

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells / Bess</i>	DATE <i>9/17/09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001134</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Emma Jenkins Wells</i> <i>Cleared 9/24/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9/29/09</i> 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.			

RECEIVED

SEP 17 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

BAMBERG SCHOOL DISTRICT TWO
62 HOLLY AVENUE
DENMARK, SOUTH CAROLINA 29042
(803) 793-3346
(803) 793-2032 FAX

DR. JAKE SELLO
SUPERINTENDENT

BOARD OF TRUSTEES
MR. LARRY BIAS
MR. ALVIN MAYNOR
MRS. LORETTA P. GOODMAN
MRS. ANN CAUSBY
MRS. BLOSSOM THOMPSON

September 11, 2009

Ms. Emma Forkner
South Carolina Department of Health and Human Services
P. O. Box 8206
Columbia, South Carolina 29202

Dear Ms. Forkner:

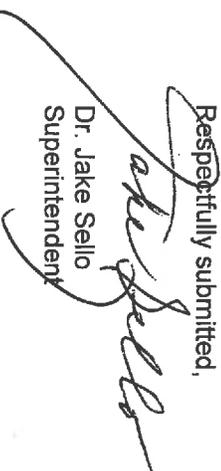
We are in receipt of your request for reimbursement in the amount of \$19,936.98 (copy enclosed) for fees earned serving Medicaid eligible students in the Denmark-Olar School District during the 2008-2009 school term. We are hereby requesting a waiver of those fees. This request is made based upon the recent completion of our annual independent audit of our Teen Life Center fund as well as the District's Board of Trustee's decision to end its participation in the program based on the ever changing methods of reimbursement as well as our inability to provide the services needed in our District with the current level of reimbursement we are receiving.

We started the Teen Life Center over 10 years ago here at Denmark-Olar School District Two and have been able to make great strides serving our students. However, based upon the past two years' audits of our program, we have needed to rely upon our District's general fund to meet the funding shortfalls within the program. The fiscal year that ended June 30, 2008, the District's general fund supplemented the Teen Life Center's operations in the amount of \$152,157.01 and, while we cut costs during the fiscal year ended June 30, 2009, our program still required funding supplement from the general fund in the amount of \$40,130.67. Based on the fact that we are a small rural district, our general fund cannot continue to fund the program and the local Board of Trustees made the difficult decision to no longer offer these services for our students. We, therefore, were forced to discontinue offering those services on July 1, 2009.

Given the above facts and circumstances, we are asking for a waiver for the reimbursement of the Medicaid fees previously earned and submitted to the district so as not to place an additional strain on our district's general fund for a program that has already taken so much needed funds out of our classrooms.

Should you require additional information regarding this request, please do not hesitate to contact me at 803-793-3346.

Respectfully submitted,


Dr. Jake Sello
Superintendent

Enclosure

We Are Committed to Successful Learning, Student By Student

RECEIVED SEP 01 2009

State of South Carolina
Department of Health and Human Services
Department of Accounts Receivable

Date: 8/31/2009

Invoice To: Denmark/Olar School District
Attention: Dr. Watson Cleckley
Address: 62 Holly Avenue
Denmark, SC 29042

Invoice Number: RC39485

Description: Medicaid Debt
8/16/09 payment past due

COPY

Account Balance:	\$ <u>19,936.98</u>
Current Amount Due:	\$ <u>19,936.98</u>
Date Due: <u>Immediately</u>	

Please remit payment in the form of an IDT, check, money order, cashier's check, or certified check along with this invoice to our office by the due date listed above.

Please make checks and money orders payable to:
South Carolina Department of Health and Human Services

or

SC DHHS

A self-addressed envelope is enclosed for your convenience.

Please reference your invoice number on your check or money order.

Please detach the bottom portion of this letter and remit with payment.

Should you have any questions concerning this information, please do not hesitate to contact Octavia Graham at 803 898-1063.

Invoice To: Denmark/Olar School District

Invoice Number: RC39485

Amount Enclosed: _____

Contact: Octavia Graham

The Department of Health and Human Services
P.O. Box 8297
Columbia, SC 29202-8297
803 898-1085 Phone
803 255-8231 Fax



September 24, 2009

109-0134

Dr. Jake Sello, Superintendent
Bamberg School District Two
62 Holly Avenue
Denmark, South Carolina 29042

Dear Dr. Sello:

We are in receipt of your request to waive the \$19,936.98 that you owe for Medicaid disallowances. While we do understand that the current budget situation is affecting your general fund, we cannot waive these charges.

In Valarie Pack's letter to you dated July 2, 2009, she informed you that you had thirty days to appeal our decision according to South Carolina Code of Laws R. 126-150. Since there was no written correspondence from you within the appeal time frame, we assumed that you were in agreement and the debt would be paid in full.

Because we have not collected the outstanding balance within sixty days, we are already in the process of using our general fund to pay Centers for Medicaid and Medicare Services back the federal share of your outstanding balance. Those funds will be restored to our budget as we collect from you.

If you are not able to pay in full at this time, we will allow you to make term payments up to twenty four months. The interest charge on terms is the current prime rate plus two percent. If you would like to take advantage of the offer to pay in terms, you can contact April Wilson in our receivables department at (803) 898-1087. She will forward you an amortization schedule of your monthly payments amount. Please be aware that failure to pay this debt could result in a debit to any future Medicaid claims that you submit.

Thanks in advance for your cooperation and please contact Ms. Wilson if you have any additional questions or concerns.

Sincerely,



William L. Wells, CPA
Deputy Director

WLW/bwh