

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF DIRECTOR

OCT 27 2009

ACTION REFERRAL

SCDHHS
Office of General Counsel

Wick/Standa
RECEIVED

TO	DATE
<i>Singleton/FOIA</i>	<i>10-27-09</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>Closed</i> 100192	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Stensland, Myers.</i> <i>Closed 11/9/09, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE <i>11-10-09</i>

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.	<i>OK</i>	<i>the letter of Disapproval</i>	
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

OCT 27 2009

ACTION REFERRAL

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TO	DATE
<i>Singleton/FOIA</i>	<i>10-27-09</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000192</i>	<input type="checkbox"/> I Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Stensland, Myers.</i>	<input type="checkbox"/> I Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>11-10-09</i>
		<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. <i>cc: Stensland, Myers.</i>	<i>[Signature]</i>	<i>cc: Stensland</i>	
2.			
3.			
4.			

November 9, 2009

Mr. Nathaniel Roberson
Attorney at law
1708 Richland St.
Columbia, SC 29201

log
192
+
181

Re: Amounts Paid and Rates for Certain Facilities

Dear Mr. Roberson:

Thank you for your fax and letter of October 19, 2009, requesting the rates and the amounts paid to certain facilities. You asked for per diem rates, but the high and moderate management facilities are not paid a per diem rate, per se. Instead, they are paid a therapeutic behavioral service rate (an actual procedure code) that is calculated and paid in daily units. All rates are listed in the last columns on the enclosed spread sheet. The duplicate listings among the moderate management facilities are the result of multiple provider numbers (could be separate cottages on the same campus or separate campuses).

This information was not available in a standard report, and had to be extracted and combined from computerized data. Also, there may be minor discrepancies due to various payment adjustments. Otherwise, this spread sheet is a true and accurate representation of information kept in the normal course of the Department's business. Our expense for obtaining and mailing this information is seventy and fifty four hundredths dollars (\$70.54). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

I hope this information is helpful to you. Please contact me if there are any questions.
My direct is (803) 898-2791.

Sincerely,
Richard G. Hepfer
Richard G. Hepfer
Deputy General Counsel

Enclosures

cc: Lynette Wilson, Receivables (w/o enclosures)

SC Medicaid
Log Letter 000181 Data

Requested Provider Name	Amts. Paid		Rates	
	<i>see note 1</i>			
	2007	Jan-June 2008	01/01/07	08/01/07
	- 2008		- 07/31/07	- 12/31/08
Moderate Management Facilities				
1 Glenn Springs Academy	\$497,920	\$183,232	\$58.82	\$32.00
2 The Boy's Home of York County, Inc.	<i>see note 2</i>			
3 Carolina Boy's Home	\$179,228	\$44,830	\$58.82	\$32.00
4 Southeastern Children's Home	\$296,319	\$60,189	\$58.82	\$32.00
4 Southeastern Children's Home	\$86,331	\$31,456	\$58.82	\$32.00
5 Lancaster Children's Home	\$176,611	\$40,160	\$58.82	\$32.00
6 Billie Hardee Home For Boys	\$432,293	\$91,040	\$54.55	\$32.00
6 Billie Hardee Home For Boys	\$198,778	\$41,632	\$58.82	\$32.00
7 Carolina Children Home	\$449,493	\$61,440	\$58.82	\$32.00
8 Boys Home of the South	\$319,457	\$56,160	\$58.82	\$32.00
9 Youth Academy Group Home	\$421,493	\$62,048	\$58.82	\$32.00
Totals	\$3,057,923	\$672,187		

Psychiatric Residential Treatment Facilities				
1 Excalibur Youth Services	<i>see note 3</i>		<i>see note 4</i>	
2 Lighthouse Care Center of Conway	\$3,174,759	\$893,394	\$281.65	
3 Springbrook Behavioral Health System	\$11,418,654	\$3,120,682	\$281.65	
4 Lighthouse of Ga.	<i>see note 3</i>			
5 New Hope Carolinas, Inc	\$8,109,861	\$2,055,993	\$292.69	
6 New Hope-Three Rivers Midlands	\$6,284,542	\$1,718,651	\$275.69	
7 York Place	\$6,532,976	\$1,651,493	\$297.47	
8 Palmetto Low Country BH	\$5,085,037	\$1,242,698	\$264.46	
9 Palmetto Pee Dee BH	\$11,010,572	\$3,141,968	\$276.46	
Totals	\$51,616,401	\$13,824,879		

High Management Facilities				
1 Avalonia	\$1,709,820	\$685,275	\$121.30	\$68.00
2 Excalibur Youth Services	\$1,250,160	\$480,624	\$121.30	\$68.00
3 Carolina Youth Development Center	\$487,545	\$96,220	\$121.30	\$68.00
4 Ashleigh Place, Inc	\$499,004	\$154,397	\$121.30	\$68.00
5 York Place Episcopal Church Home for Children	\$698,132	\$146,064	\$121.30	\$68.00
6 Laurel Manor	\$301,690	\$115,925	\$121.30	\$68.00
7 Turning Point Boys Home, Inc.	\$159,414	\$59,160	\$111.32	\$68.00
8 New Beginnings of Charleston	\$418,950	\$221,469	\$117.31	\$68.00
9 Generations Group Home	\$1,206,674	\$244,868	\$121.30	\$68.00
Totals	\$6,731,389	\$2,204,002		


Notes:

- 1 January - June 2008 amts. included in 2007 - 2008 amts.
- 2 The Boy's Home of York County, Inc. (provider no. 975MXH) voluntarily terminated in April 2005.
- 3 Facilities were not PRTFs during the requested time period.
- 4 PRTF rates were unchanged during the requested time period.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singleton / FOIA</i>	<i>10-27-09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001292</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland, Myers.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>11-10-09</i> <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.			



Nathaniel Roberson

Attorney At Law
1708 Richland St.
Columbia, S.C. 29201

Office: (803) 252-4449
E-Mail: RobersonLawFirm@sc.rr.com

Home: (803) 865-0163

Fax (803) 252-6266

October 19, 2009

RECEIVED

OCT 26 2009

Via Facsimile #803-255-8235 & US Mail

TO: Department of Health and Human Services

ATTN: Bryan Kost
1801 Main St.
Columbia, S.C. 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FROM: Nathaniel Roberson, Esquire

1708 Richland Street
Columbia, S.C. 29201

SUBJECT: Daily or per Diem rate and the total amounts paid to the following facilities
for 2007/2008 and January through June 2008

A. Moderate Management Facilities

1. Glenn Springs Academy-P.O. Box 99, Pauline, S.C. 29374
2. The Boy's Home of York County, Inc.-3210 Neeley Store Rd. Rock Hill, S.C. 29730
3. Carolina Boy's Home -1303 Sycamore Ave., Columbia, S.C. 29203
4. Southeastern Children's Home-P.O. Box 339-155 Children's Way-Duncan, S.C. 29334
5. Lancaster Children's Home-P.O. 416, Lancaster, S.C., 29721
6. Billie Hardee Home for Boys-P.O. Box 817, Darlington, S.C. 29532
7. Carolina Children Home-4465Trenholm Rd., Columbia, S.C. 29240
8. Boy's Home of the South-10612 Augusta Rd., Belton, S.C. 29627
9. Youth Academy Group Home-P.O. Box 174, Kingstree, S.C. 29556

B. Psychiatric Residential Treatment Facilities

1. Excalibur Youth Services-Travelers Rest, S.C. 29690
2. Lighthouse Care Center of Conway-152 Waccamaw Medical Park Dr., Conway, S.C. 29526
3. Springbrook Behavioral Health System-P.O. 1005 Travelers Rest, S.C. 29690
4. Lighthouse of Ga.3100 Perimeter Parkway, Augusta, GA 30909
5. New Hope Carolinas,Inc.-7515 Northside Dr. Suite 200/North Charleston, S.C. 29420
6. New Hope-Three Rivers Midlands-200 Ermine Rd., West Columbia, S.C. 29170
7. York Place-234 Kings Mountain, York, S.C. 29745

Department of Health and Human Services

8. Palmetto Low Country BH-2777 Speissegger Dr., Charleston, S.C. 29405
9. Palmetto Pee Dee BH, 601 Gregg Ave., Florence, S.C. 29601

C. High Management Facilities

1. Avalonia-P.O. Box 699 Marietta, S.C. 29661
2. Excalibur Youth Services-Travelers Rest, S.C. 29690
3. Carolina Youth Development Center-5055 Lackawanna Blvd., N. Charleston, S.C. 29406
4. Ashleigh Place, Inc.-4435 Ashleigh Rd., Blackville, S.C. 29817
5. York Place Episcopal Church Home for Children-234 Kings Mountain, York, S.C. 29745
6. Laurel Manor-P.O. Box 308/134 W. Main St., W. Main St., Harleyville, S.C. 29448
7. Turning Point Boys Home, Inc.-3184 Hurts Mill Rd., Chesterfield, S.C. 29709
8. New Beginnings of Charleston-P.O. Box 50669, Summerville, S.C. 29485
9. Generation Group Home-P.O. Box 80009-Simpsonville, S.C. 29680

Dear Sir/Madame:

Please be advised that I am requesting the above-captioned information under the South Carolina Freedom of Information Act, Section 30-4-10 Et Seq.

Please notify me if a cost for printing this information is needed and I will forward a check to you immediately.

You may call my office at 252-4449 or my cell phone at 865-0163 at anytime.

With kindest regards, I am.

Very truly yours,

Madaniel Roberson

NR/ckh

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$_____
Pages copied at \$.10 per page	_____ Pages	\$_____
Pages faxed at \$.20 per page	_____ Pages	\$_____
Shipping and Handling Costs		\$_____
Other costs associated with the FOIA request:	_____	\$_____
Total Amount Due SCDHHS:		\$_____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____