

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

**ACTION REFERRAL**

TO <i>Hess</i>	DATE <i>10-17-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>10-165</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleard 10/24/11, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-26-11</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action <i>7</i>

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



# GateWay Counseling Center

219 Human Services Road • Clinton, SC 29325

(864) 833-6500 (telephone) (864) 833-6905 (fax) mail@gatewaycounseling.org

October 4, 2011

**RECEIVED**

OCT 17 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

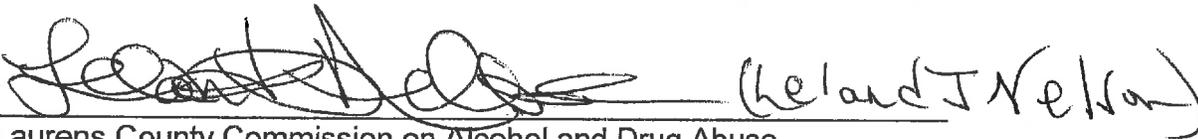
Mr. Robert M. Kerr  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Dear Mr. Kerr:

Our auditors, McKinley, Cooper & Co., LLC, are making an examination of our June 30, 2011 financial statements. In that connection, please mail a list of all payments made for services provided in FYE 2011. Also, please include any relevant Federal CFDA numbers.

Please mail your reply to McKinley Cooper & Co., LLC, 555 North Pleasantburg Drive, Suite 225, Greenville, South Carolina 29607.

Sincerely,

  
(Heland J. Nelson)

Laurens County Commission on Alcohol and Drug Abuse  
dba Gateway Counseling Center



October 24, 2011

McKinley, Cooper, & Company  
Certified Public Accountants, L.L.C.  
555 North Pleasantburg Drive, Suite 225  
Greenville, South Carolina 29607

REFERENCE: Laurens County Commission on Alcohol and Drug Abuse  
Medicaid NPI Number 1972532075

Dear Sir or Madam:

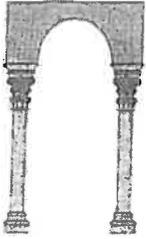
Enclosed is the Medicaid payment information/history schedule for the Laurens County Commission on Alcohol and Drug Abuse.

During the time period July 1, 2010 through June 30, 2011, \$ 21,432.64 was paid to the Laurens County Commission on Alcohol and Drug Abuse.

Sincerely,

*M. Elizabeth Klapman*

M. Elizabeth Klapman (Beth)  
Fiscal Analyst III/Senior Accountant  
Division of Financial Systems Management  
Bureau of Fiscal Affairs  
S. C. Department of Health and Human Services



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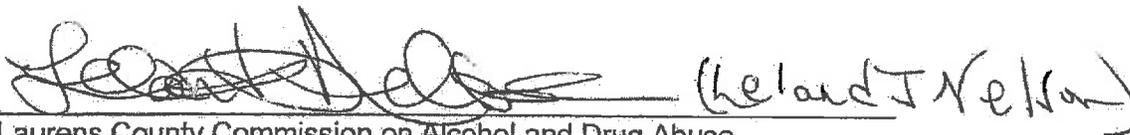
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Laurens County Commission on Alcohol and Drug Abuse  
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OCT 24 2011

DHHS  
FINANCIAL SYSTEMS

MDPRV10 SC DHHS PROVIDER INFORMATION 10/24/11 1 OF 1  
MEDICAID NO AD34LU NPI# 1972532075 PROV TYPE 10 MENTAL/REHAB  
NAME LAURENS COMM ON A&DA 1099 IND N SORT KEY LAURENSCOMMONADA  
OUT-ST 0 PAY E REVIEW IND 0  
PROVIDER ADDRESS PAYMENT ADDRESS  
NANCY RADFORD LELAND J NELSON, DIRECTOR  
PO BOX 843 PO BOX 843  
LAURENS SC 29360-0843 LAURENS SC 29360-0843

COUNTY 30 LAURENS TELEPHONE 864 833-6500

FED EMP ID	MEDICARE NO	TYPE OWNERSHIP	EC IND	PRAC SPLTY	PRICE SPLTY
570609665		007	S	90	90

ENROLL STAT	1	1	ACTIVE ELIGIBLE	ENROLL DATE	1	07/01/90	CATG SERV
	2				2		06
	3				3		
	4				4		
	5				5		

NPI TYPE: T

DATE OF UPDATE 05/26/10 UPDATED BY 09111

PF2->CLIA PF6->RETURN PF7->PREV PROV PF8->NEXT PROV  
PF10->PREV MENU PF13-PROC CERT PF14-CONTRACT RATES

WMDPRV02

10/24/11

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 PROVIDER PAYMENT HISTORY FOR PROVIDER 1972532075

CHECK DATE	CHECK NUMBER	AMOUNT PAID	AMOUNT WITHHELD	AMOUNT CREDIT	DEBIT BALANCE	CERTIFIED AMOUNT
10/07/11	6807153	204.12	0.00	0.00	0.00	0.00
09/30/11	6801721	4,533.51	0.00	0.00	0.00	0.00
08/12/11	6765323	4,064.00	0.00	0.00	0.00	0.00
08/05/11	6760137	33,063.00	0.00	33,063.00	0.00	0.00
06/24/11	6728710	203.00	0.00	203.00	0.00	0.00
06/03/11	6712901	4,262.83	0.00	0.00	0.00	0.00
03/04/11	6642270	1,056.63	0.00	0.00	0.00	0.00
02/11/11	6625721	7,521.12	0.00	0.00	0.00	0.00
11/05/10	6550988	44.34	0.00	0.00	0.00	0.00
10/29/10	6545420	4,166.83	0.00	0.00	0.00	0.00
10/01/10	6523681	1,805.89	0.00	0.00	0.00	0.00
08/06/10	6480662	2,092.00	0.00	0.00	0.00	0.00
07/30/10	6475579	280.00	0.00	0.00	0.00	0.00

PAGE: 0001

\*\*\* NO MORE PAYMENTS FOR PROVIDER/NPI \*\*\*

PF4->INQUIRY    PF5->LIST UNCOLL ADJUSTS    PF7->PREV PAGE    PF8->NEXT PAGE  
 PF9->LIST ALL ADJ    PF10->PREV MENU    PF24->NPI INFO

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#1972532075.....

280.00 +  
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 4,166.83 +  
 44.34 +  
 7,521.12 +  
 1,056.63 +  
 4,262.83 +  
 203.00 +  
 21,432.64 G+

MMDPRV02

10/24/11

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PROVIDER PAYMENT HISTORY FOR PROVIDER AD34LU

CHECK DATE	CHECK NUMBER	AMOUNT PAID	AMOUNT WITHHELD	AMOUNT CREDIT	DEBIT BALANCE	CERTIFIED AMOUNT
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PAGE: 0001

\*\*\* PROVIDER/NPI HAS NO PAYMENT HISTORY \*\*\*

PF4->INQUIRY    PF5->LIST UNCOLL ADJUSTS    PF7->PREV PAGE    PF8->NEXT PAGE  
PF9->LIST ALL ADJ    PF10->PREV MENU    PF11->LIST PROV MBRS    PF12->PROV INFO