Myrtle Beach SC 29577

I Received this letter you sent
To me.

I Drive my own Vehicle
And do not and have NOT
Used Any Type of Medical
Transportation at Any time.

Robert Fortune my 41 year old
Son Uses Medical Transportation
He is the one you showed have
Sent the letter too.

We are Sharing an Apartment
But Separate Rooms. Our
Lifestyles is not the Same.
Financially we each pay 1/2 the
Bills. And probably will continue
the end of the year.

Please get the record straight

I have NOT used any Medical
Transportation or even seen a
Doctor in over three years. I
don't Drink, Smoke, do drugs or

I exercise and watch my diet.

This is who I am

Signed Truly

Berlean Ann Coole

April 28th, 2007

P^s

And Just Because I may
Age don't means I have
Medical problems etc,

REMOVED

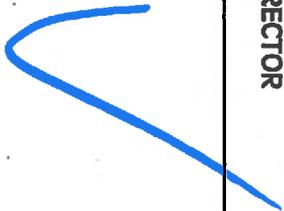
APR 30 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>4-30-07</i>
-----------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000684	<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>5-10-07</u>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			↑ <i>This was logged to Higgins for answer 5-10-07</i>
2.			
3.			
4.			

Log - Susan
"No. Action"

To State of South Carolina Etc
Dept of Health & Human Services
PO Box 8206 Columbia SC
My Name is Barbara Ann Cooke
782 H Carolina Cove
Myrtle Beach SC 29577

I Received this letter you sent
To me.

I Drive my own Vehicle
And do NOT and have NOT
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Transportation At Any Time.

Robert Fortene My 41 year old
Son Used Medical Transportation
He is the one you should have
Sent The letter too.

We Are Sharing An Apartment
But Separate Rooms. Our
Life Styles is not The Same.
Financially we each pay 1/2 The
Bills. And probably will until
The end of The year.

Please get the record straight
I have NOT used Any Medical
Transportation or Even Seen a
Doctor in Over Three Years. I
don't Drink, Smoke, do drugs or

I exercise And watch my diet.

This is who I Am

Signed Truly

Barbara Ann Coole

April 28th, 2007

P^s

And Just because of my
Age dont means I have
Medical problems, etc,

REMOVED

APR 29 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Department of Health & Human Services
OFFICE OF THE DIRECTOR

APR 9 0 2007

RECEIVED

Barbara Coole
782 H Carolina Cove
Myrtle Beach South Carolina
29577

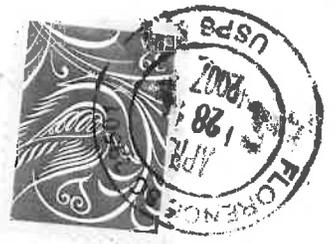
State of South Carolina

Dept of Health & Human Services

P.O. Box 8206

Columbia South Carolina

29203-0206



292 03-0 206

Columbia South Carolina

P.O. Box 8206

Dept of Health & Human Services

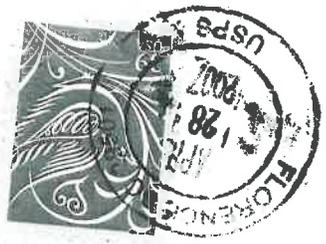
State of South Carolina

Barbara Cooke
782 H Carolina Cove
Myrtle Beach South Carolina
29577

Department of Health & Human Services
OFFICE OF THE DIRECTOR

APR 9 0 2007

RECEIVED





State of South Carolina
Department of Health and Human Services

RECEIVED

APR 30 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mark Sanford
Governor

Robert M. Kerr
Director

March 30, 2007

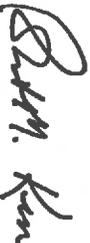
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SUBJECT: Medicaid Transportation News

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Robert M. Kerr
Director

RMK/bhk

Enclosure

Brokers Name and County Responsibilities

Broker: Medical Transportation Management (MTM)

Abbeville
Anderson
Cherokee
Chester
Greenville
Greenwood
Lancaster
Laurens
Oconee
Pickens
Spartanburg
Union
York

Broker: LogistiCare

Aiken
Allendale
Bamberg
Barnwell
Berkeley
Beaufort
Calhoun
Charleston
Chesterfield
Clarendon
Colleton
Darlington
Dillon
Dorchester
Edgefield
Fairfield
Florence

Georgetown
Hampton
Horry
Kershaw
Jasper
Lee
Lexington
Orangeburg
McCormick
Marion
Marlboro
Newberry
Richland
Saluda
Sumter
Williamsburg

PRSRT STD
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PAID
COLUMBIA, SC
PERMIT NO. 1132

FS

75202-8206

COLUMBIA

DEPTM.



RECEIVED

APR 3 0 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR



BARBARA A COOKE
DR APT H
782 CAROLINA COVE DR
MYRTLE BEACH SC 29577-4583

From: Susan Bowling
To: Mary Cooper
Date: 5/15/2007 8:47 am
Subject: Log 684

Mary,
Please close out this log. Upon further review and discussion with eligibility staff, the decision has been made not to respond to this letter. Thanks.
Susan



