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IN THE STATE OF SOUTH CAROLINA

In The Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
Carolyn C. Matthews, Administrative Law Judge

Case 10-ALJ-08-0774-AP

Richard Stogsdill ..... Appellant,

v

South Carolina Department of Health and Human Services ..... Respondent.

RECORD ON APPEAL

Volume II

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PROTECTION AND ADVOCACY FOR PEOPLE WITH DISABILITIES, INC.

The Protection and Advocacy System for South Carolina

Unequal Justice

For

South Carolinians with Disabilities:

Abuse and Neglect Investigations

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EXECUTIVE SUMMARY

Physical Abuse. Sexual Abuse. Neglect. Misuse of medications. Few incidents are reported. Fewer are properly investigated. Rarely are offenders held accountable. Those who should protect people with disabilities often fail to do so. The State's response is a fragmented collection of agencies lacking the expertise to properly investigate allegations of abuse, neglect, and exploitation of vulnerable adults. It is a collective failure that needs to become a system.

Recent media reports have disclosed extensive problems with the entities that investigate possible abuse, neglect and exploitation of vulnerable adults. The focus of these reports has been on vulnerable adults who receive services from the South Carolina Department of Disabilities and Special Needs (DDSN) or contract providers.[1] At the request of Protection and Advocacy for People with Disabilities, Inc. (P&A) a study was conducted of the entities responsible for investigating and prosecuting abuse, neglect and exploitation. P&A requested and obtained 50 cases of alleged abuse and neglect which represented a variety of programs and environments and which had taken place over a period of approximately two years. Of the cases reviewed, 18 were selected for inclusion in this report because they illustrate the issues that arose from fragmentation.

[1] The South Carolina Department of Disabilities and Special Needs (DDSN) is the state agency with the primary responsibility for serving individuals with developmental and related disabilities, including autism. S.C. Code Ann. §§ 44-20-10 et seq. DDSN provides these services through five regional centers (Whitten, Coastal, Midlands, Saleeby, and Pee Dee), through contracts with county Boards of Disabilities and Special Needs, S.C. Code Ann. §§ 44-20-375 et seq., and contracts with large private providers (Charles Lea Center, Emerald Center, and Babcock Center). Most individuals receiving residential services from DDSN are served by a county board or contract provider. DDSN exercises little control over the delivery of services by boards or contract providers. The DDSN system is highly fragmented; availability and quality of services vary widely across the state.

This report provides an in-depth review of the entities that respond, or fail to respond, to allegations of abuse, neglect and exploitation. Focus was placed upon compliance with South Carolina's Omnibus Adult Protection Act (S.C. Code Ann. §§ 43-35-5 et seq. (OAPA)), internal policies and procedures of DDSN, and the quality of the investigative responses. This report also addresses issues raised by several cases in which allegations of abuse and neglect were not reported or investigated by the appropriate body. Several allegations of abuse and neglect of P&A clients who were not directly served by DDSN were also included in the cases screened. In every instance, the investigative reports were reviewed with attention paid to the fundamentals of a quality investigation.

- Did it determine what happened?
- How did it happen?
- And, if appropriate, who did it?

The ultimate goal must be to protect the victim and, if appropriate, hold the offender accountable. The review of cases determined that in a vast majority, abuse and neglect occurred. In other cases staff may have violated polices, procedures or quality of care standards that did not reach the level of abuse and neglect.

Key issues and possible remedies were identified upon completion of the review of the cases. Overall, it was apparent that the current fragmented approach does not serve vulnerable adults well and may even place them at risk of further abuse and neglect. The response by the numerous state agencies that have some responsibility to protect vulnerable adults, investigate allegations, or provide oversight of the investigative process is cumbersome and uncoordinated. The major agency involved with these issues, DDSN, has created policies and procedures that are inadequate in some places and not followed in others. Other agencies responsible for

conducting investigations or reviewing those done by DDSN or contract providers have not exercised their responsibility effectively. In summary, immediate attention by policymakers as well as those directly responsible for the protection of vulnerable adults in South Carolina is required. The conduct of investigations by those who are responsible for the care of the victims is an inherent conflict of interest and must be changed.

The specific findings and recommendations are as follows:

FINDINGS

1. Reporting often is delayed, or in some cases non-existent. Delays in reporting present serious problems with evidence preservation and victim protection.
2. Investigations are viewed from an administrative perspective and are conducted by administrators. They seem to focus on whether or not policies and procedures were followed with little effort made to refer to law enforcement. It did not appear that sufficient effort is being made by the Long Term Care Ombudsman to review reports and make a referral for a criminal investigation when the facts support that action or to require additional effort by DDSN to address substandard investigative reports.
3. Inconsistent definitional foundations impede investigation. OAPA contains the definitions that determine the elements of abuse and neglect. DDSN has developed a set of definitions to be used in investigations that do not adhere to the ones set forth in OAPA. These discrepancies lead to confusion and often lead to conclusions not consistent with the governing statute.
4. Investigations conducted by contract agencies were seriously flawed. In one case reviewed, there was a failure to properly investigate a case of sexual abuse as well as a failure to protect the victim from further harm.

5. DDSN's documentation procedures are confusing in that DDSN does not appear to mandate their use by facilities and the forms lack sufficient information for the conduct of a criminal investigation.
6. Cases reported to law enforcement do not always receive the necessary investigative effort.
7. Cases referred to the local solicitor for review were, in almost every case, not prosecuted.
8. No single oversight process ensures that cases are screened for possible criminal behavior and that the investigative process meets a minimum standard.

RECOMMENDATIONS

1. Establishment of a state-level investigative entity within the criminal justice system, i.e. SLED, and outside of any agency providing services to vulnerable adults, with responsibility for all reports of abuse involving vulnerable adults in facilities.
2. No longer permit agencies and their contractors to investigate allegations of abuse and neglect within their facilities.
3. Establish separate policies and procedures for administrative/quality control investigations after determining that no criminal abuse or neglect took place.
4. Develop and present adequate training to criminal justice professionals charged with the responsibility of investigating and prosecuting abuse and neglect.
5. Review all agency (DDSN, contractor, and Long Term Care Ombudsman) policies and procedures to insure that they conform to all the provisions of OAPA, including definitions.

It is imperative that corrective action be taken as the current system does little to provide the appropriate protection to some of our most vulnerable citizens.

INTRODUCTION

In response to ongoing concerns about the quality of investigations of allegations of abuse, neglect and exploitation, Protection and Advocacy for People with Disabilities, Inc. (P&A) initiated a study of the investigative process. P&A is the federally and state mandated protection and advocacy system for South Carolina. It was established in 1977 by state law, S.C. Code Ann. 43-33-310 et seq., to protect the rights of people with disabilities. Each year P&A serves thousands of South Carolinians with disabilities who have been abused, neglected or denied access to services. P&A has broad authority under state and federal law to advocate for the rights of individuals with disabilities in this state and to investigate allegations of abuse and neglect when such incidents are reported to them or when they determine that there is probable cause that abuse and neglect occurred.

This report examines the South Carolina investigatory process using cases provided by P&A, reviews the Directives of the South Carolina Department of Disabilities and Special Needs (DDSN), and evaluates the involvement of other investigative entities such as the Long Term Care Ombudsman. The cases were reviewed for compliance with the statutes, quality of the investigation, and outcomes. Every attempt has been made not to single out a particular agency, location or program. While the focus of this report is primarily on those adults served by DDSN and represented by P&A in the following environments, it is important to note that similar problems exist with the investigation of abuse and neglect of children with disabilities and adults with mental illness.

- Intermediate Care Facilities for the Mentally Retarded (ICF/MR) provide 24-hour care, supervision, counseling, recreation and other activities to individuals with mental retardation. These facilities are located on large campuses or are home-like

and located in residential neighborhoods. Each facility has four to sixteen residents. These facilities are licensed by the Department of Health and Environmental Control (DHEC).

- Community Training Homes (CTH I and II) are located in residential communities and offer a homelike environment under the supervision of qualified and trained caregivers who provide personalized care, supervision and individualized training to no more than four persons. CTH I homes are operated by trained private citizens. CTH II homes are owned or rented and operated by a provider organization. These homes are licensed by DDSN.
- Community Residential Care Facilities (CRCF) are homes that offer room and board and a degree of personal care to individuals on a continuous basis. These homes are licensed by DHEC.

The investigation of possible abuse, neglect, and exploitation of vulnerable adults is a complex task. There are issues with reporting, determining what constitutes abuse, and conducting a quality investigation. Failure to properly identify, report, and investigate possible cases of abuse, neglect and exploitation can result in further harm to our most vulnerable population.

The South Carolina framework for conducting effective investigations, protecting the victim from further harm and ultimately holding an offender accountable is found in the Omnibus Adult Protection Act (OAPA).[2] Using the OAPA framework, this report addresses the legal environment for conducting investigations, policies and procedures utilized by DDSN, and case data to make recommendations for improving the system. This report is not intended to

[2] The Omnibus Adult Protection Act, S.C. Code Ann. §§ 43-35-5 et seq. The Act was passed in 1993 with the goal of improving prevention, reporting, and investigation of abuse, neglect, and exploitation of vulnerable adults.

furnish specific solutions to any particular agency, nor is it intended to criticize any particular agency or facility. Many quality investigations were included in the review. These examples provide a standard by which improvements can be made. It is also not the intent of this report to address quality management issues affecting client care. The intent is to present those recommendations that will address systemic problems documented in this report. Many of the findings and recommendations contained in this report are applicable to any system of facilities providing care and services to any vulnerable individuals, including adults with mental illness and children with disabilities and adults with mental illness.. Addressing the issue of abuse, neglect and exploitation in an effective manner will lead to quality of care outcomes that enhance the lives of vulnerable adults in our state.

THE PROBLEM IN PERSPECTIVE

In a report prepared by Protection and Advocacy, Inc. of California,[3] it is estimated that people with disabilities are at least four times more likely to be victimized than people without disabilities. Individuals with intellectual impairments are at the highest risk. Of greatest concern are the studies that show people with disabilities are more likely to experience severe abuse of longer duration and to suffer multiple episodes perpetrated by multiple suspects. Most of these incidents go unreported. It is estimated that 80-85% of incidents of criminal abuse and neglect in facilities never reach the proper authorities. Studies also show an extremely low rate of prosecution and conviction.

According to the report, many factors contribute to this problem. Studies suggest that victims have:

- Cognitive deficits which may make it difficult for them to recognize unlawful activity or know their rights to safety and protection;
- Dependence on others for activities of daily living and personal care;
- Presence of communication or physical impairments which limit their ability to verbally or physically defend against a perpetrator and disclose abuse;
- Lack of training in sex education;
- Lack of experience and socialization which encourages compliance rather than self-advocacy;

[3] Protection and Advocacy, Inc.; Tarjan Center for Developmental Disabilities at UCLA; University Affiliated Program; and the State Council on Developmental Disabilities. (2003). *Abuse and Neglect of Adults with Developmental Disabilities: A Public Health Priority for the State of California.* Protection and Advocacy, Inc., California (7019.01). http://www.pai-ca.org/pubs/701901.pdf.

- Fear of retribution from the perpetrator if they do report or fear that they will have to move from their home as a solution to the abuse.

It is important to note that most often these individuals are abused by the very persons who provide care and often by those whom they know and trust. The California report also discusses the problem of late reporting to law enforcement and law enforcement not receiving any reports. These incidents are initially reported to administrators and either are never referred to law enforcement or referred too late to preserve critical evidence. However, even early reporting to law enforcement could be ineffective because law enforcement personnel and prosecutors receive little or no training in working with victims with disabilities and do not have the necessary expertise to properly investigate.

The following quote addresses the key problems associated with the entire system of investigating incidents of abuse involving people with developmental disabilities:

> "It is notable that very few situations involving potential victims from the general population permit potential criminal conduct to be investigated initially by administrative agencies, as is the case with victims with developmental disabilities. This represents a separate and unequal system of justice for crime victims with developmental disabilities." (Protection and Advocacy, Inc., et al., p. 19)

The fact that these incidents are most often viewed as issues of policy and procedure and not viewed as violations of the criminal statutes is a significant impediment to holding offenders accountable. It is also an inherent conflict of interest for those who are responsible for the care of the victims to be responsible for the conduct of the investigation. It is an organizational structure rife with potential issues of organizational conflict.

THE INVESTIGATIVE ENVIRONMENT

The investigative environment in South Carolina is fragmented with varying legal mandates and agencies responsible for their implementation. The agencies that have some form of jurisdiction over allegations of abuse and neglect of vulnerable adults served by DDSN or other state agencies are:

- Local law enforcement (there are over 260 law enforcement agencies in South Carolina)
- State Law Enforcement Division (SLED)
- Department of Health and Environmental Control (DHEC)
- Department of Social Services (DSS)
- Long Term Care Ombudsman (Lieutenant Governor's Office on Aging, LTCO)
- Department of Health and Human Services (DHHS)
- Attorney General's Office, Medicaid Fraud Control Unit (MFCU)
- Department of Mental Health Public Safety (DMHPS)
- Department of Disability and Special Needs and contract agencies (DDSN)
- Centers for Medicare and Medicaid Services (United States Department of Health and Human Services, CMS)
- Department of Labor, Licensing, and Regulation (LLR)
- Various state licensing boards

These agencies may exercise regulatory authority, focus on criminal investigations, or a combination of the two. A number of agencies must adhere to both state statutes and regulations and federal statutes and regulations with respect to their authority. Any single investigation may have one or more of the agencies involved with little or no coordination and no central

management system to insure the best possible results for the victim are achieved. Additionally, there is no common data collection system that allows for shared access and assists in oversight of the quality of the process. Reporting requirements can be difficult, subject to interpretation and sometimes easily avoided. Adding to this complicated process is the existence of Memoranda of Agreement (MOA) that further delegate responsibility.[4] For instance, the MOA between the LTCO program and DDSN allows DDSN and its contractors to conduct their own internal investigations with the results reviewed by the LTCO. In practice, this is a conflict of interest that results in a system of cursory reviews of investigations with little follow-up or few challenges to the results. A copy of the MOA can be found in Appendix D.

Certain investigative standards apply to every potential incident of abuse, neglect, or exploitation. All investigations depend on gathering information in three critical areas: physical evidence, witnesses, and confessions. To be successfully prosecuted, a case must have two of the three. The initial focus must be on what happened and how it happened, ultimately leading to who did it, if appropriate. The information gathered must establish a legal basis for determining whether or not a particular incident can be characterized as abuse, neglect or exploitation. This legal basis turns on specific definitions of prohibited conduct. In other words, does the information establish all the elements of the crime? While not all cases will be criminal, not all criminal cases will be prosecuted. This standard of establishing the elements of the crime is absolute.

In South Carolina, the OAPA provides specific definitions (see Appendix A). The OAPA definitions were deliberately designed to include all the legal elements for prohibited behavior. The intent of this statute is to provide a common set of definitions for all those who

[4] These memoranda are permitted by the OAPA, section 43-35-15(A). Policies and procedures that interfere with the OAPA reporting requirements are not authorized, section 43-35-25(E). DSS was removed from the MOA in 2005.

have a role in the adult protection system and avoid varying definitions of abuse, neglect, and exploitation depending upon which agency or function drafted the definition.

Every investigation should be structured to address the elements in the OAPA in reaching a determination as to whether or not abuse, neglect or exploitation took place. It is absolutely critical that investigative entities speak the same language. To develop additional definitions that depart from the OAPA for use in investigations can only lead to confusion and gaps in the process of holding an offender accountable. Moreover, an investigator who is not very familiar with the OAPA elements will encounter difficulty in identifying abuse and neglect and gathering facts that support these elements. It is also important to gather and record facts and present the results of an investigation pursuant to a standardized system. Finally, the selection and training of investigators is the foundation of a responsive system.

During the case reviews, it became apparent that DDSN has developed definitions of abuse, neglect and exploitation that differ from those contained in OAPA. DDSN's definitions contain some of the language used in the statute, but also include definitions of abuse not addressed in the statute. Many of the definitions used by DDSN appear to be "quality of care" issues, which should not be used in the initial investigation. These discrepancies pose serious problems for an investigator whose initial goal is to determine what constitutes abuse and if it meets the initial requirement for a criminal investigation. While quality of care issues are important, they should be addressed separately and only after a determination that a specific incident was not the result of criminal activity.

Appendix A provides a comparison of the statutory definitions contained in OAPA and those outlined in DDSN Directive 534-02, Procedures for Reporting, Investigating, and

Preventing Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency (revised March 2004). Some specific examples are:

- Exploitation-the definition used by DDSN does not parallel the language in the definitions section of OAPA;
- Neglect-the DDSN definition does not contain many of the elements found in OAPA;
- Physical Abuse-the DDSN definition provides additional acts not addressed in OAPA;
- Psychological Abuse-DDSN uses additional terms such as "Emotional," and "Mental" that are not included in OAPA;
- DDSN creates additional categories of abuse not found in OAPA such as "Verbal Abuse", "Sexual Abuse", "Threatened Abuse", and "Abuse".

Another legal issue raised by the case reviews was addressed in the United States Supreme Court in *Garrity v. New Jersey*, 385 U.S. 493 (1967). Under *Garrity*, information obtained during the course of an interview where the employee can be disciplined or terminated cannot be used in a subsequent criminal prosecution. Some of the interview forms used by DDSN indicate that disciplinary action can be taken against an employee under some form of "confidentiality" agreement. DDSN Directive 534-02 also states that employees are required to cooperate with an investigation and that failure to do so could result in disciplinary action, including termination and referral for prosecution. Such action by DDSN could create a *Garrity* situation rendering any statements against interest inadmissible in a criminal case. This risk raised by *Garrity* is especially great since non-law enforcement investigators are not required by *Miranda v Arizona*, 384 U.S. 436 (1966), to advise an individual of the right to remain silent and

to request an attorney, unless they are acting as an agent of law enforcement. Several of the cases reviewed clearly raise *Garrity* issues with statements taken by internal investigators that may not be available in a criminal prosecution. One included a clear confession by the perpetrator to an act of physical abuse. This individual was terminated but no referral was made to law enforcement.

Specific examples of these issues will be presented in this report with recommendations to improve the investigative response. However, those tasked with investigative responsibilities first must recognize the importance of these issues. The lack of a commonly accepted legal framework for determining abuse and neglect can have serious implications on outcomes. The critical issue may be the inherent conflict of interest in permitting agencies to conduct their own internal investigations. It is apparent that organizational pressures may put investigators in an untenable position and lead to conclusions that are not in the best interest of the victim.

POLICIES AND PROCEDURES

This report addresses the investigative process in three specific areas: reporting, investigating and follow-up. DDSN has a detailed directive for reporting and investigating abuse, neglect, and exploitation, directive 534-02-DD (March 31, 2004) *Procedures for Reporting, Investigating, and Preventing Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency.* Because DDSN or its designated provider agencies conduct the initial response to a reported incident, this report focuses on investigations conducted by DDSN or its contractor. However, additional documentation from follow-up investigations conducted by SLED, the Ombudsman or the Attorney General's Office (MFCU) were also included because DDSN and its contractors decide whether to report to another investigative entity based upon their initial investigation. Applicable excerpts from DDSN 534-02 are contained in Appendix E.

The DDSN policy does not conform to the requirement of the OAPA that all incidents that may be criminal in nature be reported to the appropriate criminal justice agency (local law enforcement, SLED or the Attorney General's Office). For example, the section of the directive that addresses reporting "serious physical injury" ignores the fact that any assault, whether there are visible injuries or not, is a criminal act. It is also difficult to understand why the number of victims plays a role in determining criminal behavior when the number of victims is not critical to defining criminal events.

Under the OAPA, a determination to report to law enforcement should be made by applying the elements of the definitions contained in the statute to the facts available to establish the reasonable suspicion that a criminal act took place. This determination is case specific and based upon the facts presented to an investigator. Failure to report in a timely manner very often

results in the loss of critical evidence. Several of the cases reviewed for this report should have been reported to law enforcement as the record strongly supported the fact that a criminal act took place. In other cases, late reporting to law enforcement compromised the ability to build a prosecutable case.

The section that addresses resident versus resident incidents is another issue requiring attention. OAPA excludes altercations or acts of abuse between vulnerable adults from its definition of physical abuse. The exclusion was intended to avoid the difficulty of determining criminal intent among a population group with limited cognitive abilities and to focus on abuse by providers. It does not prohibit criminal charges under other provisions of the South Carolina Code (Title 16), if appropriate.

These DDSN policies contain provisions that negatively impact the conduct of investigations. First, the section addressing the prosecution of substantiated cases states a requirement that has no basis in criminal law: "the seriousness... and nature of the injuries." (See Appendix E). It is only necessary to establish probable cause that a criminal act took place and that a suspect can be identified. Other limiting language only affords the agency an "out" for not referring cases to the appropriate investigative entity.

The second problem is the ability of specific facilities or contract providers to develop their own policies, creating a potential situation of conflict with existing DDSN policies and contributing to a lack of consistent procedures used in investigating allegations. The importance of consistent policies and procedures throughout the system cannot be overstated. Consistent policies ensure that all investigations conform to a single set of standards which can be reviewed for compliance with the goals of protecting the victim and holding the offender accountable.

Third, the section that allows DDSN's internal investigations, including DDSN contract provider investigations, to be accepted as the "official" investigation for the LTCO raises serious issues which will be addressed in the recommendations section.

It is important to note that the majority of cases reviewed for this project had little or no oversight exercised by other agencies unless they were specifically referred for investigation. We found no evidence found of any coordinated effort by DDSN, the LTCO or the AG to oversee the investigative process to determine if the cases are being reported to the appropriate entity, followed up on, and offenders held accountable. While OAPA does not contain any requirement for the Attorney General's Office to conduct investigations unless they are referred to them, some of the cases reviewed were referred to the AG and resulted in criminal prosecution. In fact, most of these cases could have been referred to local law enforcement or SLED with the same possible results. No entity has developed clear guidance as to which law enforcement agency should exercise jurisdiction or how law enforcement efforts should be coordinated.

CASE MATERIAL

Fifty cases were reviewed involving 54 victims. Some cases had more than one victim or the victim was named in more than one case. The investigations reviewed took place between 2003 and 2005. There were no specific guidelines for selection, except that the cases should not target one specific location or contract agency. The cases were from a variety of different locations and time periods and fairly represent a cross-section of possible abuse and neglect situations. The majority were allegations of physical abuse, followed by neglect. Many cases had more than one type of abuse or neglect. Personally identifiable information has been redacted to protect individuals' privacy.

It was difficult to determine the final outcome of many of the cases or establish which other investigative agencies may have been involved. While the number of cases reviewed does not provide a valid statistical sample, the selected cases do allow an evaluation of the investigative process at both DDSN facilities and one contract provider. Some of these cases were investigated in a very thorough manner and met the investigative standard for determining whether a criminal event took place. Others were incomplete or inadequate. The cases presented in this report illustrate the issues addressed in the report.

Appendix B lists each case by type of abuse, whom the abuse was reported to, and the results of the investigation. Personally identifiable information was redacted to protect the individuals' privacy. The breakdown by type of cases reviewed is summarized in the following chart:

TYPE OF ABUSE	TOTAL NUMBER OF CASES
Physical Abuse	28
Sexual Abuse	5
Psychological Abuse	2
Neglect	10
Exploitation	1
Unexplained Injury	1
Homicide	1
Death	9

Below is a brief summary of some of the cases reviewed. In each case P&A asked the facility where the abuse or neglect occurred to provide its investigative file. These files were extremely inconsistent in their content and format, making comparisons of investigations and results very difficult.

PHYSICAL ABUSE CASES:

CASE 001

Allegations: It was alleged that five victims were each physically abused in different ways by four staff members. These acts, which took place over a two week period, involved putting a victim in a cold shower, assault with a belt, slapping and choking, and assault with a

chair. After these incidents were reported by another staff member, an internal investigation was initiated along with a report to the LTCO and Attorney General's Office. One of the perpetrators attempted to obstruct the investigation by making a phone call to the investigator claiming that he was the staff member that made the initial complaint and stated he "made this up". The actual complainant was sitting in the investigator's office at the time this call was received. The employees were terminated. The report furnished by DDSN indicates that the Attorney General's Office conducted a follow-up investigation and may have charged one of the individuals. The record also reflects that DSS may have conducted an investigation as well. The record is incomplete because there is no documentation of any criminal charges filed, interviews with possible victims, or the reasons why possible victims were not interviewed.

Issues: This case should have been conducted as a criminal investigation from the beginning. It contains essential facts that would lead a reasonable person to believe that several assaults had taken place and that the suspect(s) could be identified and should have been immediately reported to law enforcement. The fact that the case was also referred to DSS demonstrates the fragmented way in which incidents are investigated.

CASE 002

Allegation: An anonymous letter was received by an administrator alleging that a staff member gave six victims suppositories (rectal) taken from a nurse's station. The internal investigation determined that the suspect inserted these suppositories as a form of retaliation against another staff member. The suspect apparently wanted the other staff member to have to clean the individuals and their beds and rooms after they were unable to control their bowels. A witness to this incident observed the suspect insert the suppositories and heard her state that this was an act of retaliation. The Ombudsman was notified of this incident.

Issues: Sufficient information presented in the initial stages to involve law enforcement. There is no record that the Ombudsman ever received a report of this incident although the internal investigation states that they were notified. The suspect was terminated but no criminal charges were filed. This case was strong enough to have been followed up by law enforcement as the record indicates that sufficient probable cause was established to charge this suspect with assault.

CASE 006

Allegation: A series of reports of abuse were initiated with respect to this victim over a period of approximately one year. One report described an incident of physical abuse where a staff member struck the victim and it was witnessed and reported by another staff member. The internal investigation substantiated this incident. A second report described an incident where both staff and a family member observed bruises in the chest area. The internal investigation stated that the Director of Nursing thought the bruising looked like the victim had been struck by "a belt or wire looped object".

Issues: The first report where there was a witness does not indicate whether or not this report was referred to any other agency such as law enforcement or the Long-Term Care Ombudsman. There was sufficient credible information to have this case referred to law enforcement or the Attorney General. The incident where the Director of Nursing rendered an opinion as to the way in which the bruise was caused should have been referred for a criminal investigation. There is no indication that the Vulnerable Adult Abuse Protocol was used, which was developed by the Adult Protection Coordinating Council (S.C. Code Ann. §§ 43-35-310 et seq.) and the medical community to document medical information and would have provided

more detailed medical data. A copy of the Vulnerable Adult Abuse Protocol can be found in Appendix C.

CASE 012

Allegation: A hospital employee reported that a staff member, who had escorted the victim to the hospital, abused the victim by pushing him down on the bed and grabbing his throat. The hospital employee reported the incident to the hospital charge nurse who then contacted the facility. An internal investigation was conducted and the suspect provided a statement that she did not abuse the victim. She did admit that she was "having problems" and was receiving mental health counseling and taking a psychotropic medication. Although the employee was offered a job that did not require her to have contact with consumers at the facility there was no documentation of the ultimate outcome.

Issues: The record does not indicate that this case was referred to any law enforcement agency. The internal investigation clearly indicates that this was a criminal case of assault which should have been immediately referred to law enforcement.

CASE 014

Allegation: It was reported that the victim had been physically abused by staff on a number of occasions, sustaining 36 injuries of unknown origin. An internal investigation was initiated and the local police department was contacted. As a result of the investigation, seven staff members were terminated for abuse and the police department subsequently charged seven individuals. No results of the criminal prosecution were indicated.

Issues: The police department record indicates that they did not charge the same seven individuals that the facility terminated, which indicates a discrepancy in investigative results between the internal investigation and law enforcement investigation. Although the overall

internal investigation was conducted in an acceptable manner, it may have been better to have law enforcement involvement at an earlier stage rather than at the conclusion to eliminate the discrepancy.

CASE 021

Allegation: A staff member observed bruises on the victim in the area of the right thigh, buttocks, rectum, scrotum and penis. From the nature of the injuries, it appeared that the victim had been kicked. It was obvious the injuries were not accidental in nature given the severity and location, which was verified by a physician. An internal investigation was conducted by staff who were unable to determine a possible suspect or suspects. As a result of the internal investigation, the case was referred to SLED, who began their investigation approximately three days after the internal investigation. SLED's investigation was also unable to determine the possible suspect or suspects and the case was closed.

Issues: The delay in involving law enforcement may have contributed to the difficulty in determining a possible perpetrator. The photographs that were included in the report did not meet basic evidentiary standards such as scaling and identification shots. Three of the employees who had the opportunity to observe the bruises 2-3 days prior to their discovery failed to report them and gave conflicting statements to the internal investigator and the SLED agents. These inconsistent statements do not appear to have been challenged by investigators. There is a strong possibility that a suspect or suspects could have been developed with earlier SLED involvement.

CASE 022

Allegation: On a trip with several residents of the facility, a staff member provoked an altercation between two residents that resulted in an assault on the victim, who was in a wheelchair. The internal investigation disclosed that the staff member verbally abused the victim

and used another resident to assault the victim stating, "I might not can get you but I can't stop the other girls from doing so". The victim received "minor scratches" on her arm and minor injuries to her legs as a result of the altercation. The case was reported to the Ombudsman and the record reflects that "the appropriate personnel action was taken".

Issues: This case is clearly physical and psychological abuse under OAPA that should have resulted in a criminal investigation by the appropriate law enforcement agency. There is no record of any evidence collection such as photographs or a medical report about the possible injuries.

CASE 035

Allegation: The victim reported to his sister that he had been assaulted by a staff member. A subsequent medical examination determined that he had bruises and abrasions on both shins, bruises on both thighs, a large bruise on one hip, bruises on his buttocks, bruises under his arms and bruises on both arms. An X-ray revealed that he also had two broken ribs on his right side. An internal investigation was initiated and the victim was interviewed. He was able to identify a possible suspect. A witness also identified the same suspect. The case was referred to SLED and the Ombudsman was notified. SLED interviews of both residents and staff provided conflicting statements. Many residents supported the allegation that the suspect assaulted the victim. The staff statements stated that they did not see anything happen to the victim. An interview with the suspect produced a denial, although he did admit that he had problems with the victim in the past. The case was referred to the Solicitor and he declined to prosecute.

Issues: The case clearly illustrates the problem with these incidents. The victim and a number of residents give statements implicating the suspect, however, many of them are

conflicting. When the suspect denies the abuse it becomes his or her word against a number of witnesses with cognitive disabilities. The SLED report is very thorough and there is sufficient evidence to support an abuse case. This case indicates a broader issue of prosecutorial reluctance to pursue these cases and may be based upon their perception of victim/witness ability to present credible testimony.

CASE 038

Allegation: Staff noticed bruises under the arm of the victim and reported them to the supervisor. The victim stated that somebody at the day program grabbed him. The record does not reflect that an investigation was initiated. P&A then made a request for further investigation. Records show that additional bruises were discovered on his torso along with a scratch on his abdomen. Subsequent body checks showed a continuing pattern of bruising on the victim.

Issues: There is no indication that any internal investigation or reporting was done for this victim. Although there is a letter from the County Disabilities and Special Needs Board that the allegation of abuse is unsubstantiated, the non-existent reporting and required follow-up make it impossible to substantiate that determination.

CASE 048

Allegation: A letter to the South Carolina Department of Health and Environmental Control by the daughter of the victim details an allegation of misuse of major pain medication by the facility. This resulted in an emergency admission to the hospital with a final diagnosis of a drug overdose of the type of drug taken and dehydration. No report was made to any agency by the facility. DHEC ultimately cited the facility for overmedication and dehydration and the facility submitted a plan of correction.

Issue: This case should have been referred to the Ombudsman for an initial investigation and then possibly law enforcement for additional investigation. This may be a case of physical abuse or neglect under OAPA for the misuse of the medication or neglect for the dehydration.

CASE 050

Allegation: The victim stated a staff member took a hammer to his door and knocked off the lock. The staff member then struck the victim with the hammer. The victim filed a report with the County Sheriff's Department. A staff member from P&A personally observed the damage to the victim's door as well as injuries to the victim. The middle finger of the right hand was swollen and the first joint appeared injured. This individual also observed damage to the victim's CD player. The P&A representative then questioned staff. They stated they were not aware of the injuries and had not sought medical treatment. There was no report made by the facility with respect to this incident. It has been subsequently referred to the Ombudsman by P&A and is currently being investigated.

Issues: It is clear that some type of incident took place between a staff member and the victim that should have resulted in a report and investigation.

SEXUAL ABUSE CASES:

CASE 046

Allegation: Two witnesses (staff members) reported seeing the suspect touch the victim "inappropriately" at different times. This touching was in the vaginal area and each witness observed it at a different time, indicating at least two events. An internal investigation was initiated. A medical exam was conducted with negative results. The suspect stated that he was performing a required medical procedure, a digital rectal exam for possible impaction. The witnesses both said he was not wearing gloves at the time they witnessed the incidents. In one case the suspect stated he was administering oral medication. The case was referred to SLED, whose investigation led to the suspect's indictment. The case was then closed by the Solicitor after being informed by the suspect's attorney that he had passed a private polygraph.

Issues: This case was properly investigated by both the facility and SLED and the two witnesses were very credible. However, after being informed of the polygraph results, the Solicitor declined to prosecute even though polygraph test results are not admissible as evidence in court. The dismissal of this case, which had excellent preparation, may indicate a lack of support for these cases within the criminal justice system.

CASE 004

Allegations: A number of incidents were reported over a period of several months regarding possible physical abuse of the subject. Many involved assaults by another resident. During the course of the investigation, it was alleged that the victim had been sexually abused by another resident with a history of sexual aggression. This abuse had been reported to the appropriate staff and recommendations were made to protect the victim. Facility management did not follow the recommendations resulting in possible further sexually abuse of the victim.

The record contains one report of physical abuse filed with local law enforcement but no indication of any follow-up.

Issues: The allegation of physical abuse was reported to local law enforcement with no indicated action on their part. The records do not indicate that the sexual abuse by another resident was reported to any other agency, nor did management make any attempt to protect the victim from further harm even when staff members made attempts to get them to do so. While OAPA would not support any action against the alleged perpetrator of the sexual abuse, he could have been charged under Title 16. The record does indicate that possible criminal action could have been taken against management for neglect because they did nothing to prevent further abuse of the victim after being clearly notified (in writing) of the problem by staff.

CASE 008

Allegation: An allegation was made by the victim that a staff member "reached under the covers and touched his private areas" while watching a sexually explicit video. An internal investigation was conducted and the case was referred to SLED for a criminal investigation. The victim was able to provide a statement. Based upon the internal investigation, the employee was terminated. The SLED report was provided to the Solicitor who felt there was not enough to proceed with a criminal case.

Issues: The internal investigation and the one conducted by SLED were thorough but did not provide any witnesses to this event, making this a difficult case to prosecute. The video was found in the possession of the victim but no other physical evidence was discovered that would substantiate the victim's statement. The report provided no information as to where the victim obtained the video.

DEATH CASES:

CASE 024

Allegation: A Report of Death was completed on the resident. The report and the death certificate both indicate that the death was from natural causes (respiratory arrest, aspiration of vomitus and cerebral edema).

Issues: The Report of Death was handwritten. The notes indicate some issues with the resident's eating. No autopsy was performed. The report lacks sufficient detail to determine if there was a problem with the victim's food not being finely chopped as required. While this case is probably not abuse, it may have been neglect. This demonstrates the lack of sufficient information that makes it impossible to determine if further investigation is needed.

CASE 025

Allegation: The Report of Death completed by the facility is detailed and indicates that the resident had complicated and serious medical issues and his death was a result of these conditions. The death was reported to the Coroner and an autopsy was done with the results attached to the Report. The findings of the pathologist were consistent with a natural death.

Issues: This case provided complete and thorough documentation including an autopsy. This report does not provide any findings that would lead to any allegation of abuse. When contrasted with the documentation in Case 024, it demonstrates a system that requires consistent and standardized reporting in death cases so that abuse or neglect can be ruled out.

CASE SUMMARY

The majority of cases reviewed contained evidence consisting only of victim and witness statements. Little effort was made to further investigate inconsistent statements, collect physical evidence or interview the victim. This lack of further investigation is clearly indicative of proceeding from a purely administrative view to establish that policies and procedures were followed. In many cases, the termination of an employee was the only outcome; with little thought given to holding the offender criminally responsible. Case 004 clearly documents that the facility was aware of possible sexual abuse yet the facility failed to report it to law enforcement, initiate an investigation or respond to the recommendations of staff. These lapses could have resulted in further harm to the victim. Case 006 had extensive documentation of physical abuse that was not referred to law enforcement but instead to DSS. It appears that DSS failed to report it to law enforcement or conduct a thorough investigation. Case 012 had sufficient evidence to support a possible prosecution, but the case was not referred.

Overall, it appears that individuals working in the system to deliver services to individuals with developmental disabilities do not have a clear understanding of the need to refer cases to agencies that can conduct a proper criminal investigation when there is sufficient evidence to support that course of action. The lack of oversight by the Ombudsman contributes to this problem. It did not appear that the Ombudsman was conducting a thorough screening of reports and contacting law enforcement when necessary. Not holding offenders criminally accountable sends a clear message to employees that the most that can happen to them is termination. In the cases that were reviewed, even termination was not always a response.

Two cases included the results of a SLED investigation. Neither case was referred for prosecution. In Case 021, major problems were identified with the way the case was

investigated by both the facility and SLED. Ample initial evidence shouted that the victim had been physically abused. Photographs, as well as medical opinion, left no doubt that the victim had been assaulted in the genital and anal area and that it was intentional. The initial investigation conducted by the facility made reference to "age dating" the bruises, which should not be done as there is no medical support for this technique in practice or research. The interviews conducted by the facility failed to further investigate the inconsistent statements by staff regarding the period prior to the initial discovery of the injuries. The case was then referred to SLED which conducted interviews of staff that may have had contact with the victim in the period before the injuries were discovered, particularly those who worked the prior two days. In at least three specific statements taken from staff, there were inconsistencies between what was told to facility personnel and then subsequently related to the SLED Agents. A more aggressive approach to the interview process might have provided the focus necessary to develop a suspect. All three of these individuals were in a position to have seen the injuries during the preceding 24-48 hours, yet the fact that the injuries were not reported or mentioned in their statements indicates a lackadaisical attitude on the part of the investigators to develop additional information. It appears that in the internal investigation, investigators only determined whether or not staff complied with policy and procedure. It is difficult to tell from the record why the SLED agents did not follow up on the facts about the injuries.

In summary, while DDSN policies are adequate for some purposes, they have serious flaws that interfere with the goal of protecting victims from further abuse and of holding offenders accountable. Most of the investigations reviewed seem to be focused on quality control issues. In some cases, they were specifically concerned with determining whether or not facility policies or procedures were violated and how to deal with the employee(s) that were involved in

an administrative way. Most of the files reviewed were inadequate, incomplete and did not meet OAPA's requirements for reporting to law enforcement.

The case review determined that the following issues are not adequately addressed in current investigative policies, procedures and practices.

- **Policies and Procedures**-The policies and procedures reviewed for this report clearly appear to be focused on administrative issues. They also modify and, in some cases, ignore the requirements of OAPA.
- **Documentation**-There is no consistent format used for documenting the results of an investigation. DDSN provides guidelines and suggested formats but does not mandate their usage. Therefore facilities, local boards, and contract providers use modified policies and corresponding forms which are similar to those of DDSN proper. Most of the forms used in the furnished reports were inadequate because they did not clearly indicate what physical evidence may have been gathered, such as a chain of custody form; lack of medical data, such as the Vulnerable Adult Abuse Protocol; and the necessary identification data required if the case is to be referred to law enforcement.
- **Terminology**-Definitions used by DDSN do not conform to the definitions found in OAPA.
- **Reporting**-While required reporting seems to occur most often to the Ombudsman, there is little or no reporting to law enforcement. The Ombudsman does not appear to have reviewed reports referred to them for further action. In several cases, there were clear indications that law enforcement should have been notified but were not.
- **Administrative versus Criminal Investigations**-Many of the reports that were reviewed seemed to be focused on whether procedures were followed. If the procedures were not

followed, the response was to train staff. Most of the internal investigators are administrators and come to these incidents using that perspective. Conducting a criminal investigation often requires a different mind set. If the purpose of the investigation is to see if individuals complied with policies and procedures, then the focus will be on administrative issues instead of on whether or not a criminal act took place. As previously mentioned, there is an inherent conflict of interest issue with the current situation because internal investigators can easily lose objectivity and can be intimidating to the individual who has been abused during the course of the investigation.

- **Training**-DDSN appears to have established, in policy, an adequate training program for their internal investigators. However, it is difficult to evaluate the level of expertise or effectiveness of the program because it was impossible to determine if the investigator had the training, when they had the training, the number of cases an investigator handles, or the turnover rate. If a case is referred to law enforcement, it will probably be investigated by an individual with little or no training or expertise in dealing with vulnerable adults. The only training a law enforcement officer receives in this area is a brief two hour orientation during recruit training. No documented additional training for investigators or prosecutors has been offered that would provide the enhanced skills necessary in this area. While the South Carolina Adult Protection Coordinating Council has made efforts to provide training in this area, it can be safely said that few prosecutors have attended. Ultimately, if offenders are to ever be held accountable, training must take place on a continuous basis.
- **Oversight**-Those charged with oversight of the current system, such as the LTCO and HHS, are not exercising this authority on a consistent basis.

FINDINGS

The current South Carolina entities for reporting and investigating allegations of abuse and neglect against vulnerable adults do little to protect victims, determine those responsible for their abuse and neglect and, when appropriate, prosecute them. The procedures seem to be designed to ensure that agencies are not adversely impacted by the victimization of their clients. There are several reasons for these failures to protect or hold offenders accountable:

1. Reporting often is delayed, or in some cases non-existent. Delays in reporting present serious problems with evidence preservation and victim protection.
2. Investigations are viewed from an administrative perspective and are conducted by administrators. They seem to focus on whether or not policies and procedures were followed with little effort made to refer to law enforcement. It did not appear that sufficient effort is being made by the Long Term Care Ombudsman to review reports and make a referral for a criminal investigation when the facts support that action to require additional effort by DDSN to address substandard investigative reports.
3. Inconsistent definitional foundations impede investigation. OAPA contains the definitions that determine the elements of abuse and neglect. DDSN has developed a set of definitions to be used in investigations that do not adhere to the ones set forth in OAPA. These discrepancies lead to confusion and often lead to conclusions not consistent with the governing statute.
4. Investigations conducted by contract agencies were seriously flawed. In one case reviewed, there was a failure to properly investigate a case of sexual abuse as well as to protect the victim from further harm.

5. DDSN's documentation procedures are confusing in that DDSN does not appear to mandate their use by facilities and the forms lack sufficient information for the conduct of a criminal investigation.
6. Cases reported to law enforcement do not always receive the necessary investigative effort.
7. Cases referred to the local solicitor for review were, in almost every case, not prosecuted.
8. No single oversight process ensures that cases are screened for possible criminal behavior and that the investigative process meets a minimum standard.

In summary, vulnerable adults, including those with disabilities, who are victims of abuse, neglect, and exploitation do not receive adequate investigative and prosecutorial responses from those charged with their protection. Most of the initial investigations reviewed were conducted by an administrator. The administrator would decide to refer possible cases of abuse and neglect to law enforcement after conducting an initial investigation. This procedure resulted in delayed reports that can only have a negative effect on evidence gathering, building a criminal case, and subsequent possible prosecution. It is also important to understand that the initial investigative response is framed by the facts presented and the need to match those facts with the elements of abuse and neglect contained in the governing OAPA statute. If the investigator uses definitions inconsistent with this statute, or those created by the agency, then the investigator lacks the analytical framework to make critical decisions regarding possible criminal behavior.

The most critical issue identified by this report is the extreme fragmentation of roles. The current process is one where numerous state and local bodies have some form of jurisdiction

but no overall supervision or coordination is in place. There is no true system. Individuals receiving services through DDSN are subject to internally developed policies which can be modified at the local level, leading to inconsistency in reporting and documentation of incidents. Throughout the state serious incidents of abuse and neglect are inadequately investigated and rarely prosecuted. Further, the lack of data makes it impossible to determine the frequency of incidents or whether they are adequately investigated and referred to law enforcement.

Virtually no oversight or coordination among entities exists. While some efforts have been made by the Attorney General's Office, although they have no mandate to do so, and the Ombudsman to meet these needs, both are understaffed and do not have the resources to do the job required. The criminal justice system (law enforcement and prosecutors) does little to improve this situation. Law enforcement personnel receive minimal or no training in the issues of abuse and neglect of vulnerable adults. There seems to be no public pressure to change this situation. Until vulnerable adults are viewed as individuals in need of an aggressive system of protection, little will improve. Vulnerable adults who have been victims of abuse and neglect are subjected to cruel and unusual punishment by the current process. Not only are they abused, neglected, and exploited, they also suffer the act again when the process fails to properly investigate and prosecute on their behalf. Until critical changes are made they will continue to be victimized and the offenders rarely held accountable.

RECOMMENDATIONS

1. Establishment of a state-level investigative entity within the criminal justice system, i.e. SLED, and outside of any agency providing services to vulnerable adults, with responsibility for all reports of abuse, neglect, or exploitation involving vulnerable adults in facilities.

South Carolina must recognize that little will improve until a specific entity is charged with the investigative responsibility for these cases, regardless of where the incident occurs. This entity should provide initial screening, investigative follow up when required and oversight of all allegations of abuse and neglect. It should have personnel assigned who have law enforcement authority and expertise to conduct these complex investigations, as well as training in the special issues associated with this population group. Personnel should have access to individuals with medical or social work backgrounds in this special population. There must be a single point of entry for these allegations with the ability to coordinate an effective response and track data. While not superseding the mandates of the Medicaid Fraud Control Unit (MFCU) of the Attorney General's Office, the entity would focus on cases that often fall outside the jurisdiction of the MFCU. Creation of such an entity may also require a review of the duties of the Long Term Care Ombudsman. Neither the Attorney General nor the Ombudsman has the mandate nor the resources to implement a system for the investigation of abuse and neglect of vulnerable adults, including people with disabilities. Law enforcement personnel and solicitors receive grossly inadequate training regarding abuse and neglect of vulnerable adults. Only a single entity with clear responsibility and specialized staff can offer accountability to some of South Carolina's most vulnerable citizens.

2. No longer permit agencies and their contractors to investigate allegations of abuse and neglect within their facilities.

Agencies and contractors should not have responsibility for conducting internal investigations. The pressure to conform to organizational expectations is too great to insure an objective investigation.

3. Develop and present adequate training to criminal justice professionals charged with the responsibility of investigating and prosecuting abuse and neglect.

It was obvious that even when cases were referred to law enforcement and prosecutors there was no guarantee that a proper investigation would be the result. These are complicated investigations which require specialized training not currently available in this state. Successful models of specialized prosecution in the areas of child abuse, sexual assault and domestic violence demonstrate the efficacy of trained professionals.

4. Establish separate policies and procedures for administrative/quality control investigations after determining that no criminal abuse or neglect took place.

Once it is determined that an allegation is not criminal in nature, then a quality control system to conduct this type of investigation needs its own set of policies and procedures. This change would reduce any confusion as to the purpose of the investigation.

5. Review all agency policies and procedures to insure that they conform to all the provisions of OAPA, including definitions.

DDSN needs to conduct a thorough review of their policies and procedures to address the issue of conformity to OAPA. The current arrangement leads to confusion about the purpose of an investigation and does not provide the focus necessary to determine if an event is criminal. Not only must DDSN ensure their policies reflect OAPA, DMH and DSS must also ensure their policies reflect OAPA.

APPENDIX A:

COMPARISON BETWEEN THE
OMNIBUS ADULT PROTECTION ACT DEFINITIONS
AND
DDSN DIRECTIVE 534-02-DD DEFINITIONS

Omnibus Adult Protection Act	DDSN Policy 534-02 (March 2004)
Abuse means physical abuse or psychological abuse. **Physical abuse** means intentionally inflicting or allowing to be inflicted physical injury on a vulnerable adult by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery as defined in § 16-3-651, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional or that is part of a written plan of care by a licensed physician or other qualified professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between vulnerable adults.	**Abuse, Neglect, and Exploitation** Abuse is defined as any intentional physical or mental injury or harm or the threat of such injury to a consumer by any employee or volunteer of DDSN or its contract provider agencies. Abuse as defined below is prohibited. **Physical abuse** is defined as an intentional assault upon a consumer whether or not the assault causes injury. This includes but is not limited to: (a) Slapping, hitting, kicking, shaking, biting, choking, pinching, pulling hair, throwing objects, spanking, corporal punishment; or (b) Provoking, directing, encouraging, condoning, or allowing people receiving services to discipline or abuse one another; or, (c) Using medications (outside the standard of prescribed medical practice) for the purpose of controlling behavior.

Omnibus Adult Protection Act	DDSN Policy 534-02 (March 2004)
Psychological abuse means deliberately subjecting a vulnerable adult to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress. **Investigative entity** means the Long Term Care Ombudsman Program or the Adult Protective Services Program.	**Emotional, Mental or Psychological Abuse** (a) Intentionally subjecting a consumer to inhumane or unconscionable conditions or acts that cause fear or other forms of emotional distress; or (b) Subjecting a consumer to degrading, harassing, or dehumanizing conditions; or (c) Unreasonable confinement or restraint that is not a part of the consumer's approved behavior support plan. **Verbal abuse** is defined as referring, gesturing, or speaking to a consumer in threatening, degrading, or discriminatory terms which have an adverse effect on the person receiving services.

Omnibus Adult Protection Act	DDSN Policy 534-02 (March 2004)
(There are no more definitions of abuse.)	**Threatened abuse** is defined as an intentional offer of physical or mental abuse that causes emotional distress to the consumer or creates a well-founded fear of imminent peril coupled with the ability to execute the threat. This also includes threatened use of any of the abusive acts defined in this policy. **Sexual abuse** is defined as an employee or volunteer becoming sexually involved with a consumer or encouraging the consumer to become sexually involved with another person. **It is also considered abuse if an employee furnishes non-prescribed drugs or other illegal or harmful substances to a consumer.** **Abuse by complicity** is defined as aiding, abetting, conspiring with or covering up an act of abuse. Anyone who commits complicity is considered to be as guilty of abuse as the person who commits the abuse.

Omnibus Adult Protection Act	DDSN Policy 534-02 (March 2004)
Exploitation means: (1) causing or requiring a vulnerable adult to engage in activity or labor which is improper, illegal, or against the reasonable and rational wishes of the vulnerable adult. Exploitation does not include requiring a vulnerable adult to participate in an activity or labor which is a part of a written plan of care or which is prescribed or authorized by a licensed physician attending the patient; or (2) an improper, illegal, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person.	**Exploitation** is defined as the improper use or manipulation of a consumer or his/her resources for profit or advantage by an employee or volunteer. This includes but is not limited to exploitation for money, gifts, or other personal gains.

Omnibus Adult Protection Act	DDSN Policy 534-02 (March 2004)
Neglect means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Neglect may be repeated conduct or a single incident that has produced or can be proven to result in serious physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect. Neglect includes the inability of a vulnerable adult, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm or substantial risk of death.	Neglect is defined as the failure to provide for basic needs, such as food, clothing, shelter, health care, safety, or adequate supervision, and the failure results in risk to the life safety of the consumer.

APPENDIX B:

CASE INFORMATION

Case No.	Type	Reported To:	Results
001	Physical	AG	Employees terminated
002	Physical	LTCO	Employee terminated
003	Neglect	None	None
004	Sexual/Physical	Law Enforcement/AG	Unknown
005	Sexual	Law Enforcement	Unknown
006	Physical	None	Founded/NFI
007	Neglect	LTCO	Founded/disciplinary
008	Sexual	SLED	No prosecution
009	Neglect	Unknown	No action taken
010	Physical	LTCO	Unfounded
011	Unexplained injury	None	No action required
012	Physical	Unknown	Employee terminated
013	Death/Neglect	AG	Pending
014	Physical	LTCO	7 staff terminated,/ 1 disciplinary/no results on LE
015	Physical	LTCO	Unfounded
016	Physical/Psych.	LTCO	Unfounded (related to 015)
017	Physical/Psych	LTCO	Unfounded (related to 15)
018	Death	AG	Pending
019	Physical	none	Employee terminated
020	Physical	none	Unfounded
021	Physical	SLED	No prosecution
022	Physical/Staff neglect	None	Unknown
023	Exploitation	None	Unfounded
024	Death	None	Natural
025	Death	Coroner	Natural
026	Death	Coroner	Natural
027	Death	Unknown	Natural
028	Neglect	LTCO	Employees terminated
029	Physical	None	Unfounded/staff filed compl v. resident
030	Physical	LTCO	Employee suspended
031	Sexual	DMH PS	No prosecution
032	Neglect	LTCO	Employee terminated

033	Physical	LTCO	Unfounded
034	Physical	LTCO	Unfounded (10,33,34 same subject)
035	Physical	SLED	Employee terminated/No prosecution
036	Death	None	Natural
037	Death	None	Natural
038	Physical	Contract Inv	Unfounded
039	Physical	LTCO	Employees received training in procedures
040	Physical	None	Unfounded
041	Physical	None	Employee Terminated
042	Physical	None	Unfounded
043	Physical/Staff Neglect	None	Employee Disciplined
044	Neglect	None	Unfounded
045	Physical	LTCO	Unfounded (040-045, same subject)
046	Sexual	SLED	Employee charged, No prosecution
047	Death	Law Enforcement	Traffic fatality
048	Physical/Neglect	DHEC	DHEC cited facility
049	Homicide	Law Enforcement	Suspect charged w/Murder
050	Physical	None	Pending investigation

APPENDIX C:

VULNERABLE ADULT ABUSE PROTOCOL

DEMOGRAPHIC INFORMATION:

FOR VULNERABLE ADULTS
AGE 18 OR OVER

Date of Visit: / /	Time:
Source of Intake Information:	
Relation: [ ] Adult Protective Services [ ] Law Enforcement [ ] Caregiver	[ ] Medical Provider [ ] Long Term Care Ombudsman [ ] Other:
Maltreatment Assessment: Emergency Protective Custody - [ ] Yes [ ] No	Date:
Site:	
Provider Name Group:	

DEMOGRAPHIC INFORMATION
Person Receiving Care/Intervention/Assistance

Patient Name:	Sex: [ ] Female [ ] Male
DOB: Age:	SSN:
Race: [ ] White [ ] Black [ ] American Indian [ ] Oriental [ ] Bi-Racial [ ] Other	Migrant: [ ] Yes [ ] No
Residence: [ ] Lives Independently [ ] Residential Home [ ] Family Residence Under Care of:	
Mailing Address:	
Street Address:	
Phone:	County of residence:
Emergency Contact Name:	Contact Phone:
Legal Custodian/Relation:	
Accompanying Guardian/Relation:	
Payment Source:	Policy #:

INVOLVED AGENCIES

Law Enforcement: County:		[ ] Police Dept: [ ] Sheriff's Dept.
Officer:	Badge #:	Phone:
Report Date:	Phone:	Ext.
Address:		
Other Agency(ies):		
Signature of Recorder:	Print Name:	Date:

WHITE - HOSPITAL PINK - LAW ENFORCEMENT GREEN - VICTIM COMPENSATION

INCIDENT INFORMATION

Previous Exam Suspicious for Maltreatment/Neglect:
[ ] No [ ] Unknown [ ] Yes - Date:

Previous Report Made: [ ] No [ ] Unknown [ ] Yes - Give Agency/Dates/Results:

Initial Indicator of Risk:
[ ] Victim Verbal [ ] Behavioral Changes [ ] Injuries/Medical Problems

Witness: [ ] No [ ] Unknown [ ] Yes

Brief History of Allegations/Reason for Referral/Summary of Maltreatment/Description of Neglect:

Identity of Alleged Offender (if known)

Age: Sex: [ ] Female [ ] Male Relationship to Adult:

Dates of first alleged maltreatment/neglect: Most Recent: County of Occurrence:

Other dates/places:

Date of last contact:

Access to this vulnerable adult: [ ] Yes [ ] No Access to other vulnerable adults: [ ] Yes [ ] No [ ] Unknown

Narrative of Concerns and Observations

Interviewer:

Affect of Support Person: [ ] Cooperative [ ] uncooperative [ ] Supportive [ ] Hostile [ ] Flat [ ] Ambivalent

Examiner's Signature: Date:

PATIENT INFORMATION

Accompanying Adult(s)/Relationship(s):

Patient's Communication Ability: [ ] Normal [ ] Impaired [ ] Non-Communicative

Personal Physician's Name:
City/Address: Phone:

Current Medications:

Medical History

Allergies: [ ] N/A [ ] No [ ] Yes - Drug(s):

Medical Problems:

Major Hospitalizations:

Surgeries:

Trauma/Injuries: [ ] Head Injuries [ ] Fractures [ ] Burns

Gynecological History, if Applicable

[ ] LMP: Contraception: [ ] OCs [ ] Injectable [ ] Tubal Ligation [ ] Other -

Menopausal [ ] Yes [ ] No [ ] Unknown Hormonal Replacement [ ] Yes [ ] No [ ] Unknown

Sexually Active Voluntarily [ ] No [ ] Unknown [ ] Yes - Last Voluntary Intercourse:

Substance Use

Alcohol [ ] No [ ] Unknown [ ] Yes - Amount:

Tobacco [ ] No [ ] Unknown [ ] Yes - Amount:

Drugs [ ] No [ ] Unknown [ ] Yes - Amount:

Family History

[ ] Bleeding Disorders [ ] Bone disease [ ] Neurological Disease [ ] Substance Abuse [ ] Violence [ ] Mental health

Comments:

Examiner's Signature: Date:

PHYSICAL EXAMINATION RECORD

Examiner: Date:

Person(s) Present: [ ] No [ ] Yes - Give Name(s):

Other Person(s) Present - Give Names:

Behaviors Observed During Exam: [ ] Appropriate [ ] Mental Status Exam [ ] Other - Describe Below:

Physical Exam: Height: % Weight: % H.C.: %

	WNL	ABN	N/A	EXPLAIN
General Appearance				
CN II - XII				
Motor Strength/Tone				
Deep Tendon Reflexes				
Ears/TMs				
Eyes/Fundi				
Nose				
Mouth/Oropharynx				
Teeth: upper				
Teeth: lower				
Neck				
Breasts				
Chest				
Back				
Lungs				
CV				
Abdomen				
Hair/Scalp				
Skeletal				
Balance/Gait				
Sensory Exam				

Comments:

Examiner's Signature Date

WHITE - HOSPITAL PINK - LAW ENFORCEMENT GREEN - VICTIM COMPENSATION

PHYSICAL EXAMINATION RECORD, CONT

Skin findings
(Describe color, configuration, measurements, and any remarks by the adult as to the etiology for each lesion. See body diagrams.)

Photos Taken: [ ] No [ ] Yes - Number Taken:
Forensic Dentistry Consult: [ ] Yes [ ] No
Lesions Consistent with Bite Marks: [ ] Yes [ ] No

Male Genital Exam	WNL	ABN	Describe
Inguinal Adenopathy			
Medial Thighs			
Perineum			
Penis			
Urethral Meatus			
Circumcised	[ ] Yes	[ ] No	
Scrotum			
Testes			
Female Genital Exam	**WNL**	**ABN**	**Describe**
Inguinal Adenopathy			
Medial Thighs			
Perineum			
External Genitalia			
Vagina			
Cervix			
Uterus			
Male/Female Exam			
Buttocks			
Anus			
Anal Tone			
Stool Incontinence			
Rectal Exam:			Stool Occult Blood Test [ ] Positive [ ] Negative

Examiner's Signature: Date:

WHITE - HOSPITAL PINK - LAW ENFORCEMENT GREEN - VICTIM COMPENSATION

LAB SUMMARY

Laboratory Specimens (Check specimens collected) Date:

GC/Chlamydia Culture	[ ] Throat [ ] Vaginal [ ] Urethral [ ] Rectal	
Wet Prep	[ ] No	[ ] Yes -
bHCG ->	[ ] No	[ ] Yes -
Urinalysis	[ ] No	[ ] Yes -
Culture [ ] Throat [ ] Vaginal [ ] Urethral [ ] Rectal [ ] Urine [ ] Wound [ ] Blood [ ] Other -		
RPR/VDRL	[ ] No	[ ] Yes -
HIV	[ ] No	[ ] Yes -
CBC	[ ] No	[ ] Yes -
Coags	[ ] No	[ ] Yes -
Chemistry Panel	[ ] No	[ ] Yes -
Other:		
Treatment:		

PHYSICIAN SUMMARY

Recommendation for Follow-Up

Medical:	
Mental Health:	
Other:	
Examiner's Signature:	

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SEXUAL ABUSE/ASSAULT INFORMATION

(Optional Supplement to Interview)

Stamp Plate or Name of Patient

Patient Interviewed in the Presence of:

	Described by Patient			
	Y	N	U	Comments
Vaginal Contact:				
Penis				
Finger				
Foreign Object (Describe)				
Anal Contact:				
Penis				
Finger				
Foreign Object (Describe)				
Oral Copulation of Genitalia:				
of Victim by Assailant				
of Assailant by Victim				
Oral Copulation of Anus:				
of Victim by Assailant				
of Assailant by Victim				
Masturbation:				
of Victim by Assailant				
of Assailant by Victim				
Did Ejaculation Occur? If yes, write adult's description.				
Describe location(s) on body:				
Where did ejaculate go?				
Describe assailant's genitals:				
Condom used				
Foam, jelly, or lubricant used (circle)				
Fondling, licking, kissing or biting (circle)				
Describe the location on the body:				
Examiner's Signature:				Date:

WHITE - HOSPITAL PINK - LAW ENFORCEMENT GREEN - VICTIM COMPENSATION

APPENDIX D:

MEMORANDUM OF AGREEMENT

MEMORANDUM OF AGREEMENT

The State Long Term Care Ombudsman Program of the Lt. Governor's Office on Aging, (hereinafter referred to as the "SLTCOP"), and the South Carolina Department of Disabilities and Special Needs (hereinafter referred to as "SCDDSN"), hereby agree to the terms of this MEMORANDUM OF AGREEMENT as revised on March 1, 2005.

I. **PURPOSE:** It is the public policy of the State of South Carolina as reflected in the Omnibus Adult Protection Act (OAPA) to protect vulnerable adults from abuse, neglect and exploitation. The purpose of this Memorandum of Agreement is to establish relationships to implement the intent and provisions of this Act.

II. **SPECIFIC OBJECTIVES:** The major objectives of this Memorandum of Agreement are:

A. To provide a system for receiving and investigating reports of alleged abuse, neglect and exploitation occurring to vulnerable adults receiving services in facilities or programs and services operated or contracted for operation by SCDDSN .

B. To assist SLTCOP in the furtherance of its responsibility to receive reports of and investigate allegations of abuse, neglect, or exploitation in facilities or programs and services operated or contracted for operation by SCDDSN and to provide a system for oversight by SLTCOP by (1) independently reviewing investigations conducted by SCDDSN and its contractors; (2) conducting independent and/or joint investigations when SCDDSN or the SLTCOP deem appropriate; and (3) referring serious cases to law enforcement.

C. To identify those programs and services operated or contracted for operation by SCDDSN that should report alleged abuse, neglect, or exploitation to SLTCOP.

D. To establish cooperative relationships for the purpose of training and technical assistance.

III. **RESPONSIBILITIES:**

A. SCDDSN will comply with OAPA by establishing an effective system for reporting allegations of abuse, neglect and exploitation of vulnerable adults and by informing all Departmental and contractor employees of their legal responsibility to report under the Act.

B. All reports of alleged abuse, neglect and exploitation will be made to the SLTCOP for incidents occurring in facilities operated by SCDDSN or its contractors in accordance with Attachment 1.

C. Under OAPA, certain persons employed by SCDDSN or its contractors are personally responsible for making a report of alleged abuse, neglect and exploitation to

SLTCOP. By virtue of this MOA, OAPA allows employees of SCDDSN and DSN Boards or organizations serving in that role to make the required report to a supervisor, officer of the day, or other authority who will then make the required report on behalf of the employee. Contractor employees, however, must personally report the alleged abuse, neglect and exploitation to the SLTCOP as appropriate. All reports of alleged abuse, neglect and exploitation must be made to the SLTCOP within the statutory time frame of 24 hours or within the next business day. Reports may be made in writing or orally by telephone or otherwise.

D. Any individual employee of SCDDSN or its contractors having reason to believe that abuse, neglect or exploitation has occurred or having actual knowledge of the incident may make a personal and direct report to the SLTCOP. However, as a condition of employment, employees must also timely notify their employer, SCDDSN or its contractors, of the alleged abuse, neglect or exploitation.

E. Under the authority of the OAPA, the SLTCOP authorizes SCDDSN and its contractors to receive reports and conduct internal investigations of all cases of alleged abuse, neglect and exploitation of vulnerable adults occurring in facilities or programs and services operated or contracted for operation by SCDDSN when the suspected perpetrator is an employee of SCDDSN or its contractors or when the suspected perpetrator is unknown.

F. Reporting procedure shall be conducted in accordance with policies and procedures reviewed and approved by SLTCOP.

G. SCDDSN or its contractors will notify law enforcement immediately when there is a serious allegation of abuse or neglect of a resident occurring in a facility, program, or service operated or contracted for operation by SCDDSN. Serious may be defined as "needing immediate medical attention or hospitalization". The SLTCOP shall also be notified of the referral to law enforcement.

H. SCDDSN or its contractors will establish procedures to notify the appropriate occupational licensing or certification authority whenever the alleged perpetrator of abuse, neglect, or exploitation is a licensed health care professional.

I. SCDDSN or contractor representative will inform the individual or family of their right to contact SLTCOP if they have concerns regarding the outcome of the investigation. The oversight responsibilities of the SLTCOP will be explained. The SLTCOP according to the authority given them under the OAPA, may conduct an investigation of any reports made by or requested by an individual, family member or relative.

J. The SLTCOP retains the authority to investigate any allegation of abuse, neglect or exploitation occurring in a facility, program, or service. Likewise, SCDDSN may request an independent or joint investigation. Any personnel action resulting from an investigation covered by the Memorandum shall be at the sole discretion of the

individual's employer.

K. Upon review of the investigative reports, the SLTCOP may request further information to be provided or may elect to conduct an independent investigation. SCDDSN will cooperate in any further investigation conducted or arranged by SLTCOP.

L. SLTCOP will notify the SCDDSN State Director or his designee of any abuse, neglect or exploitation cases which were not reported through procedures prescribed in their Memorandum of Agreement.

M. SLTCOP will notify the SCDDSN and the appropriate contractor director whenever an alleged abuse, neglect or exploitation investigation has been conducted in a facility, program, or service operated or contracted for operation by SCDDSN. The findings of the investigation shall be forwarded to the SCDDSN State Director and the appropriate contractor director.

N. In carrying out investigative responsibilities, SLTCOP may request and receive written statements, documents, and other items pertinent to the investigation to the extent permitted by law, and shall have access to witnesses, facilities, program sites, etc., as may be necessary to complete their investigation.

O. Unless prohibited by law, SLTCOP and SCDDSN may share information related to an investigation conducted as a result of a report made under this Memorandum of Agreement. The investigation and the information contained therein are confidential and may not be disclosed to other parties. However, this does not preclude disclosure to appropriate law enforcement and regulatory licensing authority in the furtherance of their investigation or to other parties upon court order.

P. In accordance with the OAPA, SCDDSN and its contractors shall prominently display notices in its facilities to its employees stating the requirements of the OAPA concerning the reporting of abuse, neglect and exploitation.

Q. SLTCOP will assist in providing training and technical assistance for SCDDSN and contractor personnel to encourage timely and accurate reporting of actual or suspected abuse, neglect and exploitation of vulnerable adults receiving services from SCDDSN or its contractors.

R. Each party to this Memorandum will designate a person to serve as an agency contact point.

S. SCDDSN and SLTCOP agree to exercise a good faith effort of cooperation in compliance with state law and the OAPA.

T. Nothing in this agreement in any way prohibits the carrying out of OAPA or other statutes. If any portion of the Memorandum shall be determined to violate any state

or federal law, or otherwise be found to be unenforceable, such portion shall be stricken from this Memorandum without affecting any other provision.

U. Individuals receiving services from SCDDSN or its contractors are entitled to all services and assistance from SLTCOP as any other citizen of the State, including services when needed to protect a vulnerable adult from abuse, neglect, and exploitation.

IV. **CONDUCTING THE INVESTIGATION:** Upon completion of its internal investigation, SCDDSN and its contractors will forward a copy of the complete investigation to the SLTCOP as appropriate within ten (10) working days from completion of the internal investigation. The internal investigation will be completed in accordance with the requirements of SCDDSN policy 534-02-PD. The investigation report will contain any factual reference or determination made as a part of the investigation, including, but not limited to, a copy of any personnel action taken as a result of the investigation; all statements taken as a part of the investigation, signed by the person providing the statement; and all investigative material of documentation that assisted in the determination of abuse, neglect or exploitation.

V. **COOPERATION:** The parties to this Memorandum will coordinate and in good faith seek to resolve conflicts through joint meetings of appropriate agency designees.

VI. **REVIEW:** SCDDSN and SLTCOP shall annually review this Memorandum of Agreement.

VII. **TERMINATION/MODIFICATION:** This Memorandum of Agreement may be terminated by any of the parties upon 60 days written notification and may be modified as necessary through mutual written agreement. It will continue in effect until it is revised.

VIII. **IMPLEMENTATION:** This Memorandum of Agreement is effective upon signature and each party will take appropriate action within their respective systems to ensure the effective implementation of the terms of this agreement.

This Memorandum of Agreement is entered into this_____day of _____, 2005.

Lt. Governor's Office on Aging

By:_____

Comelia D. Gibbons
Director

Department of Disabilities and Special Needs

By: _____

Stanley J. Butkus, Ph. D.
Director

ATTACHMENT 1

The parties to this Memorandum of Agreement agree to the following:

The State Long Term Care Ombudsman Program will receive reports of suspected abuse occurring in facilities operated or contracted for operation by the South Carolina Department of Disabilities and Special Needs. This includes SCDDSN Regional Centers and facilities operated directly by the County Disabilities and Special Needs Board or a contract provider agency such as Babcock Center or Charles Lea Center. For the purpose of this Memorandum of Agreement, a facility is defined as any program or service listed as follows:

1. SCDDSN Regional Centers
2. ICF/MR Community Residences
3. Community Residential Care Facilities
4. Community Training Homes - Level II

The South Carolina Department of Social Services - Adult Protective Services will continue to receive reports of abuse, neglect or exploitation occurring in all other settings.

APPENDIX E:

EXCERPTS OF DDSN DIRECTIVE 534-02-DD: PROCEDURES FOR REPORTING, INVESTIGATING, AND PREVENTING ABUSE, NEGLECT, OR EXPLOITATION OF PEOPLE RECEIVING SERVICES FROM DDSN OR A CONTRACT PROVIDER AGENCY (MARCH 2004)

These are selected excerpts from DDSN Directive 534-02 and are addressed in the report.

Reporting Requirements

Employees and volunteers of DDSN or a contract provider agency are mandated to report when they have reason to believe that a vulnerable adult may have been abused, neglected, or exploited. Through a Memorandum of Agreement among DDSN, the State Long Term Care Ombudsman (DHHS), and Adult Protective Services of the South Carolina Department of Social Services (DSS), procedures have been approved for DDSN and its contract provider agencies to receive reports of suspected abuse, neglect, or exploitation and shall forward the report to the appropriate state investigative agency on behalf of the reporter. The employee may also make a direct report to the State Long Term Care Ombudsman or DSS. Reports shall be made to:

a. Long Term Care Ombudsman (Lieutenant Governor's Office)

When an employee or volunteer of DDSN or a contract provider agency has reason to believe that a vulnerable adult has been abused, neglected, or exploited in a DDSN Regional Center, ICF/MR community residence, community residential care facility, or a Community Training Home II, a report shall be made to the Regional Long Term Care Ombudsman.

b. DSS - Adult Protective Services

Abuse, neglect, or exploitation occurring to a vulnerable adult in all other settings shall be reported to the Department of Social Services in the county where the alleged incident occurred.

c. Law Enforcement

Reports may also be made to law enforcement but this does not relieve the reporter from their responsibility to report to the Long Term Care Ombudsman or the

County DSS.

Acts of Assault Between People Receiving Services

Reporting requirements pursuant to the state laws do not apply to altercations or acts of assault between people (consumers) protected by these laws except as noted below. However, corrective/preventive action should be taken to protect and intervene whenever people receiving services may be harming themselves or others. All injuries should be thoroughly reviewed and appropriate action taken including the filing of a Critical Incident Report where indicated. (See DDSN policy 100-09-DD).

Failure to provide proper supervision to prevent people receiving services from assaulting each other could be a form of neglect if the employee fails to intervene or provide proper supervision when they clearly have a duty to do so. Each situation should be reviewed and if it is determined that the employee failed to provide appropriate supervision which resulted in risk to the life safety of the person receiving services, the incident should be reported as suspected neglect and investigated by established procedures as outlined in this policy and in compliance with state law.

If it is determined that an employee provoked, directed, encouraged, or allowed a person receiving services to discipline or abuse another person, it is considered abuse and should be reported and investigated.

Referral to Law Enforcement

Local and state law enforcement agencies may investigate an allegation of abuse, neglect, or exploitation. A referral to law enforcement does not relieve DDSN or contract provider agencies from also reporting the allegation to the State Long Term Care Ombudsman, DSS, or

State Ombudsman. The state investigative agency should be informed whenever a referral has been made to law enforcement.

A referral should be made to law enforcement in the following cases:

(a) All sexual assaults between consumers and staff, volunteers, or other persons responsible for their care.

(b) There is serious physical injury (such as fractures, burns, serious lacerations, death, etc.) and there is reason to believe the injury was caused by possible abuse or neglect, or when a physician documents that the injury was due to abuse or neglect.

(c) There are multiple victims.

(d) Abuse or neglect was inflicted on a child (age 17 and under) by a person who is not a parent or a childcare worker.

(e) Serious abuse, neglect, or exploitation occurred and there is a cover up or failure to report when clearly an obligation existed to report.

(f) Intimidation of the victim or witness, or impediment to an investigation.

(g) Time sensitive evidence.

(h) When the victim or victim's family requests a referral to law enforcement.

Referral to SLED

DDSN operated services and supports and Regional Centers may refer a case to the State Law Enforcement Division (SLED). SLED has jurisdiction to conduct investigations in state agencies and to assist local law enforcement agencies, upon request.

Executive Director/ Facility Administrator

If the allegation of abuse, neglect, or exploitation falls into the suggested criteria for law enforcement investigation, a referral will be made immediately.

Internal Investigations

All allegations of abuse, neglect, or exploitation occurring in services and supports operated by DDSN, Regional Centers and contract provider agencies will be thoroughly investigated and an internal investigation conducted according to procedures outlined in the most current DDSN Abuse Investigation Manual. In addition to the finding of substantiation or non-substantiation, the internal investigation will be used as a management tool to identify corrective and preventive actions that may lead to abuse prevention. The Executive Director/Facility Administrator is responsible for ensuring that an internal investigation is conducted according to procedures contained in this policy. An investigative protocol has been established for conducting a thorough investigation based on facts.

State investigative agencies, as well as law enforcement, may conduct their own investigation in order to substantiate or not substantiate abuse, but an internal investigation is still required by the provider agency to identify personnel and management actions that may be required. DDSN and contract provider agencies will cooperate with all external investigations. External investigations, particularly law enforcement, take precedence over an internal investigation. Before pursuing an internal investigation, the investigator should coordinate with the external investigator to ensure that the external investigation will not be jeopardized if the internal investigation proceeds. In some situations the external investigator may want to do joint interviews or investigations.

Authority for Conducting Internal Investigations

Through a Memorandum of Agreement with the State Long Term Care Ombudsman and Adult Protective Services of the South Carolina Department of Social Services, DDSN and its County Boards of Disabilities and Special Needs and designated non-profit agencies whose

contractual relationship with DDSN is similar to that of a County DSN Board are authorized to conduct internal investigations of suspected abuse, neglect, or exploitation occurring to vulnerable adults in its services and supports. The State Long Term Care Ombudsman and DSS Adult Protective Services will review the investigation and may use it as the official investigation. The State Long Term Care Ombudsman and DSS Adult Protective Services, however, retain the right to conduct an independent or joint investigation, request additional information, or refer serious cases to law enforcement.

Prosecution of Substantiated Cases

When law enforcement conducts an investigation, their findings will be reviewed by the solicitor to determine if there is sufficient evidence to bring criminal charges. Prosecution is at the discretion of the solicitor.

In other cases, where abuse, neglect, or exploitation is substantiated, the Executive Director or DDSN may make a referral to the local solicitor, taking into consideration the seriousness of the incident, the nature of the injury, and possible violations of criminal statutes. Whether or not a case will be prosecuted will ultimately rest with the solicitor.

Internal Investigative Report to State Investigative Agency

Pursuant to the Memorandum of Agreement, the State Long Term Care Ombudsman's Office, DSS Adult Protective Services, and the State Ombudsman's Office, will accept the internal investigation of DDSN, the DSN Board, or designated non-profit agencies whose contractual relationship is similar to that of the DSN Boards as the official investigation, subject to the state investigative agency's oversight review.

Sexual Assaults between People Receiving Services

All sexual assaults between consumers will be reported and investigated according to DDSN policy 533-02-DD "Sexual Assaults, Prevention and Follow-up" and DDSN policy 100-09-DD "Reporting of Critical Incidents". Referrals will be made to law enforcement as indicated. The Executive Director/ Facility Administrator will also review the sexual assault incident to determine appropriate corrective/preventive action.

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APPENDIX F:

"GREATER PROTECTION NEEDED FOR VULNERABLE ADULTS"

THE STATE NEWSPAPER

JULY 12, 2005

Greater protection needed for vulnerable adults

A RECENT REPORT OF abuse at a state-run residential care facility in Columbia, coming on the heels of similar reports at the state-subsidized Babcock Center facilities, raises serious questions about whether the state has appropriate safeguards in place to protect vulnerable adults. The latest report involves allegations that employees at the Midlands Center kicked, pushed down and beat a 26-year-old mentally retarded woman and attempted to hit her with a wall sconce. The attorney general's office is investigating, and three employees have been fired, but officials at the residential home weren't even aware of the assault until police showed up, called by the woman's mother. That means there probably wouldn't have been an investigation, and the people alleged to have assaulted the woman would still be caring for her and other people with mental retardation, autism and other developmental disabilities, if the woman's sisters had not happened by for a visit the day after the assault. As bad as it is that such an assault could occur, it's even worse that it could happen and no one in the facility would report it, or even raise questions about the woman's injuries. That suggests a serious problem in the culture of such institutions, which could be putting other people in the care of the state Department of Disabilities and Special Needs at risk. Changing such a culture starts with passing laws that make not reporting abuse or neglect a crime comparable in seriousness to the abuse itself. That type of "incentive" to report crimes is particularly important in situations in which the victims are unable to speak up for themselves.

Lawmakers should put that change near the top of their "to do" list when they return to work in January. Lawmakers also need to make sure that the people who investigate allegations of abuse are independent of the agency where the abuse occurred. That doesn't automatically happen in South Carolina, where the state's long-term care ombudsman has contracted out to the

Department of Disabilities and Special Needs and to the Department of Mental Health the duty of investigating problems within their own agencies. An independent investigator is more likely to make sure possible criminal activity is referred to law enforcement, and to make sure appropriate steps are taken when problems don't rise to that level. As Columbia attorney Patricia Harrison told The State's Roddie Burris, it's not uncommon for abuse to go unnoticed and, even when it is noticed, for abusers to be quietly fired without facing criminal prosecution. Ms. Harrison and other advocates for the mentally disabled are calling for the state to establish a central registry of people who have abused or neglected vulnerable adults, so that abusive employees would not be able to move from facility to facility. Such a registry could serve the dual purpose of offering some level of protection to the mentally ill and the elderly in nursing homes, who likewise are vulnerable to abuse and neglect. It is simply inconceivable that the state doesn't already operate such a registry, and that institutions that provide care for those who cannot report their abuses — be they public or private — are not required to vet their employees. We maintain a registry to keep up with people who have abused or neglected children. Adults with developmental disabilities, mental illnesses and age-related vulnerabilities deserve, and need, every bit as much protection from abuse.

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http://www.thestate.com

APPENDIX G:

AUTHOR BIOS

Randolph W. Thomas, MA, Consultant

RANDOLPH W. THOMAS is a retired police officer having served for over 26 years in the law enforcement profession. His experience encompasses patrol, investigations, planning and research and over 14 years as a law enforcement trainer. He develops and presents training material relating to the investigation of child and elder abuse and juvenile crime. Mr. Thomas was the Project Director for South Carolina's law enforcement domestic violence training program. He was a member of the South Carolina Adult Protection Coordinating Council andhas served on a number of committees in the area of Elder Abuse. He is currently the President-Elect, National Committee for the Prevention of Elder Abuse and serves in an advisory capacity to the United States Department of Justice in the area of elder abuse. He has been an adjunct professor at the University of South Carolina, Department of Criminology and Criminal Justice in the area of juvenile delinquency, crime prevention and child abuse. Mr. Thomas currently presents training to law enforcement and social service personnel in the area of elder abuse investigations throughout the United States. He provides consulting services to law enforcement and others in the investigation of elder abuse cases. Mr. Thomas is a retired Colonel (United States Army) with over 37 years experience (active and reserve) as an intelligence officer. He received his undergraduate degree in Political Science from Chaminade University (Honolulu, 1971) and his Master's degree in Political Science from the University of South Florida (Tampa, 1974).

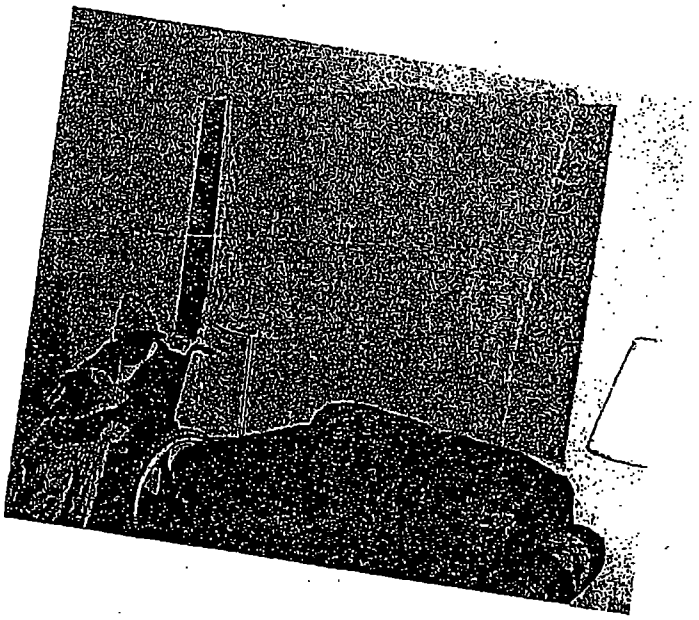
Nikki E. Fair, MSW, MHR Candidate

NIKKI E. FAIR has been employed with Protection and Advocacy for People with Disabilities, Inc. since August 2001. Her experience encompasses conducting institutional inspections and advocating for persons with disabilities who have been abused, neglected, or excessively restrained. Prior to her joining the organization, she worked with children with special health care needs teaching independent living skills. Ms. Fair received her undergraduate degree in Biology from Francis Marion University (Florence, 1996) and her Master's degree in Social Work from the University of South Carolina (Columbia, 2001). She is currently a candidate for her Master's degree in Human Resources from the University of South Carolina (Columbia, 2007).

PROTECTION AND ADVOCACY FOR PEOPLE WITH DISABILITIES, INC.

The Protection and Advocacy System for South Carolina

No Place To Call Home:



How South Carolina Has Failed Residents of Community Residential Care Facilities

Protection and Advocacy for People with Disabilities, Inc.
3710 Landmark Drive, Suite 208, Columbia, SC 29204
www.protectionandadvocacy-sc.org

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EXECUTIVE SUMMARY[1]

Community Residential Care Facilities (CRCFs) are the homes of last resort for as many as 16,700 South Carolinians.[2] These poorly overseen facilities, which range in size from two to more than one hundred beds, provide housing, food, and care to individuals who are unable to live independently but who do not need institutional or skilled nursing care.[3] Residents of CRCFs have physical, emotional, or intellectual disabilities. Many cannot manage their own funds. These vulnerable individuals often do not have family members or friends who can advocate for them. The SC Department of Health and Environmental Control (DHEC) currently licenses over 480 separate community residential care facilities in South Carolina.[4]

Since 1986, Protection and Advocacy for People with Disabilities, Inc. (P&A) has conducted unannounced visits to more than 1000 CRCFs through the Team Advocacy Program.[5]

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[1] This report was prepared by attorneys and other staff members of Protection and Advocacy for People with Disabilities, Inc. It was funded in part by the US Department of Health and Human Services (Substance Abuse and Mental Health Services Administration and the Administration on Developmental Disabilities) and by the US Department of Education (Rehabilitation Services Administration).

[2] The Department of Health and Environmental Control licenses and regulates CRCFs, DHEC R. 61-84. As of May 2009, there were 16,741 licensed CRCF beds in South Carolina. A licensed CRCF may also refer to itself as an assisted living facility. The facilities discussed in this report are those that serve residents with disabilities and low incomes, usually with government funding, including Supplemental Security Income, Social Security Disability Income or veterans' benefits. For CRCFs willing to accept a monthly cap of $1100 for all fees, SC Health and Human Services also has an Optional State Supplementation (OSS). It supplements a resident's other earnings or benefits so that a total of $1100 a month is available to pay CRCF charges. See: http:/www.dhhs.state.sc.us/dhhsnew/insidedhhs/bureaus/EligibilityPolicyAnd Oversight/oss.asp. The CRCFs included in this report are predominantly operated by individuals as sole proprietorships or small corporations. Boarding homes, providing only food and shelter without personal care, do not have to be licensed as CRCFs and were not included in this report.

[3] DHEC R. 61-84.101.L defines a CRCF as: A facility which offers room and board and which, unlike a boarding house, provides/coordinates a degree of personal care for a period of time in excess of 24 consecutive hours for two or more persons, 18 years old or older, not related to the licensee within the third degree of consanguinity. It is designed to accommodate residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence, and safety, and encourage family and community involvement. Included in this definition is any facility (other than a hospital), which offers or represents to the public that it offers a beneficial or protected environment specifically for individuals who have mental illness or disabilities. These facilities may be referred to as "assisted living" provided they meet the above definition of community residential care facility.

[4] DHEC listing of Community Residential Care Facilities: http://www.scdhec.gov/health/licen/hrcrcf.pdf.

[5] S.C. Code § 43-33-350. The Team Advocate uses a number of factors to develop the list of CRCFs to inspect throughout the year, including balancing the different regions of the state, the number of facilities in each area/region, how many of those have a Memorandum of Agreement with DMH, the date of Team's last inspection

P&A is the state and federally mandated protection and advocacy system for South Carolina. P&A was established as a nonprofit corporation in 1977 by S.C. Code §§ 43-33-310 *et seq.* to protect the rights of people with disabilities. Each year P&A serves thousands of South Carolinians who have been abused, neglected or denied their rights to equal treatment and access to services. P&A has broad authority under state and federal law to advocate for the rights of individuals with disabilities and to investigate allegations of abuse and neglect when such incidents are reported or when probable cause exists to determine that abuse and neglect has occurred.

P&A has found that many CRCFs are filthy, do not provide adequate food and heat, do not safely administer medications or arrange for needed medical care, and do not provide protection from abuse, neglect and exploitation. Inspectors have found infestations of cockroaches in facilities, blood on the walls, and food which is out of date and rotting. Some residents routinely lack prescribed medications or are given the wrong amounts of medications, and some residents have been physically harmed by staff or other residents due to lack of supervision. These CRCFs are no place to call home.

Oversight of CRCFs is fragmented, slow to respond, and ineffective in protecting residents. In fact, as anyone who followed the story of Peachtree Manor in Winnsboro until its closing knows, the current system protects the owners of the facilities more than the residents.

During 2007 and 2008 P&A received many reports about increasing frequency and severity of abuse and neglect at some CRCFs.[6] The reports included deaths, sexual and physical abuse and neglect, including the failure to appropriately administer medication and to provide basic necessities such as food, heat and basic care. P&A has filed a complaint with DHEC about conditions in CRCFs in about 40% of the facilities inspected under the Team Advocacy program. While many CRCF owners are committed to operating facilities that provide a good quality of care, the lack of effective oversight puts all residents of CRCFs at risk of harm.

This report presents six case studies[7] that illustrate common problems found in CRCFs throughout the state, as well as the inability of the current system to prevent or cure these

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of that facility (if any), the availability of volunteers, the size of the facility, travel time, concerns or problems reported with facilities, etc.

[6] See Appendix for a brief description of the methodology used to select the six facilities included in the report.

[7] In order to protect the privacy of residents, these facilities are referred to by pseudonyms, except Peachtree Manor, which received widespread publicity throughout 2008.

3. The state should create an Adult Abuse Registry of individuals who have substantiated allegations of abuse or neglect of vulnerable adults against them. Facilities should be required to check the Registry before hiring a prospective employee.

4. The General Assembly should fully fund enough DHEC inspection staff to provide for periodic unannounced visits and full, timely investigation of allegations of regulatory violations.

5. The General Assembly should adequately fund the SC Department of Labor, Licensing and Regulation (LLR) to enable prompt investigation of complaints against CRCF administrators.[10]

Current procedures provide only an illusion of oversight. The General Assembly, the Department of Health and Environmental Control, the Long Term Care Ombudsman and the other responsible agencies must act before more residents continue to live in squalor, suffer abuse and neglect or even die, and before more state and federal funds are wasted on grossly inadequate care. CRCF residents deserve to have a place to call home.

[10] CRCF administrators are licensed by the Board of Long Term Health Care Administrators, located in LLR; complaints are investigated by LLR's Office of Investigation and Enforcement.

Introduction

Community Residential Care Facilities (CRCFs) are the homes of last resort for as many as 16,700 South Carolinians. These poorly overseen facilities, which range in size from two to more than one hundred beds, provide housing, food, and care to individuals who are unable to live independently but who do not need institutional or skilled nursing care.[11] Residents of CRCFs have physical, emotional, or intellectual disabilities. Many cannot manage their own funds. These vulnerable individuals often do not have family members or friends who can advocate for them. The S€ Department of Health and Environmental Control (DHEC) currently licenses over 480 separate community residential care facilities in South Carolina.[12]

This report initially provides information regarding the fragmented regulation and oversight of CRCFs in South Carolina. Information is provided about six CRCFs, including one known as Peachtree Manor. After two years of operation, Peachtree Manor was finally closed by Administrative Law Court decision in April 2008, due to its poor and unsafe conditions.

[11] DHEC R. 61-84.101.L defines a CRCF as: A facility which offers room and board and which, unlike a boarding house, provides/coordinates a degree of personal care for a period of time in excess of 24 consecutive hours for two or more persons, 18 years old or older, not related to the licensee within the third degree of consanguinity. It is designed to accommodate residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence, and safety, and encourage family and community involvement. Included in this definition is any facility (other than a hospital), which offers or represents to the public that it offers a beneficial or protected environment specifically for individuals who have mental illness or disabilities. These facilities may be referred to as "assisted living" provided they meet the above definition of community residential care facility.

[12] DHEC listing of Community Residential Care Facilities: http://www.scdhec.gov/health/licen/hrcrcf.pdf

NO PLACE TO CALL HOME:

HOW SOUTH CAROLINA HAS FAILED RESIDENTS OF COMMUNITY RESIDENTIAL CARE FACILITIES

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Fragmented Regulation and Oversight of CRCFs

Oversight of CRCFs is split among many agencies:

The South Carolina Department of Health and Environmental Control (DHEC), Division of Health Licensing licenses and inspects CRCFs through regulation DHEC R. 61-84.[13] The regulation covers most aspects of facility management, including reporting of abuse, neglect, and injuries; physical safety; nutrition; administration of medicine; residents' rights; and enforcement of regulations. DHEC has authority to make unannounced inspections, although they are rare. DHEC has the authority to levy fines up to $10,000 for repeated serious violations, although in practice fines are usually substantially reduced.[14]

Ms. A is a 65-year-old woman, with diagnoses of traumatic brain injury, dementia, and seizure disorder. She uses leg braces, a walker, and occasionally wears adult incontinency products. Ms. A can communicate very little verbally. Ms. A has lived in the same CRCF for over twenty years. Team Advocacy's inspection found an overwhelming odor of urine in the bedroom; no shower curtain and dangerously loose handrails in the bathroom; and dangerously low lighting in the bedroom. Ms. A's clothing was dirty and had holes. The residents had to ask for toilet paper, which was difficult for Ms. A to communicate. When asked where she stored her toilet paper, she reached through a small hole in her walker and pulled out a few sheets which she was hoarding.

The South Carolina Department of Health and Human Services (HHS) provides financial supplementation to Social Security Disability Insurance/Supplemental Security Income (SSDI/SSI) benefits through Optional State Supplementation (OSS), a state-funded program administered by HHS. OSS payments, which provide additional funds to pay for the cost of the poorest residents in CRCFs, are made directly to the facility.[15] HHS also is responsible for the administration of Medicaid, which most residents receive.

The Attorney General is responsible for prosecuting Medicaid fraud and other issues.

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[13] http://www.scdhec.net/administration/regs/docs/61-84.pdf

[14] DHEC R. 61.84.302; http://www.scdhec.net/administration/regs/docs/61-84.pdf

[15] CRCFs currently receive $1100 per month for individuals receiving OSS. http://www.dhhs.state.sc.us/Internet/pdf/ossadvJanuary2009.doc

The Department of Labor, Licensing, and Regulation (LLR) licenses and disciplines CRCF administrators[16] through the Board of Long Term Health Care Administrators. The Board does not have the power to suspend a license before a hearing, regardless of the seriousness of the misconduct.

The Long Term Care (LTC) Ombudsman in the Office of the Lieutenant Governor is responsible for investigation of reports of abuse and neglect of residents of CRCFs.[17] Local law enforcement or SLED may also receive reports.

Mr. B is a 46-year-old man who has diagnoses of schizophrenia and hypertension. He had been living at a CRCF in the Charleston area for a month. His family could not visit him because they lived over 200 miles away. He did not know why he had been placed so far from his family. Team Advocacy's inspection found: bedrooms were overheated at 81°F and 82.6 °F; several of the residents were wearing dirty and worn clothing; residents were not allowed to sit in the front living room area because a sign written by the administrator stated that they wanted to keep that area clean and smelling good; Mr. B stated that other residents were using illegal drugs; the only snack offered was one Mr. B was allergic to; and the facility did not always have clean bath towels or enough toilet paper.

Some CRCF residents receive services from the Department of Mental Health (DMH), including individuals discharged from DMH facilities who move into CRCFs because they have no family or cannot afford to live anywhere else. Some CRCFs contract with DMH for an enhanced rate to serve residents with mental illness. A staff member of DMH has responsibility for oversight of these contracts. Some DMH community mental health centers directly operate CRCFs in order to provide supplemental mental health services to residents. DMH also contracts with P&A to make 75 unannounced inspections of CRCFs per year through P&A's Team Advocacy program to ensure that DMH clients have access to safe facilities.

The Social Security Administration is responsible for oversight of SSDI/SSI disability or retirement benefits paid to a representative payee for a person who cannot manage funds. Many residents of CRCFs appoint the CRCF as their representative payee.

[16] http://www.scstatehouse.gov/coderegs/c093.htm

[17] As part of the Omnibus Adult Protection Act, http://www.scstatehouse.gov/code/t43c035.htm.

Their entire income is assigned to the CRCF, leaving them a net income of only $57.00 (SSI) or $77.00 (SSDI) per month.[18] From these funds, residents must pay for prescription and over the counter drugs, physician copayments, and personal items such as adult incontinency products, soap, shampoo, clothing, etc.

The Veterans Administration has fiscal oversight responsibility for recipients of veterans' benefits.

The State Fire Marshal is responsible for enforcing fire safety.

The Department of Social Services (DSS) has responsibility for any residents who have been placed in its custody through the Family Court.[19]

The Department of Disabilities and Special Needs (DDSN) has responsibility for any residents who it may have placed in the CRCF or for clients placed there by others.

The U.S. Department of Homeland Security has placed individuals in CRCFs, apparently with little or no oversight.

Ms. C is a 62-year-old woman with schizophrenia and diabetes. The Department of Mental Health placed her in the CRCF where she had lived for five years. While Team Advocacy members were speaking with the facility administrator, Ms. C approached Team Advocacy members and said that she was afraid of another resident who attacked her and other residents. Immediately, the administrator responded by shouting and yelling at Ms. C. The administrator called the resident a "liar" and accused her of being "jealous" because the other resident had more money. At one point in the argument, the administrator was close to Ms. C's face. Ms. C became upset and tearful, screaming that she wanted to move. She packed all of her belongings in one garbage bag within minutes. Team Advocacy contacted her case worker at DMH, and the resident was immediately moved to another CRCF.

This report documents the history of enforcement efforts at six CRCFs throughout the state. As shown in the accounts of individual facilities, several agencies may conduct investigations into the same incident without prompt improvement of the violations and without any meaningful sanctions to the owner, the administrator or the perpetrators of abuse or neglect.

[18] http://www.dhhs.state.sc.us/Internet/pdf/ossadvJanuary2009.doc

[19] As part of the Omnibus Adult Protection Act, http://www.scstatehouse.gov/code/t43c035.htm

WHAT DID INPECTORS FIND AT THE SIX CRCF FACILITIES?[20]

FACILITY A

Facility A is located in a rural county. Serious problems have been noted at Facility A since at least February, 2006. The facility's deficiencies included errors or carelessness in handling medication; failure to fill prescriptions and provide needed health care for residents; interference with DMH services to residents; incomplete or missing admission papers, medical assessments, TB tests, and level of care evaluations to ensure residents' needs can be met in a CRCF. Other serious and recurring problems were inadequate staff documentation and training; poor sanitation, health care deficiencies (medications out of stock, the need for higher level of care than a CRCF); altercations between residents; safety issues such as food improperly stored/labeled and/or lacking completely; financial mismanagement of residents' funds; and inadequate utility maintenance. Some of the most significant deficiencies were:

- Failure to obtain medical care for a resident who had an open lesion on his arm, which was bleeding through his sweatshirt, and on his forehead;
- Administration of discontinued medications;
- Failure to assess residents within 72 hours of admission, which DHEC cited as a violation; and
- Interference with residents' access to services at the local community mental health center.

Due to continuing problems with this CRCF, P&A made three visits to the facility in January, September and October of 2007 and one visit in 2008. DHEC made at least two inspections between February and December of 2007, and two more in May and June of 2008. DMH made two visits in February and March of 2006, and two joint visits with P&A in January and October of 2007. The local Community Mental Health Center also

[20] More detailed information about each facility may be found in the Appendices.

made visits. The Long Term Care Ombudsman visited in February, September, and October of 2007.

In 2006, the administrator had been fined $5,000 by DHEC for operating a separate unlicensed facility, in addition to her operation of Facility A. This amount was later reduced by mutual agreement between the parties upon the condition that the administrator cease operating the unlicensed facility. Despite the terms of the agreement, DMH discovered during a visit on October 30, 2007, that the administrator was operating an unlicensed home. This home contained an unvented heater with no apparent carbon monoxide detector in the house. The wall had become discolored above the heater due to the heat. Bedrooms, bathroom, and kitchen were not heated. A resident stated that the ceiling leaked when it rained. The floor in the bathroom was sinking in.

This case illustrates the need for DHEC and other agencies to be able to consider the entire history of an owner or administrator. The operator of Facility A was allowed to continue its operation in spite of her failure to comply with the previous agreement with DHEC and in spite of the continuing lack of compliance in operation of Facility A.

FACILITY B

Facility B is a 10-bed facility located in an urban county. It has a history of violations, and was briefly shut down in 2001 after the death of a resident. Recent renovations have made significant improvements to the physical condition of the facility, but as recently as July 24, 2008, the LTC Ombudsman's office performed an unannounced inspection and found numerous problems.

A review of the records from DHEC, DMH, the State LTC Ombudsman and P&A reveals a history of physical abuse by staff; the facility's requiring residents to perform work in the facility; errors or carelessness in handling medication; failure to perform medical tests as required upon admission; and a resident who continued to live at the facility after being committed to a state mental hospital, by court order, as a danger to himself or others.[21] Some of the most significant deficiencies were:

[21] The July 24, 2007, inspection also found that one resident was on probation for committing a crime and had been court ordered into a state mental facility after being determined to be a danger to himself and others. He had been placed at Facility B when the facility had a 24-hour Department of Mental Health presence. This was no longer the case, but the resident had not been relocated to an appropriate facility.

- On July 3, 2007, a resident was removed to a Crisis Stabilization Center after alleging a staff member had severely beaten him, to the point of vomiting blood, with a two-by-four board.[22]

- When the LTC Ombudsman staff inspected the facility later in July 2007, they found that residents were being assigned many duties not consistent with their care plans. Residents were being required to wash their own laundry and cook and serve their own meals; one resident was required to mow the facility's lawn.

- The March 29, 2008, Team Advocacy inspection discovered numerous inconsistencies in residents' medical records and available medications. Thirteen medications prescribed to different residents were not available, including major prescription pain medications. Other residents' medications had not been properly administered or were past their expiration dates.

- Residents did not receive needed clothing, dentures, adult incontinency supplies, and medical care. A complaint was filed with DHEC.

- DHEC inspected and cited Facility B for violations for unavailability of staff, medications out of stock, food preparation violations and unlocked chemicals. DHEC required Facility B to submit a plan of correction.

Team Advocacy inspected this facility in March 2008; the LTC Ombudsman inspected it in July 2007 and April 2008; and DHEC inspected Facility B in April 2008.

The ongoing problems with this facility reveal the inability of existing state agencies to remedy problem conditions in a timely manner.

FACILITY C

Facility C is a small (licensed for five beds) CRCF in an urban county. Throughout the time period reviewed for this report, significant problems were noted with resident documentation and care; staff documentation and supervision; sanitation,

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[22] Charleston/Dorchester Community Mental Health Center removed resident to a Crisis Stabilization Center and reported the incident to the LTC Ombudsman, DHEC, DMH, the state attorney's office, and several other entities. The LTC Ombudsman performed an unannounced facility inspection on July 20, as per next paragraph. DHEC also did a report, dated August 16, 2007.

health and safety; medication administration; and food. Some of the most significant deficiencies were:

- Exceeding the number of residents for which the facility was licensed;
- Staff sleeping on the job;
- Inadequate background checks of staff;
- Residents had no Medication Administration Records (MARs)[23] or MARS were incorrect or unsigned;
- Medicines were not kept locked;
- Insulin was not refrigerated;
- Residents did not receive medication or appropriate medical treatment: residents did not receive medication for over a week;
- At least one resident had been performing cleaning duties at the facility for $5 per day.

P&A inspected this facility in July 2007; DMH inspected it in July and twice in August of 2007 and then in January, February, and June 2008; and DHEC inspected it in September, 2007; and January, February, and April 2008.

Again, the ongoing problems with this facility reveal the inability of existing state agencies to remedy problem conditions in a timely manner.

FACILITY D

Facility D is located in a rural area of an urban county. The five-bed facility is a converted house in a local neighborhood. It has had persistent compliance problems for several years going back to 2005. As early as 2006, the administrator had entered into a probation agreement with the Department of Labor, Licensing, and Regulation based on

[23] DHEC R. 61-84.1203. A. "Each medication dose administered or supervised shall be properly recorded by initialing on the resident's medication administration record (MAR) as the medication is administered. Recording medication administration shall include medication name, dosage, mode of administration, date, time, and the signature of the individual administering or supervising the taking of the medication."

problems from prior inspections. Since that time there were multiple complaints and multiple emergency inspections. P&A inspected Facility D in December 2007; DMH inspected it in February 2007 and January, March, May and August of 2008; the LTC Ombudsman inspected the facility twice in January 2007 and once in March 2007. The LTC Ombudsman's office responded to seven complaints there between March 21, 2007, and January 11, 2008; DHEC has made four inspections; and P&A has inspected and responded to numerous complaints from December, 2007 to February 2008. In May 2008, after the facility repeatedly failed to meet inspection requirements, DHEC held a consultation with the CRCF staff. When problems were still not remedied in a final inspection, DHEC recommended an enforcement action in August 2008.

Among the many deficiencies at this facility, some of the most serious were:

- Inadequate documentation and storage of prescription medications;
- An administrator was consistently absent;
- No way to contact the administrator in an emergency;
- Refusing to allow P&A and DHEC to inspect the facility;
- Blood found on the walls;
- Cockroaches crawling on the walls;
- Pushing a DMH inspector;
- Rotten food;
- Filthy walls, carpets and furnishings;
- Debris and beer cans in the yard;
- Inadequate documentation of staff and training.

The protracted difficulty that state organizations had reforming this facility-- despite almost total abandonment by the licensed administrator, consistently foul conditions, and open defiance of state inspectors by staff-- demonstrates how difficult it is to deal with problem facilities in a timely fashion under our current system.

FACILITY E

Facility E is a facility in a rural county. On June 4, 2007, the Department of Labor, Licensing, and Regulation brought an action against the administrator before the Board of Long Term Health Care Administrators (the Board) for substandard conditions in his facility. A consent agreement was signed whereby the administrator's license was suspended for one year and a $1,000 fine was assessed. The suspension was stayed, and the license was put on probationary status for a year. The administrator was also required to report all complaints and inspections to the Board. **All of the incidents listed below occurred after this consent order took effect while the license was in probationary status, yet the administrator's license remained in place.** Some of the significant deficiencies in Facility E included:

- Failure to dispose of medication properly;
- Exploitation of some residents by others;
- Residents leaving the facility without staff's knowledge;
- No privacy at tubs or toilets in bathrooms;
- Urine-soaked sweatpants worn by a resident and urine on the floor of a bedroom;
- A resident covered in dried blood lying on a bare mattress;
- Roaches in the bedrooms and bathroom;
- Mouse droppings in a dresser drawer;
- A resident who had not had a bath from June until November;
- Inadequate documentation of criminal background checks.

P&A inspected Facility E in October 2007; the LTC Ombudsman inspected it in November 2007; DMH inspected it in November and December 2007 and January 2008; DHEC inspected Facility E in June, September, October and November 2007 and then requested and received a plan of correction for all violations. In January 2008, when

DHEC inspected again, over 30 violations were found (many of which were repeat violations).

The ongoing problems with this facility again reveal the inability of existing state agencies to remedy problem conditions in a timely manner.

PEACHTREE MANOR[24]

Peachtree Manor, although an extreme case, illustrates the deficiencies of the current system for oversight of CRCFs. It is now closed. At times during its operation:

- A resident was killed in traffic while unsupervised;
- Residents did not receive their medications or medical care;
- Residents did not have heat;
- The facility had no gas for cooking;
- The facility had consistently filthy conditions, including roaches in the kitchen.

Peachtree received its license to operate as a CRCF in Winnsboro, South Carolina, in Fairfield County on January 18, 2006. DHEC inspectors first noted problems at Peachtree before the facility even opened, and multiple inspections over the next two years uncovered a pattern of ongoing and progressive deterioration. Peachtree proved consistently unable to appropriately document the administration of residents' required medications, ensure basic sanitation, or maintain finances stable enough to consistently provide for basic necessities like food, heat, phone service, and garbage removal.

Additionally, at least one resident died due to lack of supervision. On the evening of Saturday, October 29, 2006, two residents were walking on the road in front of the facility. A vehicle struck and killed one of the two residents, who used a wheelchair. The other resident sustained minor injuries as he leapt to safety. A complaint was made

[24] Because the facts surrounding Peachtree were the subject of widespread media coverage and the facility is no longer operating, the report uses the facility name, rather than a pseudonym.

concerning resident monitoring, staffing and training, resident's records, and facility safety. The individual care plan for the deceased resident had not been reviewed or revised every six months; the initial care plan (ICP) had been performed on March 3, 2006. His admission assessment was incomplete, and did not contain all items required by DHEC R. 61-84.101.I. There was no care plan available for review for the surviving resident. He had been admitted on October 6, 2006; DHEC regulations require an ICP be completed within seven days of admission.[25] His assessment stated that he "wanders" but the DHEC inspector determined the resident was not properly supervised. (According to hearing testimony by the operator of Peachtree, the two residents were on a "buddy system" with each other, and were also supervised by staff.)

DMH, the LTC Ombudsman's Office, P&A and DHEC all conducted inspections throughout Peachtree's period of operations, although primary responsibility fell on DHEC as the licensing agency. DHEC cited Peachtree for regulatory violations on numerous occasions, beginning on January 5, 2006 (before the facility even opened), again on May 31, 2006, and again on June 21 and 22, 2006. By letter dated July 21, 2006, DHEC imposed a total monetary penalty in the amount of $20,100.00 for the assorted regulatory violations (reduced to a total fine of $6,325.00 by order of the Administrative Law Court dated Sept. 14, 2007).[26]

A DHEC complaint investigation in response to the death mentioned above was made on October 30, 2006, and a DHEC general sanitation inspection and complaint investigation was made on November 14, 2006. Pursuant to the results of those inspections, DHEC revoked Peachtree's license to operate by letter dated December 5, 2006. Peachtree appealed that revocation to the Administrative Law Court. While the action was pending, the facility remained open and continued to admit new residents. In the meantime, conditions continued to deteriorate and the residents' lives and health were daily placed at greater and greater risk.

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[25] DHEC R. 61-84 703. Individual Care Plan (II) A. The facility shall develop an ICP with participation by, as evidenced by their signatures, the resident, administrator (or designee), and/or the sponsor or responsible party when appropriate, within seven days of admission.

[26] S.C. Dep't of Health & Envtl. Control v. Peachtree Manor Residential Care, LLC, 06-ALJ-07-0765-CC (S.C. Admin. Law Ct., Sept. 14, 2007) (Kittrell, C.J.). Online at http://www.scalc.net/decisions.aspx?q=4&id=10347

Finally, on March 28, 2008, after several warnings regarding non-payment, Palmetto Long Term Care Pharmacy terminated its contract with Peachtree and ceased to supply the facility with medications. The pharmacy then notified DHEC of this action and stated that it therefore believed the residents were no longer receiving necessary medications. As a result, DHEC performed an emergency inspection that same afternoon, which confirmed that residents were not receiving required medications, cited several other violations as well, and finally determined that an "imminent threat to the health, safety, and welfare of the residents" existed, which allowed DHEC to immediately suspend Peachtree's license under S.C. Code § 44-7-320(A)(3). Five days later, an emergency hearing was held, and on April 1, 2008, an Administrative Law Court judge confirmed both the license suspension and the earlier revocation action. **Finally, after over two years, almost the entirety of which had been spent in noncompliance with regulatory requirements, Peachtree was closed and the remaining residents were moved.**

Peachtree's eventual closure was not a success, but the outcome of systemic failure. Its residents suffered, and even died, over a period of years because of the lack of an adequate and competent system to approve initial licenses, inspect facilities, and revoke licenses. Efforts to make Peachtree comply with DHEC's regulations cost hundreds of hours of many agencies' time and tens of thousands of state dollars. While Peachtree represents the extreme of noncompliance, the other facilities discussed in this report, as well as many others across the state, continue to pose health and safety hazards to residents.

FINDINGS

1. Unsafe, unsanitary, and unacceptable conditions prevail at many residential care facilities throughout the state.

2. Staff and administrators are often unaware, untrained, or apathetic about compliance with the regulations that govern the facilities.

3. Since inspection results are not public and no central database of facility reports exists, it is difficult for agencies and others that serve vulnerable adults to easily access information regarding complaints and actions taken against facilities.

4. Different agencies have varying degrees of oversight and reporting responsibilities.

5. State regulatory agencies have only limited tools, typically monetary penalties that are often reduced significantly, to address problems in CRCFs.[27] Fines imposed on facilities, however, often result in worse resident care rather than curing the problem.

6. There is no process to stop admissions to a deficient facility short of license revocation.

7. The level of noncompliance required for revocation of a facility's license is too high to ensure protection to residents, and the legal process required for facility closure can take years. Meanwhile, residents continue to live in substandard and unsafe conditions.

Conclusion

The history of the efforts to obtain compliance with the law in these six Community Residential Care Facilities shows the complete ineffectiveness of our state's efforts to protect these people with disabilities, who are usually poor and without family. Facilities that continue to operate with numerous and repeated violations over a long period of time show the callousness with which many administrators and operators treat the people in their care. Such pervasive violations signify a blatant disregard for the law and discredit the ability of agencies and advocacy organizations to compel compliance.

Residents in the facilities in this report lived in unsanitary environments where they were provided no opportunity for activities and were often expected to perform housekeeping duties that should be designated for staff only. These residents often did not receive vital medications, medical treatment in a timely matter, food, heat, and care by an adequate number of properly trained staff with no criminal history. Many of the residents have been threatened, exploited, neglected, and even abused by the staff entrusted with their care.

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[27] See, e.g. http://www.scalc.net/decisions.aspx?q=4&id=10347, S.C. ALC 06-ALJ-07-0765-CC, original fine imposed by DHEC against Peachtree $20,100, final total fine imposed by court; $6,325. Often, however, DHEC negotiates with the owner instead of taking it through the court: see, e.g., http://www.scalc.net/decisions.aspx?q=4&id=5515

Violations of CRCF regulations must be enforced more consistently and more stringently. Administrators and operators must understand that noncompliance will be punished and that repeat offenses will not be tolerated without serious consequences. Public awareness of substandard facilities and of negligent staff should also support decreasing admissions to substandard facilities, a primary goal in any effort to ensure facilities provide quality care and comply with regulatory requirements. Until South Carolina reinforces its commitment to ensuring that Community Residential Care Facility operators are accountable for their actions, administrators will have little incentive to improve the standard of care, residents will not receive the care to which they are entitled, and residents and the state will continue to financially reward operators who fail to meet the most basic standards of care. **CRCF residents deserve to have a place to call home.**

RECOMMENDATIONS

1. The statutes and regulations governing CRCFs should be revised to give licensing agencies **more enforcement options against frequently cited facilities and administrators**, such as:

- The power to **suspend new admissions to CRCFs with repeated, uncorrected violations** that significantly jeopardize residents' life or health while the appellate process to suspend or revoke a license is pending;[28]

- The power to **make suspension of operations automatic when a license has been revoked,** followed by an emergency hearing to determine whether the facility should remain closed during the appeal or be allowed to resume operations;

[28] Nursing homes that accept Medicaid payments are barred from accepting new admissions pending appeal of revocation of their operating license, 42 C.F.R. 488.414. Also, the statute could be expanded to include suspensions for prolonged periods of substandard conditions and repeated, uncorrected violations that present an unhealthy living environment. A third option would be to make suspensions automatic when a license has been revoked, followed by an emergency hearing to determine whether the facility should remain closed during the appeal or be allowed to resume operations. A fourth alternative would be to include an option for the licensing agency to request an expedited appeal process as well as injunctive relief pending appeal, if conditions so warrant. This injunctive relief could include a bar on the admission of new residents.

- The ability to suspend the license of an administrator, prior to a hearing, based upon frequent or egregious violations that significantly jeopardize residents' life or health;

- The creation of an expedited appeal process to review license suspensions or bars to new resident admissions; and

- The consideration of information relating not only to the current licensing period, but of all pertinent information regarding the facility and the applicant when considering applications and renewals of licenses.

2. DHEC should **inform the public and concerned parties about problem facilities.** Facility inspection reports, including corrective actions, should be made available to the public on the agency's website (without any personal information identifying residents)[29] and posted at the facility.

3. The state should **create an Adult Abuse Registry** of individuals who have substantiated allegations of abuse or neglect of vulnerable adults against them. Facilities should be required to check the Registry before hiring a prospective employee.

4. The General Assembly should **fully fund enough DHEC inspection staff** to provide for periodic unannounced visits and full, timely investigation of allegations of regulatory violations.

5. The General Assembly should adequately fund the SC Department of Labor, Licensing and Regulation (LLR) to enable **prompt investigation of complaints against CRCF administrators.**[30]

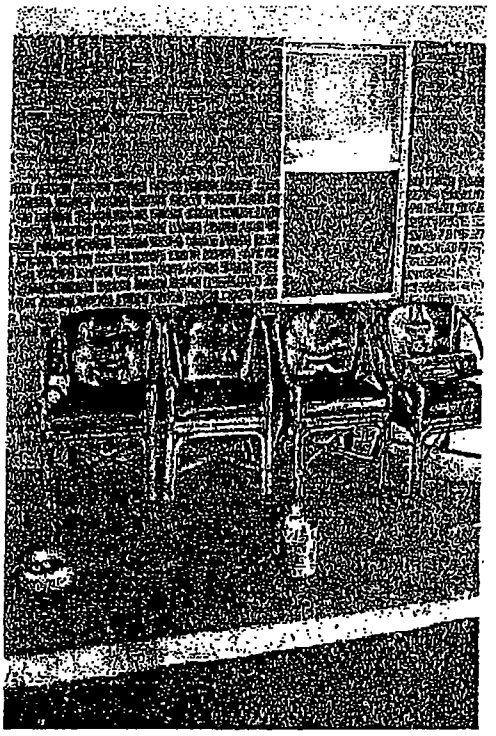
These measures would significantly improve protection for our state's vulnerable adults who have no choice but to live in these facilities. State law and regulations provide for oversight of Community Residential Care Facilities, but many South Carolinians are harmed every year because the oversight is ineffective and fragmented. We cannot afford to continue the current practice of minimal accountability for serious and continual transgressions. A few of the most serious incidents have been reported by the press; this report illustrates that many others have not. The State and individual

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[29] In its 2005 Annual Report, the Adult Protection Coordinating Council (APCC), a group created by the Omnibus Adult Protection Act, recommended that DHEC post inspection reports on its website.

[30] CRCF administrators are licensed by the Board of Long Term Health Care Administrators, located in LLR; complaints are investigated by LLR's Office of Investigation and Enforcement. http://www.llr.state.sc.us/POL/LongtermHealthCare/ http://www.scstatehouse.gov/coderegs/c093.htm

residents are paying for services that do not meet the standard of care established by regulation. <u>It is past time to ensure safety and accountability in these facilities.</u>



APPENDICES

METHODOLOGY OF THIS REPORT

This report originally began with a focus on one CRCF, Peachtree Manor. However, shortly after Peachtree's doors finally closed, the report was expanded to examine conditions in other CRCFs since P&A's Team Advocacy inspections and other information indicated that problems existed in many CRCFs across the state.

P&A's Team Advocate provided a list of every CRCF inspected from June 29, 2007, through April 3, 2008.[31] From this list, 28 of 67 inspections were selected for further review because the Team Advocacy findings had been sufficiently serious that complaints had been filed with DHEC. Consideration was also given to other information from previous encounters with these facilities while working with clients.

Each of the 28 facilities was then graded by applying a uniform performance scale to the Team Advocacy reports. That scale was based upon three categories:

- Medication. It included the accuracy of MARs, the availability of all prescribed medication on site, the proper storage and labeling of medications, and evidence of appropriate distribution of medication as prescribed.

- Sanitation. This category included overall appearance and condition of the facility, odors, proper food labeling and storage, sufficient cleaning and paper supplies, and insect infestation, as well as the appearance of the residents' cleanliness.

- Other Issues. Some examples include lack of supervision of both staff and residents, incomplete residents' records, lack of staff training documentation, violations of residents' rights, and utilities not working properly.

P&A then requested information on ten facilities from DHEC, the Department of Mental Health (DMH), and the LTC Ombudsman. Based on review of these materials P&A selected five facilities plus Peachtree for inclusion in the report.

[31] However, an inspection which occurred before the start of the Team Advocacy contract year July 1, 2007 through June 30, 2008 was excluded.

LEGAL RIGHTS OF CRCF RESIDENTS

RESIDENT'S BILL OF RIGHTS

http://www.scdhec.gov/health/licen/hlboreng.pdf

South Carolina Code of Laws, Section 44-81-20 et seq.

As a resident of this facility, YOU have or your legal guardian has, the right to:

MEDICAL TREATMENT

Choose your own personal physician;

Receive from your physician a complete and current description of your medical condition in terms you understand;

Participate in planning the care and treatment you receive;

Participate in any changes to your care and treatment;

Be fully informed in advance of any changes in your care and treatment that may affect your well-being;

Refuse to participate in any type of experimental tests or research;

Have privacy during treatment;

Have your medical records treated with confidentiality;

Approve or refuse release of your medical records to anyone outside this facility, unless you are transferred to another health care facility, or it is required by law or by other third party contracts;

PERSONAL POSSESSIONS

Have security in storing your personal possessions;

Approve or refuse release of your personal records to anyone outside the facility, except as provided by law;

Keep and use personal clothing and possessions as long as they do not affect other residents' rights;

Manage your personal finances. If the facility has been delegated in writing to manage your finances for you, it must provide you with a quarterly report of your finances;

PERSONAL TREATMENT

Be treated with respect and dignity;

Be free from mental or physical abuse;

Be free from being restrained either physically or with drugs, unless your doctor has ordered them;

Be free from working or performing services for the facility unless they are part of your plan of care;

Be discharged or transferred to another facility against your wishes only for: your welfare; the welfare of the other residents; medical reasons; or for nonpayment. You must be given written notice at least 30 days prior to discharge or transfer, unless your discharge or transfer is for your welfare or the welfare of other residents; in that case the facility must provide you with written notice within a reasonable time under the circumstances.

COMMUNICATION

Have your legal guardian, family members, and other relatives see you when they visit;
Refuse to see your legal guardian, family members, and other relatives;
Send and receive mail with freedom and privacy;
Associate and communicate privately with persons of your choice;
Meet with your legal guardian, family members, or other resident's family members to discuss this facility;
Meet with and participate in social, religious, and community group activities, unless a written medical order prohibits such activity;

PERSONAL PRIVACY

Have privacy when receiving personal care;
Have privacy when visiting with your husband or wife;
Share a room with your husband or wife, unless your doctor forbids this in your medical record;
Have your personal records treated confidentially;
Employ a sitter from outside this facility to come and provide you with sitter services, unless you have already agreed in writing with this facility not to hire a private sitter. You must choose a sitter from an approved agency or list and that sitter must be approved by the facility. The sitter must also abide by the policies and procedures of this facility. You must agree not to hold the facility liable for any matters involving your private sitter.

By the time you were admitted to this facility, a representative of this facility must have explained to you:

Your Rights: You must have been told and given a written explanation of your rights as explained in this poster, what to do if you believe your rights have been violated, and how to enforce your rights under state law. You must have acknowledged that you received these explanations in writing, and they must be part of your file.

Services: You must have been given a written list of the services that are available to you and their cost. If the services or their costs change, you must be notified of those changes in writing.

Refund Policy: This facility must have a policy on giving refunds to residents. The policy must be based on the actual number of days you were in the facility or a bed was held there for you. You must have been given a copy of this policy in writing and you must be notified in writing again of any changes that are made to this policy.

If you contact a member of the facility staff, but no action is taken on your behalf, contact: **South Carolina Department of Health & Environmental Control, Health Licensing, 2600 Bull Street, Columbia, SC 29201. Or call: (803) 545-4370.**

INSPECTIONS AT THE SIX CRCF FACILITIES

FACILITY A

Resident Care and Documentation

From 2006 through 2008 the following problems in handling medication and failing to fill prescriptions were noted at Facility A: unsecured medications; residents' medications prepared the previous day to take to their day program,[32] in violation of regulations;[33] controlled drug count sheets listed more pills than were actually in stock; Medication Administration Records (MARs) were not signed; MARs were signed even though medications were not in stock and had not been administered; residents were not given appropriate dosages of medicine; an Albuterol Inhaler was not labeled with resident's name or instructions; medicines were prescribed and in residents' medication drawers but not listed on their MARs; medications which were discontinued were still being administered; expired medicines without instructions or the name of residents were in the medication cart; the MAR did not match the prescription; medicines of residents who had left the facility were still in the cart; and resident files did not contain the 72 hour assessment as required. Additionally, staff reported that they sometimes did not administer the medications by the date indicated on the package, and would take medications from other dates to administer it.

DHEC conducted a complaint investigation on February 14, 2007, regarding medication administration, resident and staff records, and sanitation issues. One violation was cited because two residents had no 72-hour assessment available for review.

On January 2, 2007, the CRCF Coordinator at DMH received a call from the county detention center. The staff person there informed her that there had been an

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[32] On September 29, 2007, a resident who attended the Disabilities and Special Needs Board (DSN) day program had come to the day program from the CRCF with medication in her pants pocket. The DSN staff directed the individual to take the medication and soon after found her sleeping on the lawn, unable to be roused. She was transported to the hospital where her stomach was pumped. She had taken an excess of Seroquel. It could not be determined when and where the resident had procured the Seroquel.

[33] DHEC R. 61-84 1203. Administering Medication (I) A. Doses of medication shall be administered by the same staff member who prepared them for administration. Preparation shall occur no earlier than one hour prior to administering. Preparation of doses for more than one scheduled administration shall not be permitted.

altercation between two residents of Facility A; one of the residents was arrested for disorderly conduct. The resident arrived at the detention center with her medications, but they had been prescribed for her the previous August. The staff person believed that the resident had not been receiving the correct medications (psychotropic drugs), which may have led to her problems. The detention center staff stated that it was not the first time they had had residents from Facility A there. She said the residents typically reported not receiving their medications and that staff were "mean" to them. The resident had to remain at the detention center until a new living arrangement was made and bail was posted. The resident had no family to assist her in this process.

In 2006, Facility A sent a letter to the local Mental Health Center (MHC) informing the MHC that a number of residents wanted their mental health cases closed.[34] The CRCF administrator had gathered the signatures of eight residents on this letter to demonstrate their consent. When DMH and MHC employees attempted to visit the residents to speak with them about this letter, the director denied them admission to the facility. The director tried to force the residents to state that they did not want to speak with DMH or the MHC. DMH and MHC finally obtained access to the residents when the administrator arrived at the facility. DHEC was notified of this situation.

DMH and P&A advocates who visited the facility also repeatedly found admission papers, medical assessments and TB tests incomplete or lacking at Facility A during this time period. In February and March of 2006, DMH found residents who had not been given a PPD test for TB and whose admission papers, medical assessments, and TB tests had not been conducted before the move to the CRCF, as regulations require.[35]

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[34] Some of these residents could not read so they would not have understood the letter closing their case unless it had been read to them. Two of the residents had previously asked that their cases be transferred to another county since they intended to move. One of these residents had recently requested that the MHC help her move closer to her family. Although an employee of the MHC was helping her in this process, when the employee came to help her move a week later, the resident was upset and claimed she no longer wanted to move. However, the following day, the day DMH went to the facility in response to the letter, the resident stated that she definitely wanted to move, to be close to her family and to get away from the "yelling and fighting" at Facility A.

[35] DHEC Regulation R. 64-81 1101. General (I)
A. A physical examination shall be completed for residents within 30 days prior to admission and at least annually thereafter. The physical examination shall address the appropriateness of placement in a CRCF, medications required and self-administration status, and identification of special conditions/care required,

When P&A's Team Advocacy staff and volunteer inspected the facility in September 2007, they could not locate documentation of a physical exam for two residents and four of the five resident care plans needed to be updated. On December 18, 2007, DHEC cited the facility for several violations, including lack of documentation regarding resident care plans and services provided.

The information reviewed also shows Facility A's failure to procure health care for residents. During the Team Advocacy inspection in September 2007, the Team advocate found that none of the resident records reviewed contained documentation of a podiatry exam over the past year, yet three residents reported needing to see a podiatrist. Three residents reported needing an eye exam, two reported needing a dental exam, and one reported needing a gynecological exam. One resident had open lesions on his forehead and his arm. His arm lesion was bleeding onto his sweatshirt. He had a closed lesion on his other arm.

The information reviewed also shows the failure to obtain level of care evaluations to ensure residents' needs could be met at a CRCF. During an inspection by DMH and Team Advocacy on October 30, 2007, the director of the facility explained that one of the residents had been discharged directly from a hospital to the CRCF. She stated that the resident needed assistance with dressing, bathing, and toileting. The resident wore "pull-ups" and could not change them on her own. She could not get in the shower due to her unsteadiness and size. The staff cleaned her with a wet cloth. This resident was not appropriate for placement in a CRCF. Another resident was placed there by DSS, but the director said he was "very ill" and required more care than they could provide.

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e.g., if a resident has a communicable disease, dental problems, podiatric problems, Alzheimer's disease and/or related dementia, etc.

B. The admission physical examination shall include a two-step tuberculin skin test, as described in Section 1702, unless there is a documented previous positive reaction.

1702. Tuberculin Skin Testing (1)

A. Tuberculin skin testing, utilizing a two-step intradermal (Mantoux) method of five tuberculin units of stabilized purified protein derivative (PPD), is a procedure recommended by the CDC Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Healthcare Facilities to establish baseline status. The two-step procedure involves one initial tuberculin skin test with a negative result, followed 7-21 days later by a second test.

Other problems with resident care and documentation[36] include a failure to provide organized activities, residents receiving a lower monthly personal allowance than they were entitled to, and not having enough furniture for resident seating.

Staff, Documentation and Supervision

Throughout this same time period, problems were also noted with staff documentation of training, supervision, and abuse of residents. Staff reported that the administrator was rarely present. They were unable to tell inspectors what the usual hours were for the administrator, and it was noted that some of the administrator's hours overlapped with her hours at the Mental Health Center where she was also employed.

Incidents of physical altercations between residents often occurred at night while no staff was present.

Training documentation for staff members was not current.

During a January 22, 2007 visit by P&A and DMH, one resident told a P&A staff person that she would like to live with her boyfriend. He apparently lived near the facility and she stated that he used to work at Facility A. She said that when he worked at the home, they would kiss and hug on the back porch. According to the resident, the director found them kissing and prohibited it because he was an employee. The resident reported that he still came to see her and they hug and kiss. The resident had a 9th grade education and a diagnosis of psychotic disorder. DMH reported this incident to the Attorney General's office, the Ombudsman, DHEC, LLR, and DSS.

On January 23, 2007, P&A visited a client who had previously lived at Facility A. This resident stated that she had been having sex with a staff person almost every day of her six month stay at Facility A. She stated that he told her to keep their activities a secret and not to tell anyone she was pregnant. He told her they could get in trouble and he would lose his job. She stated that he had been calling her at her new CRCF to check on her. P&A confirmed with staff at the new CRCF that he had indeed been calling the

[36] In February 2006, DMH found that two residents of a separate unlicensed facility which the administrator of Facility A ran at the time used to walk from that facility to Facility A to have their medications administered, according to the residents and staff. One resident did this three times a day. The records and medications for both facilities were kept at the licensed facility. Upon observation of these records, it was noted that the prescription labels stated that the residents of the unlicensed facility lived at Facility A, not the unlicensed facility. Their mail from Social Security and Food Stamps also had the residence listed as the licensed facility. One resident's hospital discharge papers stated that the patient would go to a community care home but apparently was sent to the unlicensed facility.

resident at the facility. The resident's file noted a serious psychiatric diagnosis and also limited cognitive functioning. DMH reported this incident to the Attorney General's office, the Ombudsman, DHEC,[37] LLR, and DSS. P&A reported the alleged abuse to SLED.[38]

According to a report by the Ombudsman, the staff of a local disabilities and special needs board contacted Facility A on February 5, 2007, after a resident had become agitated at the Work Activity Center. They asked a staff person at Facility A to come transport her back to the CRCF. When the staff person came to pick her up, the resident's frustration had been subdued, yet the Facility A staff person placed her in handcuffs. It is unclear whether these handcuffs were real or a toy. While the resident and staff at Facility A stated this action was performed as a joke, it was unclear whether the resident had the mental capacity to understand the violation of her rights. The complaint was found to be substantiated.

On September 11, 2008, a resident of Facility A came to the Mental Health Center with a scratch on one side of his nose and a bandage on the other side. His eyeglasses were missing. He reported that another resident (his roommate) had knocked him down that morning and taken his glasses. He said the resident pushed him out of bed and stomped on his foot. The resident stated that his roommate had broken two pairs of eyeglasses and harasses him daily. The MHC employee contacted the administrator, who stated that the resident was "lying" and "vindictive." She stated that he did not like his roommate and was trying to get him in trouble with his lies. Another Facility A resident verified what the first resident had told the MHC employee. This resident also reported that the same male who had attacked the resident had previously touched her inappropriately. She stated that the staff had reprimanded him, but he would not listen. When the administrator was contacted again, she responded by saying that the female should not put herself in a position where she could be touched by him. Neither resident

[37] On February 14, 2007, DHEC visited the facility to follow up on the complaint regarding sexual relations between a staff member and a resident. They interviewed the staff member who had been accused of the conduct and, based upon his interview, no violations were cited. There is no documentation by DHEC that any further inquiry was made.

[38] SLED staff advised P&A they "took the report as information only" because they understood the Attorney General's office had an ongoing investigation.

wanted to press charges. These allegations were reported to the appropriate agencies including DHEC and the LT Care Ombudsman.

Sanitation, Health, and Safety

Between February 2006 and October 2007, the following problems were found during inspections at Facility A: a smoke detector needed a battery replacement; a dryer vent screen was ripped; the bathroom had a rancid odor and its exhaust fan was covered with dust and dirt; in both bathrooms, the safety bars were attached to the toilet seats, but neither the seat nor the bars were attached to the toilet; a bathroom sink was not secured to the wall properly; both bathrooms were dirty; the blankets on the bed were unclean and worn; a fly strip hanging from the ceiling contained many insects; the floor was unlevel, soft, and sinking in places throughout the facility; some items with labels that indicate refrigeration is required after opening were stored improperly in the cabinets; the handrail in the hallway was not adequately secured; the men's bathroom did not have toilet paper, paper towels or liquid soap, there was a hole in the wall, there was urine on the floor and the shower curtain was dirty; the women's bathroom did not have paper towels or liquid soap; neither bathroom was wheelchair accessible; two residents had dirty bed linens; residents reported needing several items, such as socks, underwear, feminine napkins, toiletries, eyeglasses, and canes; the mattresses were worn and sagging. On December 18, 2007, DHEC cited the facility because some of the mattresses needed to be replaced.

Food

Throughout this time period inspectors noted meat defrosting in the sink, in violation of regulations;[39] insufficient food and drink: meals served consisted of only a sandwich and did not match the menu posted; foods in the freezer were not dated or labeled; and food was improperly stored and unsealed, causing discoloration.

Financial Management & Utility Maintenance

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[39]DHEC R. 61-25.II.D.7. Thawing potentially hazardous food.
Potentially hazardous food shall be thawed as follows:
a. In refrigerated units at a temperature not to exceed 45°F. (7.2°C.); or
b. Under potable running water from the cold water supply with sufficient water velocity to agitate and float off loose food particles into the overflow; or
c. In a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process or when the entire uninterrupted cooking process takes place in the microwave oven; or
d. As part of the conventional cooking process.

At the visit conducted by DMH and Team Advocacy on October 30, 2007, the thermostat read 56 degrees. Residents were observed wearing sweaters and jackets. One older resident wearing a short sleeved shirt stated that she was cold, but said she was not able to get a sweater. A staff person then obtained a sweater for her. The director stated that the heat had broken the day before and that it was to be repaired the day of the visit. When asked to contact the heating company for a specific time, she did so and informed the Team Advocate and the DMH inspector that it would be after lunch.[40] DHEC was contacted and notified of the temperature in the facility. The facility director said it was fixed the next day.

On June 10, 2008, P&A complained to DHEC regarding a P&A client who had been sent a substantial pharmacy bill after leaving the facility. The client had been led to believe by Facility A that payments were being made toward this bill every month because she had been putting her personal funds toward these costs. The pharmacy bill showed that payment amounts varied each month and many months no payment was made at all. When P&A visited Facility A to check on this matter, the administrator was unable to provide a personal needs ledger or any sort of documentation to show how much the resident had been paying each month for her medications. She was also unable to show what kind of benefits the client had received or the amount of benefits. DHEC regulations require records.[41] When DHEC followed up on this complaint on June 23, 2008, they found no violations.

FACILITY B

Facility B is a 10-bed facility located in an urban county. It has a history of violations, and was briefly shut down in 2001 after the death of a resident. Recent

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[40] A staff person confided in the DMH inspector her gratitude at the request to contact the heating company. She stated that the heat had been broken for at least three days and the residents were cold.

[41] DHEC R. 61-84 902.G. There shall be an accurate accounting of residents' personal monies and written evidence of purchases by the facility on behalf of the residents to include a record of items/services purchased, written authorization from residents of each item/service purchased, and an accounting of all monies paid to the facility for care and services. Personal monies include all monies, including family donations. No personal monies shall be given to anyone, including family members, without written consent of the resident. If a resident's money is given to anyone by the facility, a receipt shall be obtained. H. A report of the balance of resident finances shall be physically provided to each resident by the facility on a quarterly basis in accordance with the Resident's Bill of Rights, regardless of the balance amount, e.g., zero balance.

renovations have improved the physical condition of the facility, but as recently as July 24, 2008, the State LTC Ombudsman's office performed an unannounced inspection and found numerous problems.

A review of the records from DHEC, DMH, the State LTC Ombudsman and P&A reveals: a history of physical abuse by staff; the facility's requiring residents to perform work in the facility; errors or carelessness in handling medication; failure to perform medical tests as required upon admission; and a resident who continued to live at the facility after being committed to a state mental hospital, by court order, as a danger to himself or others.

Resident Care and Documentation

On July 3, 2007, a resident was removed to a Crisis Stabilization Center after alleging a staff member had severely beaten him, to the point of vomiting blood, with a two-by-four.

When the LTC Ombudsman staff inspected the facility later in July 2007, they found that residents were being assigned many duties not consistent with their care plans. Residents were being required to wash their own laundry and cook and serve their own meals; one resident was charged with mowing the facility lawn.

The July 24, 2007, inspection also found that one resident was on probation for committing a crime and had been court ordered into a state mental facility after being determined to be a danger to himself and others. He had been placed at Facility B when the facility had a 24-hour Department of Mental Health presence. This was no longer the case, but the resident had not been relocated to an appropriate facility.

The March 29, 2008, Team Advocacy inspection also discovered numerous inconsistencies in the residents' medical records and available medications. Thirteen medications prescribed to different residents were not available on hand, including the prescription pain medications. One resident could not have been receiving his anti-anxiety medication as prescribed (there were five full blister packages and one blister pack with 31 tablets remaining, despite the fact that the resident's medication count sheet noted only six remaining tablets). Additionally, five over-the-counter medications had passed their expiration dates.

That March 29th inspection found many additional problems with resident records. Contrary to DHEC regulation, two resident records noted tuberculin skin tests had been performed significantly after admission (sixteen days and three months, respectively).[42] None of the resident care plans had been updated within the past six months as required by regulation.[43] Although a resident reported problems with incontinency, there was no reference to this in the resident's records.

Only one resident stated he had enough clothing; two of four residents interviewed were wearing clothes that did not fit appropriately and had holes, stains, or tears. Two of four residents interviewed were observed to have inadequate clothing.[44] Several residents had body odor; several reported needing soap, deodorant, and other toiletries.

Two residents reported needing eyeglasses; one resident reported needing dentures and adult incontinency products as well.[45]

One resident reported that he sometimes went without clean bedclothes for several nights running due to incontinency problems and that his sheets were not washed

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[42] DHEC R 61-84. 1101. A. A physical examination shall be completed for residents within 30 days prior to admission and at least annually thereafter. The physical examination shall address the appropriateness of placement in a CRCF, medications required and self-administration status, and identification of special conditions/care required, e.g., if a resident has a communicable disease, dental problems, podiatric problems, Alzheimer's disease and/or related dementia, etc.
B. The admission physical examination shall include a two-step tuberculin skin test, as described in Section 1702, unless there is a documented previous positive reaction.

[43] DHEC R 61-84.703. A. The ICP shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above-appropriate individuals.

[44] DHEC R 61-84 901 D. "Residents shall be neat, clean, appropriately and comfortably dressed in clean clothes, and provided the necessary items and assistance, if needed, to maintain their personal cleanliness, e.g., bar soap." And, 1706. Clean/Soiled Linen and Clothing (II) A. Clean Linen/Clothing. "A supply of clean, sanitary linen/clothing shall be available at all times."

[45] CRCFs are to provide residents with food and shelter from the monthly assessment. They are to ensure that other needs of residents such as clothing, medical care, personal toiletries and transportation are met by coordinating Medicaid, any personal needs allowances and other funding sources. The relevant regulation is DHEC R 61-84 §901 (B) "Residents shall receive care, including diet, services, i.e., routine and emergency medical care, podiatry care, dental care, counseling and medications, as ordered by a physician or other authorized healthcare provider. Such care shall be provided and coordinated among those responsible during the process of providing such care/services and modified as warranted based upon any changing needs of the resident. Such care and services shall be detailed in the ICP." And (D) "Residents shall be neat, clean, appropriately and comfortably dressed in clean clothes, and provided the necessary items and assistance, if needed, to maintain their personal cleanliness, *e.g.*, bar soap. (II)"

in a timely fashion; that resident also reported that the facility administrator ridiculed him for "wetting the bed."

A DHEC inspection on April 24, 2008, found three prescription medications listed on resident MARs that were not in stock at the facility. One resident's MAR indicated that his pain medication had been discontinued, but, at the time of inspection, the facility could not provide an order from a physician discontinuing that medication.

Staff, Documentation and Supervision

Inspections over the past two years have noted ongoing and continuous problems with staff as well. The July 24, 2007, LTC Ombudsman's inspection found only one staff member on duty to supervise eleven residents, which is well below DHEC regulations for staffing.[46] The March 29, 2008, Team Advocacy inspection noted insufficient staff present on hand to care for residents. When the inspection team arrived, the facility administrator was just arriving at the facility; no staff members were on duty inside the facility. The team received conflicting information as to how long the residents had been without supervision, but it was clear that there was generally only one staff member on duty with residents during the day.

Sanitation, Health, Safety, Maintenance

The July 24, 2007, visit by the Ombudsman's office found two broken chairs and a broken couch, and found that the facility furnishings were worn, torn and broken. A subsequent P&A visit on March 29, 2008, noted significant ongoing renovations,[47] but also found dust from drywall construction and some incomplete electrical work. Additionally, the facility was in some disarray; several tools, including a power sander, nails, and a circular saw, were left lying on the floor of the sunroom; several light fixtures throughout the facility were exposed leaving open electrical sockets; several smoke detectors were not secure and were hanging from the ceiling; an open gallon container three-fourths full of used hypodermic needles was found on the floor of the facility living room; several bedrooms had torn, worn, thin, and dirty bed linens, and smelled

[46] DHEC R. 61-84. 503. A. 1. In each building, there shall be at least one staff member/volunteer for each eight residents or fraction thereof on duty during all periods of peak hours.

[47] According to DHEC the deadline for completion of the renovations was July 1, 2008. However, as of June 16, 2008, the facility administrator confirmed to the State Ombudsman that the renovations were not complete.

strongly of urine; several bathrooms lacked paper towels or liquid soap; cleaning supply closets had been left unlocked and residents had unrestricted access to cleaning chemicals and hand tools.

The April 24, 2008, DHEC inspection found two residents' mattresses sunken in. A closet containing chemicals was unlocked during the walkthrough. The facility was cited for a violation and required to have a plan of correction.

Food

Residents were observed cooking and serving all their own food. Other observations were: open containers of food labeled "refrigerate after opening" in the pantry; decomposing fruit in a basket in the kitchen; and empty boxed lunches that had reportedly been donated by a local distributor on the dining room table. An April 24, 2008, DHEC inspection found five rolls of turkey sausages thawing in the sink in violation of DHEC regulations.[48]

Finances, Utilities, and Other Issues

Conflicting information was provided about the management of resident funds. The administrator's son stated that the resident funds were kept in a "locked petty cash box," but when they asked to see the box to count the residents' money both the administrator and son stated that the box was not at the facility. When the P&A Team Advocate expressed concerns regarding the residents' money, the administrator then pulled out a FedEx envelope with a pile of one dollar bills and mentioned that he stored residents' money in the envelope. The money was not organized or sorted by resident, raising concerns about the safe management of resident funds and ability to provide proper accounting to residents for their personal funds.[49]

At that time, one of the four residents interviewed stated "sometimes people [here] want to harm me[.]" That resident also stated he did not feel safe talking to anyone and that he had no freedom. Two of the four residents reported they were not allowed to go outside the property's front gate.

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[48] See DHEC R 61-25 II C 2b, banning thawing of food except under running water, in refrigerator, or in microwave.

[49] S.C. Code § 44-81-40 (Bill of Rights) (E) "...Each resident ...may manage the resident's personal finances unless the facility has been delegated in writing to carry out this responsibility, in which case the resident must be given a quarterly report of the resident's account."

FACILITY C

Facility C is a small (licensed for five beds) CRCF in an urban county. The administrator and her husband operate several CRCFs in North and South Carolina. Throughout the time period reviewed for this report, significant problems were noted with resident care and documentation; staff documentation and supervision; sanitation, health and safety; medication administration; and food.

Resident Care and Documentation

From 2007 through 2008, inspections showed multiple violations of procedures for medication administration: there were no MARs or other records for some residents; MARs were not signed; residents had incorrect dosages listed on their MARs; prescribed medications were not listed on MARs; medicines were in unlocked storage; insulin was not refrigerated; MARs were taken home by the administrator; medications were not administered for over a week; staff could not recall who had administered medications; medications were not in stock; medications for former residents were still in the medicine cart/drawer. Some residents did not have documentation of TB tests prior to admission. Some residents did not have care plans in their files. Some residents reported needing dental exams and visits to doctors such as cardiologists

At least one resident had been performing cleaning duties at the facility for $5 per day, according to residents and the administrator's husband.[50]

One resident needed a higher level of care than authorized for residency in a CRCF, as he could not bathe or dress himself and was incontinent.

One resident was sleeping on a cot.

DMH made a visit to Facility C on August 3, 2007. In addition to some of the problems mentioned above, DMH also found the facility had six residents at the time of the visit, although the facility is only licensed for five residents. There was also a male in the facility who was a resident of an unlicensed facility with the same operators. The administrator's husband told the DMH inspector that he was moving three residents to his unlicensed facility and that DHEC had stated that he could have up to three residents

[50] SC Code § 44-81-40 (Bill of Rights) Section I (l): Each resident must be assured that no resident will be required to perform services for the facility that are not for therapeutic purposes as identified in the plan of care for the resident.

without requiring a license. Regulations allow for up to only two residents without a license.[51]

He also said he had told two residents they were moving that day and that he had given them prior notice. He stated that the residents wanted to move. One of the residents informed the inspector that he did not want to move because there was no furniture in the other facility. He and the residents left without their medications or property. These residents had not been given their medication that morning.

When DMH noted that some of the residents' records did not contain a two-step PPD test for tuberculosis, the husband of the administrator stated that he had been confused about the two-step requirement.[52] He said he had recently taken residents to get their injections and produced paperwork for a one-step PPD. He could not produce records of their previous PPD tests; he stated he had discarded them.

The Department of Homeland Security (DHS) had placed three residents in the facility. DMH contacted DHS about the conditions at the facility, including the fact that the residents had not received any personal needs allowances since they arrived at the facility, and requested DHS's help in moving two residents. DHS informed DMH that it was in the process of sending another person there, but that in light of the information provided they would not send any more residents.[53] Homeland Security pays $1100 per month for room and board, and administrators are not required to give the residents spending money out of this amount. The DHS employee told DMH that DHS staff are not allowed to visit these facilities, but only to check licensure. The employee stated that she would contact the immigration office in Charlotte to seek alternative placement for these residents; if alternative placement could not be located, the residents would be returned to the detention center until a placement was located.

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[51] DHEC R 61-84 103. A. License. No person, ...shall ... operate....a community residential care facility/assisted living facility in S.C. without first obtaining a license from the Department. ....When it has been determined by the Department that room, board, and a degree of personal care to two or more adults unrelated to the owner.is being provided at a location, and the owner has not been issued a license ... the owner shall cease operation immediately.....

[52] Pursuant to federal Center for Disease Control, TB testing involves an under skin injection and then a reading of any reaction 2-3 days later. http://www.cdc.gov/tb/faqs/qa_latenttbinf.htm#latent2

[53] More residents placed there by Homeland Security were discovered during later visits to this facility.

DMH also called the Veterans Administration to inform them that two of the residents they had placed at Facility C were transferred to the unlicensed home.

On August 6, 2007, DMH filed a complaint with LLR, stating that the administrator and her husband were moving residents to an unlicensed boarding home with only mattresses on the floor.

On August 22, 2007, DMH conducted a follow-up visit. Along with the problems concerning medications which were noted above, they discovered seven residents at the facility rather than the five for which Facility C was licensed. The facility had converted one staff bedroom into a resident room. The facility also converted the pantry into a resident room by removing the shelves and cabinets from the pantry and placing a cot-sized bed, small dresser and TV in the room. The resident of this room did not have a bed pillow but had to use two pillows from the couch instead. The DMH inspection also raised concerns about health care. A new resident had not been given a PPD test. Another resident appeared to require nursing facility level of care.[54] A home health aide came to the facility to dress an ulcer on the resident's hip. One resident who reported having pain in all of his joints had requested to visit a doctor; it did not appear that any arrangements had been made to address this resident's pain. On August 23, 2007, DMH sent an email to the Attorney General's Office and LLR to report the problems found at the facility on her August 3 and August 22, 2007, visits.

DHEC conducted a complaint investigation of the facility on January 30, 2008. They found that the facility had six residents, while only licensed for five. One resident had no physical examinations available for review; one resident had no TB skin test record available.

DMH conducted a site visit to Facility C again on February 26, 2008. In addition to many of the medication problems already mentioned, there were, again, six residents at the facility. The staff person reported that the sixth resident had arrived on February 22nd and would be moving to a facility in North Carolina operated by the administrator and her husband. The husband of the administrator arrived and stated that he would move the resident to NC that day if it was a problem. He then told the resident to pack his

[54] The resident with the hip ulcer used a wheelchair, but could not transfer himself. He also could not bathe, toilet, or dress himself and was incontinent.

belongings. The resident had been moved to the facility by the US Department of Justice and had a Medical Summary of Federal Prisoner/Alien in Transit. There was no record of a PPD tuberculosis test in his file. The administrator's husband stated that the resident's crime was stabbing someone with a knife.

The DMH inspector was told that another resident who had previously resided there had been moved to a work camp by the Department of Homeland Security. The administrator and her husband had transferred him to their NC facility. The resident with limited self-care abilities needed a higher level of care and was still residing at the facility.

Despite the serious allegations raised by the DMH inspection February 26, 2008, DHEC did not conduct another inspection for two months, on April 29, 2008. At that time four of five residents did not have physician's orders on file; four of five residents had no assessment within 72 hours after admission; and four of five residents' Individual Care Plans had not been updated every six months. DHEC required the facility to submit a plan of correction.

Staff, Documentation and Supervision

Team Advocacy's visit to the facility on July 11, 2007, revealed that there was no staff documentation of Cardiopulmonary Resuscitation (CPR) training. In addition, there was an incident report where one resident had struck another resident on the head. The incident had been reported to the Sheriff's office and a report was made. When DMH arrived for their visit on August 3, 2007, at 8:40 a.m., both staff members were asleep on couches even though the residents were awake. The residents had not been provided with breakfast or their morning medications. Staff records contained no documentation of criminal background checks, DHEC trainings, physical examinations, two-step PPD tuberculosis tests, job responsibilities, or job applications.

The husband of the administrator stated that one of the males at the facility was not a resident; he claimed that the resident was a staff person "in training" who was paid $5 a day; his goal was to work. The resident explained that he helped with bathing and cleaning a resident with a higher level of care when he goes to the bathroom. He also cleaned the facility. Other residents said he is supposed to be paid for these duties, but has not received any money. The resident/staff in training confirmed these statements.

He said he did not want to clean the resident anymore. This person was placed by Homeland Security, which was paying $1,100 to stay at the facility. His records stated that he was in need of supervision and treatment. Homeland Security confirmed that he was a resident.

On the August 22, 2007, visit by DMH, both staff persons were sleeping upon arrival at 4:02 p.m., while all of the residents were awake. One staff person stated that the administrator would be there to make dinner for the residents between 4-5 p.m. The administrator had not arrived at the conclusion of the visit at 4:31 p.m., nor had she called. This staff person also explained that he lives at the facility but does not receive a salary. The residents sponsored by Homeland Security had not received any personal needs funds since they moved to the facility. They reported that they would like some money to purchase a cup of coffee or soda.

A fire marshal inspection was done by DHEC on September 21, 2007. Five violations were cited for mandated corrections.

DMH went back to the facility on January 23, 2008. A previous resident was now, apparently, a staff person. He provided direct care to residents, including bathing, dressing, and toileting assistance to a resident who needed a higher level of care. This "staff person" had a lengthy criminal background report, and DMH was informed by the administrator's husband that DHEC was aware of the person's history and had approved his employment there. The report included assault and battery charges, but after the visit it was noted that this person is also on South Carolina's sex offender registry website. The address for the facility was listed on the website as his current address. His training and physical exam documents were not signed by the appropriate persons, calling into question their validity. He could not describe the trainings indicated in his file. There was no signature on his CPR form and he had no card.[55] The dates on the forms indicated the trainings were given while the person was still a resident. The Resident's Bill of Rights was present in his file. DMH sent an email to DHEC and the LTC Ombudsman that day informing them of the live-in staff person's conviction of assault and battery of a high and aggravated nature on a twelve year old victim.

[55] DMH also found that the CPR form was not signed by a trainer or staff and had expired. His physical exam report was not signed by a doctor.

During DHEC's complaint investigation on January 30, 2008, the facility was cited for having a staff member who had been convicted of assault and battery.[56]

During the visit by DMH on February 26, 2008, it was noted that there was an insufficient criminal background check for an employee; this employee's health record was not signed by a physician.[57] The CPR certificates for this employee and the administrator's husband were not signed by the trainer. Neither staff person could present a CPR card.[58]

The administrator's license expired February 29, 2008, and a late fee was assessed by DHEC. The application contained incomplete or inaccurate information.

DHEC cited violations on April 29, 2008, in the following areas in staff documentation: no current first aid training for all four employees; no current OSHA standards/blood borne pathogens training; no current training on the confidentiality of resident records; no documentation of physicals within 12 months prior to initial resident contact for three of four employees. Many of these violations were repeat violations. DHEC required the facility to submit a plan of correction.

On a June 6, 2008, DMH visit, a staff member could not recall all of the residents' names. When the administrator's husband arrived, the inspector asked him to produce a record for an employee who was working in the kitchen. He presented the record for someone with a different name. When shown that this record was incorrect, he insisted that it was not and identified the staff person in question. The inspector informed him of

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[56] DHEC R 61-84 501 B. Staff members/direct care volunteers of the facility shall not have a prior conviction or pled no contest (nolo contendere) for child or adult abuse, neglect, or mistreatment. The facility shall coordinate with applicable registries should licensed/certified individuals be considered as employees of the facility. For those staff members/volunteers who are licensed/certified, a copy shall be available for review. (I)

[57] DHEC R 61-84.101. X. Health Assessment. An evaluation of the health status of a staff member/volunteer by a physician, other authorized healthcare provider, or registered nurse, pursuant to written standing orders and/or protocol approved by a physician's signature. The standing orders/protocol shall be reviewed annually by the physician, with a copy maintained at the facility.

[58] DHEC R 6-84.504. Inservice Training (I)
A. The following training shall be provided by appropriate resources, e.g., licensed/registered persons, video tapes, books, etc., to all staff members/direct care volunteers in context with their job duties and responsibilities, prior to resident contact and at a frequency determined by the facility, but at least annually:
8. Cardiopulmonary resuscitation for designated staff members/volunteers to insure that there is a certified staff member/volunteer present whenever residents are in the facility;

the staff person's name. The administrator's husband then questioned the staff person and the staff person confirmed the name stated by the DMH inspector. The only record for this employee that the husband was able to present was a one-step PPD test. DMH also noted in its report that the name on the record that the administrator's husband originally presented to the inspector was the name of a staff person who on a previous occasion had been identified as a relative of the administrator's. **The staff person who was present at the facility was on the S.C. Sex Offender Registry.** The conviction was for Criminal Sexual Conduct, First Degree. The address on the registry was not the same as the CRCF, in violation of the Sex Offender Registry Act.[59]

Another staff person present had a medical form in his file that was not dated nor signed by a physician. The record contained no CPR card. A third staff person did not have a record on file. The administrator's husband stated that a record was not needed because that staff member only takes care of the lawn; however, this staff person was observed coming from the staff sleeping quarters and socializing with the residents. The staff person was present at the facility despite the fact that he told the administrator's husband he would not be mowing the lawn again until later in the week.

Sanitation, Health, and Safety

In 2007, bedrooms in the facility were not clean--a foul smell came from dirty clothes piled up in a closet; there were no hangers available in the closets; sheets were soiled; residents did not have towels; residents reported obtaining sheets from the garbage; a Team Advocacy volunteer was locked inside a bedroom because the door had no doorknob; residents did not have toiletries; there were no paper towels, liquid soap, or toilet paper in either of the residents' bathrooms; one resident reported having to wipe himself with his hands when he had no access to toilet paper; the facility contained dirty couches, bedrooms, and bathrooms; one of the couches had a plastic tablecloth on it for the residents who were incontinent; residents who were incontinent were sleeping on plastic tablecloths; cleaning supplies were stored in unlocked cabinets.

In 2008, DMH reported that the bedroom for the resident who was incontinent smelled of urine, with sheets stained with urine on the floor. There was ill-fitting plastic on the mattress, and the mattress was stained with urine and smelled bad. The bathroom

[59] SC Code §§ 23-3-400 et seq.

in this resident's bedroom was not accessible for his wheelchair. Again, several other residents had dirty sheets and pillows.

On the February 26, 2008, visit by DMH, exposed wires in a wall socket were covered with paper stapled over it. Chemicals were not in secure storage. Extension cords were going out of windows to other parts of the property. Dirty clothes were lying on the floor; there were also clean clothes on the floor because there were not enough hangers. There were dirty linens and dirty mattress and box spring. An overhead exhaust fan was clogged with dust. The tub was very dirty as well.

During DHEC's general inspection on April 29, 2008, the facility staff could not produce the latest electrical inspection documentation. The DHEC report also noted broken glass in a storage area, a pile of leaves on the patio, standing water in front of the garage, and fire ant mounds and empty beer cans around the yard. There was a torn window screen on an open window, allowing insects to enter. The facility also had numerous cracks in the sheetrock, dirty floors and drapes, dusty vents, cobwebs, a soiled tub, and no paper towels in the bathroom. DHEC required the facility to submit a plan of correction.

On the June 6, 2008, DMH visit, wires were observed exposed from an opening in the wall. There were two sheets tacked over windows as curtains.

Food

Throughout 2007 and 2008, inspections by various agencies found there were no beverages for residents; menus did not indicate any special dietary accommodations, although there were residents who needed diabetic diets and other special diets; bags of brown decomposing vegetables and moldy bread were found; meat with no expiration date was leaking in the refrigerator; food was prepared in an unlicensed area of the facility, which also served as staff living quarters; and cleaning supplies were stored in the same compartments as food.[60]

On August 3, 2007, DMH reported that the refrigerator was locked with a large chain and padlock, so that the only beverage available was water: no food was available. The administrator's husband stated inaccurately that locking the refrigerator was a DHEC

[60] P&A July 2007; DMH January, February, and June 2008, twice in August 2007; DHEC April 2008. Each of these inspection noted food/diet problems.

requirement. No current menu was posted as required by DHEC regulation.[61] The staff reported that grits would be served for breakfast, but the administrator's husband gave a resident $20 and told him to buy breakfast for everyone at Hardee's. The resident returned with a sausage biscuit for each resident. Again, no drinks were provided. Residents repeatedly reported that they were usually served cereal for breakfast, a sandwich at lunch, and rice and gravy for dinner. They reported that they rarely received chicken and were never served red meat or fish. Again, food was not stored or labeled properly.

During the August 22, 2007, DMH visit, residents reported they had not received anything to drink during the previous night's dinner. Menu items posted for dinner the night of DMH's visit were not available at the facility that day. Again, foods were not stored or labeled properly.

On the January 23, 2008, visit by DMH, residents were observed making their own breakfasts. The menu calendar was inaccurate, and minimal food was in the refrigerator. One refrigerator was inoperable, and the other refrigerator contained a leak from the freezer that was dripping into the refrigerator compartment below. There was half an inch of water in the bottom drawer, along with two plastic containers on the top shelf nearly filled with water.

There was not enough food on site for six people during DMH's February 26, 2008, inspection. Unlabeled meat was leaking in the freezer. The one operable refrigerator was still leaking water inside.

DHEC conducted a food/sanitation inspection on April 29, 2008. They discovered expired food in the refrigerator and an improper use of chemical cleaning products. They also noted that several surfaces in the kitchen were soiled. DHEC required a plan of correction.

During the DMH visit on June 6, 2008, very little food was observed in the facility. There were no fruits and vegetables on site. The posted menu was inaccurate. The meat in the freezer was stored in freezer bags that were neither labeled nor dated.

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[61] DHEC R. 61-84 1307. Menus A. Menus shall be planned and written at a minimum of one week in advance and dated as served. The current week's menu, including routine and special diets and any substitutions or changes made, shall be readily available and posted in one or more conspicuous places in a public area

FACILITY D

Facility D is located in a suburban area of an urban county. The five-bed facility is a converted house in a local neighborhood. It has had persistent compliance problems for several years, including a general absence of trained staff. As early as 2006 the administrator had entered into a probation agreement with Labor, Licensing, and Regulation based on problems from prior inspections.[62] Since that time there have been multiple complaints and multiple emergency inspections. The Ombudsman's office has responded to seven complaints there between March 21, 2007, and January 11, 2008; DHEC has made four inspections; and P&A has inspected and responded to numerous complaints. In May 2008, after the facility repeatedly failed to meet inspection requirements, DHEC held a consultation with staff. When problems were still not remedied in a final inspection, DHEC recommended an enforcement action in August 2008.

Resident Records and Documentation

Through 2007 and 2008, numerous problems with resident medical records and medications were noted.

- One resident was prescribed an anti-anxiety drug, but there was no available control count sheet for that medication.
- Another resident's MAR was not present in the MAR book; when located, the resident's sheet had not been initialed for a week for an anti-psychotic prescription and had not been initialed for a month for a sleep medication.[63]
- No physician's orders were available documenting residents' medication needs. Staff could not locate the required orders when asked.
- A DHEC inspection on January 3, 2008, noted that medications were being kept unsecured in an office to the rear of the facility and that

[62] While DHEC licenses long term care facilities, the administrators of such facilities are separately licensed by the Board of Long Term Health Care Administrators, within the Department of Labor, Licensing, and Regulation. See: http://www.llr.state.sc.us/. DHEC R. 61-84; S.C. Code Ann. §40-35-110(1),(2), and (4) (Supp. 2004) and S.C. Code of Regulations 93-230(2), (4), and (6)(Supp. 2004)

[63] None of the records noted whether or not the resident in question had an advance medical directive or health care power of attorney.

prescription medications were being administered without a doctor's order on file. DHEC required a plan of correction.

- Chromium tablets and vitamins were observed in one resident's refrigerator, but no MAR was available for that resident.
- One resident did not have evidence of a PPD (tuberculosis) test in her record.
- There was a shortfall in the controlled medication count for one resident, as the count sheet specified that 24 diazepam pills were on hand for a resident but only 18 tablets were in fact available.

The Policy and Procedures manual did not contain any indication of annual or other regular review.

Twice in February 2008, DMH and P&A noted problems with residents' files when they were assisting residents in moving from the facility. One resident had items missing from her records, including her Medicaid card. Another resident's records were not provided to him; this resident had to relocate without his medical records, Medicaid number, or any form of personal identification.

At the same time, the DMH team helping with the move discovered a new resident in the facility; apparently this resident had been transferred from a facility owned by another CRCF operator. The resident had been discharged from the other CRCF due to the administrator's belief that he needed a higher level of care; the administrator at the former facility had been told that there was a bed available for this resident at another CRCF, but the resident was in fact relocated to Facility D that same day.

The August 6, 2008, DHEC inspection found no dietary orders from a physician in two out of three residents' records. All three residents' records reviewed lacked a resident photo. All three Individual Care Plans had been signed and dated by staff, but the care plans contained no information and were otherwise blank (this was a repeat violation).[64] Among other problems, this meant that the care plan did not contain dietary

[64] DHEC R. 61-84 703. B. The ICP shall describe:
1. The needs of the resident, including the activities of daily living for which the resident requires assistance, *i.e.*, what assistance, how much, who will provide the assistance, how often, and when;
2. Requirements and arrangements for visits by or to physicians or other authorized health providers;
3. Advanced care directives/healthcare power-of-attorney, as applicable;

requirements; no one was listed as responsible for monitoring care and effectiveness of the plan; there was no documentation of how residents preferred their funds managed; arrangements for doctors' visits had not been filled out; advance medical directives had not been completed; and no recreational or social activities were listed.

Additionally, as noted above this inspection found a shortfall in the controlled medication count for one resident's diazepam pills.

Staff, Documentation and Supervision

The December 19, 2007, Team Advocacy inspection noted that all four staff members reported living at the facility. One resident reported being locked out of the facility sometimes when returning from work.

On December 21, 2007, a P&A Advocate met with a female client at Facility D who had expressed a desire to move out. During this meeting, P&A staff discovered information of a possible incident of sexual abuse. Repeated calls to the staff and administrators over the next several weeks were unable to determine whether the possible aggressor had been a staff member, resident, or neither. Staff refused to speak with P&A representatives, refused to give basic information, and accused advocates of being "nosey."

On December 27, 2007, the P&A advocate went to the facility to attempt to meet with her client again, but only a young man (between 14 and 17 years old, estimated) answered the door and said the client was with his grandmother.

On January 3, 2008, two P&A advocates went to the facility for a meeting with that same client in order to consult with her about a potential move out of the facility. When the advocates knocked on the front door, they at first were met with only silence, but then heard muffled laughter inside the home. When the door was cracked open, a man came to the door, identified himself as a staff member named "Mr. X",[65] and told the P&A advocates that their client was not present in the home. Moments later, however, the P&A advocates heard their client's voice shouting for help – as best the advocates

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4. Recreational and social activities which are suitable, desirable, and important to the well-being of the resident;
5. Dietary needs.

[65] To preserve privacy for him and the facility, he will be identified in the report simply as "Mr. X.":

could tell, the client was shouting "they won't let me out." "Mr. X" continued to deny that the client was there, however, and the police were called by P&A advocates.

While awaiting the police, an inspector with the State Ombudsman's office arrived to inspect a different situation. P&A advocates entered the facility, along with the Ombudsman inspector, and met with their client. The client stated that a staff member had refused to let her out of her room and had placed her hand over the client's mouth so she could not yell. (It should be noted that there is some question as to whether or not this person was, in fact, a staff member; DSS records indicate she is also a resident, placed there by DSS. Future references will refer to her as "staff.") When the inspector from the Ombudsman's office asked "Mr. X" who he was, he initially claimed to be staff. He later changed his story repeatedly, claiming first he was just staying there for a while and then that he did not stay there but was only visiting for the day.

Resident interviews conducted by P&A indicated "Mr. X" had been living at the facility since September 2007. The facility administrator that was listed in DHEC records was not at the facility that day, apparently due to illness. During previous calls by P&A staff, the "staff" person refused to provide a contact number for the administrator; when other staff were asked, they gave a number that had been disconnected. Facility staff therefore apparently had no way to contact the administrator in an emergency.

The next day (January 4, 2008), in response to a complaint by the Ombudsman's office and P&A, DHEC made an emergency inspection. That inspection cited Facility D for a number of violations, among them "501.B/I – Staff members / direct care volunteers of the facility should not have a prior conviction or pled no contest (nolo contendere) for child abuse, adult abuse, neglect or mistreatment." DHEC also cited Facility D on this occasion for apparently providing services to non-residents, for the lack of a designated staff member to act in the absence of the administrator, and for having an altered SLED report on file (former SLED Chief Robert Stewart's name was apparently pasted onto the report).

On January 11, 2008, a P&A advocate called the CRCF to attempt to speak with her client. The "staff" person answered, stated the residents were away at a medical appointment, and asked that P&A call again later in the day. When the P&A advocate

called again later that day, a man answered who sounded like "Mr. X," but who gave his name as "Mr. Z."[66] When asked if he was staff, he said yes, but the P&A advocate did not recall any staff members by that name at the facility. When P&A asked for the client, "Mr. Z" replied that she was not there; repeated calls over the course of the day were not answered. Finally, the P&A advocate managed to get in touch with her client and the client confirmed that "Mr. X" was still living with them at the facility.

On February 7, 2008, a P&A advocate traveled to Facility D, along with a DMH inspector, in order to review client records. A P&A client opened the door, and the "staff" person yelled at her for doing so. Two other persons were present; both claimed to be staff, "Mr. X" and "Mr. Y."[67] Mr. Y claimed to be an employee of another facility who had merely stayed at Facility D the night before.

The female "staff" person contacted the operator of Mr. Y's facility, as that facility's operator was supposedly the only person with a working contact number for the listed administrator of Facility D. This administrator from the other facility arrived at Facility D shortly thereafter and demanded that the P&A and DMH representatives leave. She claimed she had "worked it out with DHEC" and had papers stating the DMH inspector was not allowed on her property and was trespassing. She also stated she was "over everything here" and that she pays the bills and "[does] everything;" she said that she was the acting administrator due to the ongoing illness of the administrator listed in the records. The P&A advocate and the DMH inspector refused to leave, insisting that they be allowed to review their client's records. The police were called and when they arrived, they explained to the acting administrator that the P&A advocate and DMH inspector had authority to be there. Approximately ten minutes after that, the listed administrator arrived and stated that the other administrator was actually the owner of Facility D; she allowed both P&A and DMH to access their clients' records. The P&A advocate and the DMH staff did so and left immediately when finished. The police officers remained with the P&A and DMH staff until they left.

During this visit, the P&A advocate noted that the female "staff" member who was believed to be a resident appeared to be administering medications, cooking all

[66] To protect privacy of the individual and the CRCF, the name given will be referenced as "Mr. Z."

[67] To protect his privacy and that of the CRCF, he will be referred to as "Mr. Y."

meals, and cleaning the home. When asked if she had spoken with anyone from DSS, she said she had not. She continued to share a room with a client (the same client she had reportedly restrained during the prior P&A visit on January 11, 2008).

When the DMH inspector spoke with her client, he showed her a paper that he said the other administrator had made him sign. The top of the paper read "Special Power of Attorney." The document stated that the resident "does hereby appoint [blank] as [his] lawful attorney" and that she would "Represent [him] to all state, local, and federal agencies and to make decisions regarding [his] care to social agencies." The document was signed by the resident, a witness and by the other administrator on the line above "special attorney."

On February 11, 2008, the same P&A advocate and DMH inspector made a final visit to the facility in order to assist the P&A client with moving out and to speak with a DMH client residing there. "Mr. X" was outside when the team arrived but went inside and closed the door when he saw them. The P&A advocate knocked on the door and heard her client yelling from inside that they would not let her open the door. The P&A advocate asked to be allowed inside, but a male voice told her she would have to wait until the other administrator arrived. Her client continued to yell for help, shouting that she was not being allowed out, and asked the P&A advocate to call the police.

The police were called and the same two police officers arrived as on the February 7th visit. As they arrived, the front door of the facility opened and the P&A advocate went inside to meet with the client, who was in her room. The "staff" person began to shout at the P&A client for letting the advocates inside the facility. The P&A advocate explained to her client that she needed to gather her belongings because everything was ready for her to leave, and began helping her pack. A man approached the P&A advocate and demanded she leave immediately, claiming she was "trespassing on his property." One of the officers came into the room and told the man to back away from the P&A advocate or he could be removed from the premises; the man replied "remove me then." While the P&A advocate continued to help her client pack, the "staff" person continued to yell and demand that everyone leave the room, despite repeated explanations that the advocate was only there to assist her client with leaving and would depart as soon as they were finished packing.

On February 27, 2008, a DMH inspector visited Facility D, along with a case manager from the local Mental Health Center, and an official from DMH Quality Management, in order to assist a DMH client with a planned move out of the facility. On their arrival, the front door was open, but was immediately slammed shut. The group knocked on the front door but there was no answer; and when tried, the door was locked. The back door was unlocked, however, and the team therefore opened it and announced themselves and their agency. A large man came to that door and shook his finger in the DMH inspector's face, approximately two inches away, stating she was not allowed in their facility. He then physically pushed the inspector out of the doorway and locked the back door.

The police were called and arrived a few minutes later. While waiting, the Quality Management official called the facility and asked that the client be sent out. The staff person said he was not allowed to send him out and refused to comply with the request. When the police officer arrived, he banged on the door several times. Initially no one answered, but then another male opened the door. When the officer asked to see the client who wanted to move, the man shut the door in the officer's face. The officer knocked again on the door and told him not to close the door and to get the client. The client came to the front door with a bag containing his belongings and prescription medication. No paperwork was provided, including important documents such as the Medicaid number, personal ID, etc. The client put his belongings in the car and said he was happy to be moving.

On March 6, 2008, DHEC investigators made a visit to investigate a complaint. As they pulled up to the facility, they noticed that no vehicles were present. The inspectors knocked on the front and rear doors many times and telephoned the facility, but no one answered. No emergency contact number was posted. The administrator's cell phone was called numerous times, but the voicemail box was full. Over the course of the day the DHEC inspectors made numerous attempts to contact the administrator to gain access to the facility, but were unsuccessful. Shortly after 1:00 p.m., the inspectors returned to their office. A staff person did return their calls around 4:00 p.m., but the administrator never did.

On May 1, 2008, DHEC inspectors reviewed staff records. In one of the five staff records reviewed they were unable to find documentation of training in management and care of persons with contagious or communicable diseases, training in care specific to the conditions of facility residents, job orientation training, or staff health assessments and tuberculin skin testing. No signature page to note annual or other regular review was observed in the Policy and Procedures manual. The facility still lacked a posted notice of a contact phone number where the facility administrator could be contacted when staff or residents were away. While there was a quality improvement plan, it did not address all previously cited issues. Staff were given an opportunity to remedy the missing information, but they did not provide further information.

On May 23, 2008, DHEC officials met with Facility D staff for a consultation to review the last two inspections and to discuss responses, correction, and prevention. Kitchen maintenance, housekeeping, required documentation, and resident records including physicals, TB tests, care plans, finances, observational notes, and doctor's orders were all discussed. Staff record requirements were reviewed, including the need to document annual training, background checks, and TB training.

The August 6, 2008 inspection by DHEC found the Policies and Procedures manual was not updated or revised as required to reflect actual operation. A cat with no veterinary records was observed on the property (a repeat violation). No current shift change log sheet was available for review (also a repeat violation).

Sanitation, Health, Safety, Maintenance

Throughout 2007 and 2008, inspectors and advocates found multiple serious problems: the facility was extremely dirty, including the walls and floors, and there were persistent foul odors. Specifically, there were spots of blood on the wall of residents' bedrooms and the carpet in the living room was stained and dirty. The bathroom floors were dirty and sticky; the bathtub was dirty; toilets and bathtubs needed caulking; and water temperatures were dangerously high. One bathroom had a hole in the wall above the sink with cockroaches crawling in and out; cockroaches were in residents' bedrooms as well; food safety issues including cabbage decomposing on the kitchen counter and several items in the refrigerator not appropriately wrapped or labeled; the shelves in the kitchen cabinets were filthy with stained foods and dirt; the pots and pans were dirty and

greasy. A couch was covered in plastic (the facility administrator reported that this was due to one resident's incontinence problems); the dining room table was dirty, with dried food stuck to the tablecloth and table mats; bathrooms lacked liquid soap, paper towels, and toilet paper; there was no laundry detergent in the facility; residents lacked sheets on their beds; one bedroom was missing a door; the smoke alarm in the women's bedroom was chirping to indicate it needed a new battery, and the emergency light in the hallway was inoperable. The floor was slanted and soft in some areas.

On January 3, 2008, a DHEC inspection noted the same hole in the wall above the bathroom sink remained after being noted in an earlier inspection. The sink and bathtub needed caulking and the toilet in one bathroom was inoperable; and paint was peeling from the facility exterior. There were ladders, rubbish, and a toilet in the back and side yards. Stray dogs and a stray cat were observed on the facility grounds (no veterinary records existed for these animals at the facility).

A March 6, 2008, DHEC inspectors were able to examine only the exterior of the facility because no one appeared to be at the facility. Nevertheless, several problems were noted, among them trash and debris such as beer cans littering the yard, a bucket of standing water and cigarette butts, and numerous physical maintenance issues, including a large hole in the wall behind the exterior dryer.

A May 1, 2008, DHEC inspection noted the following violations, many of which were repeat violations: the carpet in the den was stained; the residents' bathroom window was broken with sharp glass exposed and no insect screen; the sink and tub still needed re-caulking; a loose board was covering a hole behind the bathtub faucet; and the bathroom door would not lock for privacy. Cleaning agents and other chemicals accessible to residents were observed under the sink in the residents' bathroom.

An August 6, 2008, DHEC inspection found a large space at the side of an air conditioner was open with no screen to keep out insects; drawers in resident bedrooms were missing knobs; and there was a hole in the wall behind the laundry appliance on the back porch (repeat violation). Housekeeping issues found were dirty carpet in the living room and food debris and a heavy accumulation of dust in the room closest to the kitchen (repeat violation). The yard was still littered with beer cans (repeat violation). A memorandum was prepared for enforcement action.

Food

During this time period, many problems with residents' food were noted. The facility had difficulty providing adequate food for residents; the strong odor of rotten food permeated the facility; filthy food and drink containers were found in the refrigerator; expired foods and discolored containers were in the refrigerator and cabinets; and jars containing filmed-over food and condiments were in kitchen. The DHEC inspection on January 3, 2008, noted open and unlabeled chicken in the freezer.

FACILITY E

Resident Care and Documentation

From 2006 through 2008, the following problems were found in Facility E: medications were out of stock and insufficient for the residents' evening dosages as required; medications were expired; medications were listed on the MARs twice and initialed as being given twice, even though the indications on the bottles were to take one tablet daily; medications were listed on MARs, but times of administration were not listed; and medications were not administered. Also several residents had not been given their TB test until after admission; medications for residents who were no longer at the facility, including vials of insulin, were still in the medication drawers and carts; sample medications were in some of the residents' bins, but they were not labeled; discontinued, expired, and empty bottles of medications were in the medication cart; expired vials of an anti-psychotic drug and TB vaccine injections were in the medication refrigerator; staff did not know when/how to administer insulin; medications in the bin were not listed on the MARs; and packages of Albuterol Sulfate were not stored in protective pouches as indicated on the package.

Additional problems included residents who reported that the administrator made them do the dishes if staff failed to come to work; reports the administrator was angry and mean to residents; residents wearing clothes which were too small and which also had holes in them; residents selling their winter coats, clothes and sheets to other residents in exchange for cigarettes with no other coats or appropriate clothing or bed linens available (the residents involved in these transactions had different levels of intellectual abilities); bathrooms without shower curtains and no doors on the stalls in the

bathrooms. Also, resident files contained either blank, but signed care plans or care plans which did not have the residents' signatures. Files often lacked the 72-hour assessments required after initial admission to the facility.[68]

On June 22, 2007, DHEC investigated a complaint regarding sanitation, food, and medications. As a result of the investigation, Facility E was cited for the following medication violations: one resident indicated she was not receiving her medications, and her doctor's orders were not available; and three medications listed on the MAR from the transferring facility were not available. Three pills were in a container, but the MAR indicated that they had been administered. Outgoing staff had not signed the review sheet for MARs during the entire month. DHEC required submission of a plan of correction.

DHEC returned to the facility on September 15, 2007, due to a complaint that the facility had inappropriately admitted a resident. The complaint stated that the administrator contended that the resident was not officially admitted, but spent one night at the facility. The following day, after the resident was taken to an appointment at the Mental Health Center the facility refused to allow the resident to return. A violation was cited for the 72-hour post-admission assessment not being signed by the individual who completed it. DHEC required submission of a plan of correction.

On September 18, 2007, DHEC conducted another investigation based upon a complaint that a resident was being verbally abusive, exposing himself, and harassing neighbors of the CRCF.

According to one staff person, residents frequently eloped from the facility without informing staff of their location. In spite of this, no incident reports had been given to DHEC.[69] These tendencies to elope were not mentioned in the residents' files,

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[68] DHEC R. 61-84 702. Assessment (II) A complete written assessment of the resident in accordance with Section 101.I. shall be conducted by a direct care staff member within a time-period determined by the facility, but no later than 72 hours after admission.

[69] DHEC R. 61-84 601. C. Incidents where residents have left the premises without notice to staff members/volunteers of intent to leave and have not returned to the facility within 24 hours, shall be reported to the next-of-kin, sponsoring agency or any agency providing services to the resident and local law enforcement immediately. When residents who are cognitively impaired leave the premises without notice to staff members/volunteers, regardless of the time-period of departure, law enforcement, next-of-kin, and sponsoring agency shall be contacted immediately. DHL [Division of Health Licensing] shall be notified not later than 10 days of the occurrence.

nor were care plans updated to address this problem. A staff person stated that one resident knocked on the neighbors' doors and sat on their porch, another resident went to the store and begged for money, and a third resident waited at the edge of the road and rode away with different men.

DHEC visited the facility again on November 7, 2007, to investigate a complaint that Team Advocacy had filed two weeks before. The complaint stated that a resident claimed she had not been receiving her personal needs money, needed a cream for lesions on her feet, and that her clothes were dirty and had holes in them. She also stated that she was not allowed to get her hair cut. The men in the facility had shaved heads, but did not want to have their hair cut this way. The complaint also referred to a resident who had been crying and appeared to be upset during Team Advocacy's visit. The staff ignored her for several minutes and then yelled at her and told her to go outside. She wanted to use the telephone, but needed assistance reaching and dialing because she was in a wheelchair. The staff did not provide assistance to her. A male resident complained he had been hit by a staff person. Violations were cited by DHEC as follows:

- One resident's file did not contain written authorization for the facility to manage his funds.
- Medications, that included controlled substances, were not listed on the MAR.
- Expired medications were stored with current medications.
- One medication was listed and initialed on the MAR twice.
- No privacy was available at the tubs or toilets in the men's or women's bathroom.

On November 12, 2007, DHEC again investigated a complaint about this facility. Three resident records were reviewed. Each of these residents received insulin, but no special diet orders were available as would be appropriate for individuals with diabetes. One resident was diagnosed with alcohol dependency, yet this issue, along with his

seizures/falling tendencies, was not addressed in his care plan. There was no incident report for a fall that resulted in a resident's admission to the hospital.[70]

During DHEC's January 9, 2008, visit, problems with residents' records accounted for seven violations. These violations included no documentation that a quarterly report of the balance of funds had been provided to the residents, no accounting of a resident's personal funds for two months, lack of a detailed service agreement, and no documentation of a resident's annual health assessment. Two of these violations were repeats.

Five medications on the MARs were not available during the inspection. None of the MARs had been signed for that day's 8 a.m. medication administration. One resident's MAR indicated that he had not been given his nightly medication for the previous week. The second shift had not signed the MAR for shift change on three days for January. One controlled drug did not have a control sheet. Residents' medications were not stored separately and expired and discontinued medications were stored with current medications. All of the medication citations were repeat violations.

Staff, Documentation and Supervision

On the date of the September 18, 2007, DHEC inspection, three people were assisting 26 residents at the facility.[71] One was a staff person who was assigned to laundry, one was the administrator's sister, and one was a DSS volunteer. Further, there was no documentation for two volunteers regarding their background checks, necessary training, a health assessment, or basic identifying information.

One resident's sweat pants were soaked in urine during the inspection. She remained wet from 11:45 a.m. to 3:00 p.m.

During a November 8, 2007, inspection DMH and the LTC Ombudsman noted one resident lying on a bare mattress. The left side of his face, the back of his head, and

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[70] DHEC R. 61-84 601. Incidents/Accidents....1. Incidents/accidents and/or serious medical conditions as defined below and any illness resulting in death or inpatient hospitalization shall be reported via telephone to the next-of-kin or responsible party immediately and the sponsoring agency at the earliest practicable hour, but not to exceed 12 hours of the occurrence, and in writing to the Department's Division of Health Licensing (DHL) within 10 days of the occurrence.

[71] At least one more staff member would have been required: DHEC R. 61-84 503. Staffing (I)...1. In each building, there shall be at least one staff member/volunteer for each eight residents or fraction thereof on duty during all periods of peak hours.

his scalp and ear were covered in dried blood. He was wearing a dirty sweatshirt and jeans that were covered with stains and dried blood. His jacket and cap were in the room and were also stained with blood. There were two bloodied bandages on the floor. There were flies in the bedroom and on the resident. The staff person in charge was asked to call 911. The staff person explained that he had fallen and she had cleaned him up sometime after 6:00 p.m. the evening before. She indicated that he had fallen a few more times that evening. She said she asked the administrator about calling 911 and he directed her not to do so. The staff person stated that the resident had used his allowance to buy alcohol and had gotten drunk. She felt this was the cause of his falls. Other residents reported that the individual had been banging on the tables and walls very loudly the previous night. One resident stated that the man had come in the dining room and eaten while blood was dripping down his face. During the inspection, the resident was taken by ambulance to the hospital.

On January 9, 2008, DHEC cited the facility for nearly twenty violations of staff documentation, many of them repeat violations. One staff person was missing training in medication management, specific person care, communicable diseases, OSHA safety standards, confidentiality, and fire response. Another employee had this documentation, but none of the forms was dated. Two employees did not have documentation of annual emergency training. One had not been given a pre-employment physical or an annual PPD tuberculosis test. Two employees did not have documentation of a criminal background check in their files. One employee had been trained in medication management by the administrator, who himself was not licensed to administer medications.

Sanitation, Health, and Safety

During the June 22, 2007, DHEC inspection, several sanitation violations were noted. These violations included dusty ventilation units; cobwebs throughout the facility; debris in an air conditioning unit; unpleasant odors in four bedrooms; stained floors at three of the toilets; soiled walls at two sinks; soiled floors; chewing gum pieces on a window; stained sheets; and a soiled tub mat. Also, inadequate storage for residents' clothing was noted, as clothes were stored in cardboard boxes or on the floor. The

housekeeping cart with toxic agents was left unsecured and unattended. Flies were observed throughout the facility.

Throughout 2007 and 2008, Facility E staff reported that the administrator was not concerned with the residents' welfare; residents indicated that they had to buy their own soap and toothpaste or go without; roaches were observed in the bedrooms; linens were worn, dirty and not changed frequently; the facility did not always have clean towels and washcloths, and staff had been told to clean residents using tee shirts; bathrooms were missing shower curtains; the bathrooms had no toilet paper; all of the bathrooms and some of the bedrooms had a strong urine odor; some of the bedrooms smelled strongly of cigarette smoke; there were loose handrails in the women's bathroom; residents were wearing clothing with holes or tears; residents appeared to have dirty hair; residents reported bathing only four to six times a month; residents stated they did not have any bath towels and one stated that he received a clean bath towel once every three to four months; there were flies throughout the facility and an open window with no screen; residents had no containers in which to store their dirty clothes; there were oxygen machines with no filter; there were mice droppings in residents' drawers; the mattresses were very worn; there were also several broken chairs sitting on the front lawn; one lounge area seemed to serve as a storage area for unused items and furniture; shower heads were missing so that only a tube was coming from the wall causing the water to come out at a very high pressure, stinging the skin; the ceiling above the shower had water damage, and there was a hole in the wall; bathrooms had inoperable cold water faucets on the bathtubs/showers; toilets leaked when flushed, leaving a puddle of water on the floor; and empty food cans were found under a cabinet in a bathroom.

On September 18, 2007, DHEC investigated a complaint and cited the facility for several sanitation issues. Sheets and pillow cases were soiled on several beds and urine odors were noted in three bedrooms. Urine was observed on the floor in one of the bedrooms. Flies were observed in six resident rooms and in the hallway. Cigarette butts were observed in one bedroom. No clean towels were available in the facility.

A fire marshal inspection was conducted on September 19, 2007. The report cited that cigarette lighters were located in the same bedroom where oxygen was in use. A certain type of fire extinguisher was needed for the kitchen. Two staff members did not

have fire response training. A bedroom door was propped open, in violation of fire safety standards. Two smoke detectors did not activate the fire alarm when tested, which is considered a serious, Class I[72] violation.

On DHEC's November 7, 2007, visit, bedrooms contained worn or torn mattresses and soiled sheets or bedspreads and had an unpleasant odor; vents were clogged with dust; flies were seen throughout the facility; there were no clean towels in the facility; and bathrooms had no toilet paper or liquid soap.

When DHEC conducted its general inspection on January 9, 2008, several housekeeping and maintenance issues were cited. There was a leaking washing machine in the laundry room; a water-stained floor in a bathroom; a broken window pane covered with cardboard; a hole in the wall of a bedroom; and an open window with no screen. Several roaches were found in the cabinet of a resident's restroom, a repeat violation. Soiled carpet, floors, and bed linens were cited as repeat violations. Toxic cleaning agents were stored unlocked and unattended. None of the fire extinguishers had documentation to indicate monthly inspections. There were no paper towels in five restrooms and no toilet paper in the men's bathroom. Several closets were overflowing with clothes. Most of these citations were repeat violations.

During a DMH and Ombudsman visit to the facility on November 8, 2008, one resident had very dry, flaky skin on both legs. She had sores that were healing on her legs. The tops of her feet were a purple-black color and were swollen. Her toenails were yellow and very thick and dirty. Her feet had a very strong odor. She stated that the last time she had been in a shower was June 1st, over five months earlier, when she lived at another facility. The staff gave her a small tub of water to wipe herself off because she was too large for the bathtub. She could not reach many parts of her body, such as her back and feet. A staff person had helped wash her back three weeks before this inspection. Her wheelchair was dirty and the upholstery was ripped.

Food

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[72] DHEC R. 61-84 302. Violation Classifications...
Violations of standards in this regulation are classified as follows: A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom.

Throughout 2007 and 2008, the following problems were noted repeatedly: there was very little food in the refrigerator; there was no milk, despite the fact that cereal with milk was listed as the breakfast meal; orange juice was the only beverage available; packages of expired bologna were in the refrigerator; packages of meat had not been resealed properly, causing the meat to become discolored; a thick layer of ice in the freezer had a blackish-brown color; foods were not labeled and dated; staff stated that the residents were given fruit for snacks, but the fruit on site was not fresh; chicken was defrosting in the sink, in violation of regulations;[73] and employees admitted they did not cook at the facility. The staff stated that lunch and dinner were catered by Senior Catering. However, when DMH contacted Senior Catering to confirm this, they were told that Senior Catering provided only lunch to the facility. Senior Catering stated that they provided 26 lunches and no special diets; there were 27 residents at the facility. Senior Catering did not serve meals on weekends.

The DHEC inspection of June 22, 2007, investigated a report that the stove had been broken for some time. The administrator stated that a part had been ordered and the stove was to be repaired that day. Resident meals for breakfast and dinner had been provided from local fast food restaurants. Lunch was catered by Senior Catering. The facility was also grilling some items. Substitutions were not being noted on the posted menu, nor were special diets being observed.

On November 12, 2007, DHEC noted that the items listed on the posted menu were not available in the facility.

DHEC cited several problems with the kitchen on January 9, 2008, including accumulated food debris on several kitchen surfaces, dead insects in cabinet, and roach droppings. Many of the violations were repeats.

DHEC received a complaint on September 14, 2008, stating that leftovers from dinner and lunch were being served for breakfast.

Financial Management & Utility Maintenance

On the November 8, 2007, DMH visit, the heat did not appear to be working in one of the wings. These rooms did not contain individual heaters and were very cold.

[73] DHEC R. 61-25 II. D. 7 governs thawing of foods and prohibits thawing in this manner.

PEACHTREE MANOR

Resident Records and Documentation

From 2006 until 2008, when it was closed by court order, problems with resident records and documentation were repeatedly noted at Peachtree. For instance, throughout this time period, records did not contain documentation of the required initial 72-hour admission assessments; records frequently failed to contain a care plan; care plans were not signed by the resident or responsible party; records contained only one-step TB tests and some of the two-step TB tests were not performed within 30 days of admission; at least one of the residents had a chest x-ray, but no documentation of a positive TB test or an emergency admission. There was generally a lack of rosters of residents.[74]

Some of the most serious concerns about Peachtree, beginning in 2006 and continuing until the date of closure, involved medication. Throughout this time period, medication was given later than the time prescribed; medications prescribed for residents were out of stock while the MAR was signed as though they had been administered every day; medication that had been discontinued or belonged to prior residents was stored with current medications; controlled drug count sheets displayed an inaccurate number of pills remaining while there was no drug count sheet for other controlled substances; controlled drug count sheets were initialed by one staff member while the MARs indicated that other staff members had actually administered the drugs; MARs indicated that some medications were not being administered as prescribed (too often or not enough); the number of pills remaining in pill containers suggested that some medications were not administered on a regular basis; some medications that had been prescribed were not listed on the MARs; destruction of medication was not properly performed or witnessed; medication destruction records were not available at times; unidentifiable initials and markings were observed on MARs; numerous blanks were observed throughout MARs; there were no MARs for some residents; some residents' medications had been marked "administered" despite the fact that the residents in question had been in the hospital since the day before and were not present to take medications; staff indicated that they

[74] The administrator repeatedly had problems producing rosters for inspections and keeping track of new admissions. On April 4, 2008, several days after the facility was closed for other reasons, the Board of Labor, Licensing and Regulations finally suspended the license of the Peachtree administrator.

monitored resident blood sugar levels and administered insulin injections, but no Clinical Laboratories Improvement Amendments (CLIA) waiver was available for review;[75] and there was no record of review of MARs by outgoing staff members with incoming staff members.

Financial

The facility records also showed no documentation of residents' personal allowances and how their money was handled. One resident reported that the CRCF owner had taken that resident's personal checkbook home, but had since returned it. Residents also had complaints of non-receipt of personal funds and that their mail had been opened. During a P&A inspection January 28, 2008, another resident stated that she was supposed to be receiving $55 a month in personal allowances, but she had not been given any money. Again during a P&A inspection February 28, 2008, a resident stated that she was supposed to be receiving $55 a month in personal allowances, but she had not been given any money.

Level of care

Also throughout this time period, several residents at Peachtree needed a higher level of care than could be provided at a CRCF. One such resident received hospice care for end stage coronary artery disease. Discharge notes from a hospitalization earlier that year indicated that "patient is stable for transition into nursing home." Her former CRCF stated that the resident had left because she needed skilled level of care. Another resident had difficulty swallowing and choked several times during the observed meal. He had suffered a stroke the previous year, and at the time of the visit was incontinent, needed physical therapy, and had other serious medical issues. The records of another resident showed that the admission physical did not address the appropriateness of residential care placement or whether or not the resident could self-medicate. A resident who had a Foley (indwelling) catheter and a percutaneous endoscopic gastrostomy (PEG) feeding tube needed care beyond what the facility was licensed to provide, but there was no documentation that the facility had made arrangements to transfer this resident to an

[75] DHEC R. 61-84 § 1203.B allows CRCF staff to monitor blood sugar levels if they have a CLIA waiver, but specifically prohibits staff from administering insulin injections.

appropriate level of care.[76] Another resident did not meet the required level of care for a community residential care facility, as she could not dress or bathe herself or ambulate using her wheelchair. Another resident had cancer and received hospice care at Peachtree until she moved.

Medical care

Other problems included failure to take residents to medical appointments;[77, 78] failure to perform fasting blood sugar tests three times a week as required; failure to perform blood tests for residents on Depakote; allowing residents to prepare charts for new admissions, thereby allowing residents access to the personal information of all the other residents.

On January 2, 2008, DMH and P&A noted during an inspection that a resident had a red, scaly rash on both of his arms. The rash had scabs where he had been scratching, and the resident stated that he needed to go to the doctor. The staff person stated that he had visited the doctor, but the staff could not access the resident records to provide the documentation.

In January 2008, the administrator could not produce a January resident roster. She first said that there had been no new residents admitted, but later recanted this statement. P&A discovered one resident who was not on the December roster. This resident was in need of dialysis; the owner stated he was waiting on a home health

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[76] At one point, four residents who had moved to another CRCF upon Peachtree's license revocation were to be returned to Peachtree because they needed a Nursing Facility level of care and so could not stay at the new CRCF. Adult Protective Services (APS) was contacted to address this situation.

[77] One P&A client complained that staff were not taking her to a doctor. When she complained about missing her appointments with her doctor and psychiatrist twice each, she said the owner had told her she was whining and called her a "druggie" when she asked for her medication.

[78] For residents who are Medicaid recipients, no-cost transportation may be obtained through SC Department of Health and Human Services, "the Medicaid van." See: http://www.dhhs.state.sc.us/dhhsnew/TransportationFAQ.asp?ID=83&pType=Transportation.
DHEC Regulation R. 61-84 904 requires the facility to secure or provide medical transportation: Transportation (I) The facility shall secure or provide transportation for residents when a physician's services are needed. Local (as defined by the facility) transportation for medical reasons shall be provided by the facility at no additional charge to the resident. If a physician's services are not immediately available and the resident's condition requires immediate medical attention, the facility shall provide or secure transportation for the resident to the appropriate health care providers such as, but not limited to, physicians, dentists, physical therapists, or for treatment at renal dialysis facilities.

agency to return his call about when to schedule it. He also stated that he was going to transport the resident to the emergency room that night. The resident had a prescribed medication that was not listed on the MAR. Another resident had a permanent pacemaker that was due to be checked on February 9, 2007, but there was no indication in her record that this had occurred.

P&A conducted another monitoring visit to Peachtree on January 18, 2008. During this visit, one resident, who was diabetic, told P&A she had not received her medication for two weeks. She stated that she did not receive a diabetic diet and that she had high blood pressure. When asked how often the staff checked her blood pressure, she responded that they did not do so.[79] One resident was supposed to receive dialysis three times a week and the staff person stated that was taking place, but there was no documentation to verify. Again, there was no staff roster, so the owner had to write one for P&A.

On an Ombudsman visit on February 13, 2008, a resident was wheezing. When asked about her medication, she was told the staff could not administer her inhaler, and she would have to wait until the administrator returned.

During a P&A inspection on February 28, 2008, a resident stated she missed a medical appointment on February 8, 2008; the last time she had gone to the Mental Health Clinic was September, 2007. Another resident reported that he needed to go to the dentist very badly.

Transfers to and from other facilities

When one resident was moved from Peachtree to a nursing home in Hopkins on February 14, 2008, the nursing home operator reported that the individual was not provided any paperwork including information on his medical providers or his medications. He was also transferred with no medications.

A P&A inspection on February 28, 2008, found even more problems. Staff was initially unable to find one resident's chart when requested, but did eventually locate an incomplete chart that contained no information as to the placing agency. Other residents' records had no resident admission date. One resident stated that he had been homeless

[79] She had lost her right leg below the knee due to her diabetes.

and a Mental Health client, but since his arrival on February 24, 2008, he had not been taken to a psychiatrist, and he did not have any medication. The resident's file contained very little information about the resident or how he was placed at Peachtree.

Staff Documentation and Supervision

Prior to the licensure of Peachtree, DHEC conducted an initial site inspection on January 5, 2006, and cited Peachtree for several violations regarding staff training and health screenings. DHEC could find no documentation which showed that staff had been trained for care of persons with communicable disease, in the use of restraints, in OSHA standards regarding blood borne pathogens, in fire safety, or in recreational activities. Also, Peachtree failed to provide documentation that two staff members had taken physical exams prior to hiring and that two staff members had completed the Tuberculin (TB) Skin Test.

Another inspection was conducted by DHEC on May 31, 2006. Seven different types of documentation failures were noted in regards to staff training and background, including a failure to document a SLED background check for two of four staff records reviewed.[80]

DHEC responded to a complaint at Peachtree by conducting an unannounced inspection on June 21, 2006. They discovered that Peachtree did not have sufficient staff on duty during peak hours. Two staff members were present for 18 residents.

There were deficiencies in staff background checks and training. On June 22, 2006, DHEC returned to Peachtree. Four of the five employee records reviewed contained no SLED background checks and there was no FBI check in the file of a staff member who moved to South Carolina in July 2005 (Peachtree asserted that it was not aware of the FBI check requirement);[81] the Administrative Law Court did not fine Peachtree for these failures as there was no evidence Peachtree had in fact hired any

[80] Because the Administrative Law Court later found that the regulations do not require documentation of background checks and first aid training be maintained, but only that the background checks be performed, Peachtree was not fined for these documentation failures.

[81] SC Code § 44-7-2920 requires state criminal background checks on direct health care staff at direct care entities (included CRCFs) and if applicant cannot produce proof of at least 12 months residency in SC, a federal background check must be initiated after employment, unless a state check can be completed in a prior state of residence.

individuals who had a prior conviction or pled no contest for child or adult abuse, neglect, or mistreatment, ALC opinion # 06-ALJ-07-0765-CC.[82] DHEC found seven different training documentation failures. Although the ALC found that some of this training had been completed, the facility failed to maintain this information in its records in accordance with the regulations. There were also several issues related to proper documentation of TB testing for staff.

From 2006 to 2008, problems included: lack of documentation for staff training in CPR and first aid; lack of proper assessments and health testing prior to admission or upon arrival to the facility; lack of appropriate staff to resident ratio.

On October 30, 2006, when DHEC conducted an inspection in response to the death of an unsupervised resident who had wandered away and was killed when struck by a car, DHEC found several problems with staff documentation. The documentation of in-service training in one staff member's record indicated that it was not done prior to resident contact. For two staff members, there was no documentation of in-service training in the care of residents specific to their needs. Four individuals (three paid staff and one volunteer) on duty at the time of this incident did not have a criminal background check on file. There was no documentation of a two-step TB skin test in two employees' records reviewed, and there was no physical examination in one employee's record. One employee's record did not contain documentation of orientation.

A DHEC inspection on November 14, 2006, again cited Peachtree for many problems, including those cited in prior inspections. The inspection team found there was no established written time period for review of all policies and procedures, and policies and procedures had not been reviewed as needed. Also, the three persons designated to admit, discharge, and transfer residents no longer worked at the facility. Out of five employee records reviewed at that time, none showed documentation of an appropriate criminal background check. Three of five employee records reviewed failed to show vital signs training, and no one was designated in writing to receive this training. Again, out of the five employee records reviewed, two did not contain evidence of basic

[82] SCDHEC vs. Peachtree Manor Residential Care Home, LLC 06-ALJ-07-0765-CC Hearing of February 12 and 15, 2007, http://www.scalc.net/decisions.aspx?q=4&id=10347

first aid training; two did not contain evidence of training in contagious or communicable disease.

Two did contain documentation of "medicine training" by Palmetto Long Term Care pharmacy; however, there was no documentation for any of the other three employees showing that they had passed a competency test as required by the Nurse Practice Act, S.C. Code § 40-33-43.

Two employee records did not contain adequate documentation of specific personal care training, and two employee records lacked documentation of training in OSHA standards for blood borne pathogens. Two employee records did not contain evidence of fire response training and two did not contain evidence of training in emergency procedures. Of the five employees' records reviewed, one employee's record did not contain evidence of training in confidentiality of resident records, one did not contain a job description, and one did not contain evidence of orientation to the facility. One contained an employment health assessment dated August 10, 2006, almost two months after the June 25, 2006, hire date, well after initial contact with residents. One employee's record contained an employment health assessment that was not signed by a physician or other authorized healthcare provider. One employee's record had TB skin tests dated August 10, 2006, and October 6, 2006, after resident contact; similarly, the record of one employee hired November 11, 2006, contained "documentation" of a TB skin test placed on April 25, 2006, but purportedly read three days earlier, April 22, 2006;[83] the record also lacked documentation in that case of a second-step TB test. For two employees who were present at the time of the inspection, there were no employee records available for review at all.

None of the staff members had CPR (cardiopulmonary resuscitation) certification documentation from the facility. One employee's record did include CPR certification as part of orientation for another facility. There was no documentation of training in the use of restraints for a designated staff member or members. No one at the facility had been designated or trained in recreational activities; it was stated that one person coordinated activities, but there was no record on-site for that employee. Also, the licensee had not

[83] Pursuant to federal Center for Disease Control, TB testing involves an under skin injection and then a reading of any reaction 2-3 days later. http://www.cdc.gov/tb/faqs/qa_latenttbinf.htm#latent2

notified the Department of Health Licensing in writing within ten days of a change in the facility's administrator as required by regulation. (The staff person who stated that she was the administrator was different from the individual listed in the Department records.) The posted grievance and complaint procedure contained an incorrect and out-of-date telephone number for the DHEC Division of Health Licensing. There was a written quality improvement program, but there was no indication it had been implemented. Finally, several residents expressed fear of retaliation by staff members for being interviewed by or speaking to inspectors.

On December 12, 2006, while DMH was conducting a site visit, two residents outside began to argue and yell and threaten each other. No staff went outside to address the matter, although a volunteer did go outside after a few minutes to watch. The other residents worked to calm the situation. Even when the angry resident came inside in a rage, staff still did nothing.

On November 28, 2007, there was a complaint filed with DHEC that Peachtree did not have enough staff for the residents. On November 29, the staffing was reviewed and no documentation could be provided showing the proper staff to resident ratio.

On December 19, 2007, the local Emergency Medical Service (EMS) sent a letter reporting problems that EMS paramedics had noted at Peachtree over the prior year, along with EMS complaints and visit logs detailing some of the problems EMS responders encountered. From January 25 to December 13, 2007, EMS responded to a total of 154 calls to Peachtree, with the highest number of monthly calls totaling 21 in June 2007. One complaint notes that when they came to pick up a resident, the owner would not stop arguing with the resident, who was on a stretcher, about his radio. As a result, the patient became enraged and began to hit the wall, and the EMS responder was forced to inform the owner that he was interfering with the crew's safety by continuing to argue with the resident. On other occasions, responders could not locate staff or staff was unaware that EMS had been dispatched. EMS crews received complaints from residents about poor care, including lack of staff availability to administer prescribed medications and meals. Also, they reported that they responded to a resident who complained of arm pain. A staff member told the responder that the resident was not really hurting, that he should not have called 911, and tried to convince the resident to return to his room.

Sanitation, Health, and Safety

From 2006 to 2008, Peachtree had problems with sanitation. For instance, dishes in need of washing were placed on shelves and the overhead lights were full of dead insects; at other times, dirty dishes from breakfast were piled in the dining area well after breakfast had ended. A DHEC inspection conducted on October 30, 2006, found the outdoor area in front of the facility unsafe due to the lack of protection from the physical hazards presented by the road.

The November 14, 2006, DHEC inspection found the following maintenance problems: water damage to the wall and ceiling in the lobby; inoperable emergency light in the hall on Wing B; inoperable or damaged air conditioning unit in two rooms; exit light on Wing A inoperable; ceiling damage around the vent in a bedroom; drawers off track in bathrooms throughout the facility; closet doors missing in residents' rooms throughout the facility; torn screen on porch at the end of Wing A; an inoperable toilet on Wing A; scarred and marred walls throughout facility; fascia board on outside of the facility was peeling and rotting; cool air was inoperable on one air conditioning unit; a stain on the ceiling; no cover on an oscillating fan; an unsecured bed headboard; a wobbly and unsecured toilet rail; and a broken storage door in Wing B. There were no provisions observed in residents' rooms for storing soiled linen. No paper towels or hand drying methods or liquid soap were observed in several common restrooms throughout the facility.

Unsecured oxygen cylinders were observed in a bedroom on Wing B, and twelve unsecured oxygen cylinders were observed in the medication room.[84] Unsecured medications were observed in several residents' rooms.

No rooms had bureaus for storing clothing. Dust was observed throughout the facility. A strong urine odor was noted in one room. Bed linens in several rooms needed replacement. Floors were dirty and stained throughout the facility. Splatter was observed on a bedroom door. Cobwebs were observed throughout. There was a smell of

[84] Oxygen bottles present a hazard unless properly secured.

smoke on Wing B and throughout facility. Heavy dust was observed in the laundry room and on top of the water heater. Clothing was all over the floor in one bedroom. Chemicals and caustic cleaning agents were stored unsafely in the Wing B storage room, as the door lock was broken. There was no hot water in the men's and women's restrooms. Fire extinguishers throughout the facility had not been initialed monthly to show their inspection by staff. Supplies and equipment were stored on the floor in the storage and medication rooms. First aid kits were not adequate.

At the same time (November 14, 2006), a DHEC Food and Sanitation inspection of Peachtree's kitchen was conducted. That inspection also found many problems: the cook was not wearing a hair restraint while cooking; the dishwasher was inoperable; sanitizing test strips were not available at the three-compartment sink; dishes had been piled in all three compartments of the sink making the standard three-step washing procedure impossible; there were no vacuum breakers observed on two hot-water faucets at the rear wash area; there was no liquid hand soap at the kitchen hand wash sink, and both soap dispensers were empty; numerous live flies were observed in the main kitchen; the kitchen floor and walls were soiled and splattered; walls in the dining room were marred and scarred; untreated and unpainted plywood was being used as a barrier in the dining area; the doorknob was missing from the dining room door; a light over the dishwasher had a loosely hanging cover; light covers were missing on four lights in the dining room and one light under the stove hood; and a staff drink was stored uncovered with residents' foods. The storage room behind the facility, where the floor freezer was stored, was extremely cluttered and soiled, and several broken refrigerators and a broken-down and abandoned van were stored behind the kitchen. The final sanitation grade given was a "C," with a score of 70, the lowest possible passing score.[85]

A year later, conditions had not improved. In November 2007, a complaint was received alleging "filthy" and "unsanitary" conditions, including "roaches in the dining room and food" and "flies all over." A site visit by DMH on November 9, 2007, found cigarette butts on the floor of a resident's room, a half-filled urinal on the floor by a resident's bed, and two dirty residents' bathrooms. The front window of the facility was

[85] In February 2007, the kitchen received another "C" sanitation rating.

broken, and the glass had been "replaced" with thin cardboard; a window in one activity room had been broken the prior June and replaced with plywood.

An inspection on November 29, 2007, found that while interior areas did not appear unsanitary, there was an unsanitary area behind the facility where garbage had been piled for burning and partially burned. The inspectors did find an "excessive number" of flies in the kitchen and dining room. A visit by DMH four days later, on December 3, 2007, found the large pile of trash still present and large numbers of flies still present in the burned area behind the facility, the kitchen, the dining area, and on residents' food.

On December 18, 2007, DHEC investigators found upwards of thirty partially closed bags of trash and other debris piled at the rear of the facility. The trash was not properly stored in closed containers and many of the bags had been torn open by animals. The garbage had attracted vermin, rodents, flies, and other animals, violating DHEC regulations R. 61-25 and 61-84.1703 (requiring facility and grounds be neat, uncluttered, clean, and free of vermin and offensive odors). The DHEC inspector's report noted that "the trash and debris varied considerably – from cans, bottles, and papers to diapers and clothing."

Several additional violations of health, safety, and fire regulations were found during the December 18 inspection, among them violations of several sections of DHEC Regulation R. 61-84.1502.B (lack of protective light covers and broken electrical receptacle cover for heating unit); two outside bedroom windows, required as emergency exits, were respectively screwed and painted shut, in violation of §2703.B; staff did not have access to the rooms containing the boilers and furnaces, in violation of §2101; one resident's room lacked a heating unit, in violation of §2601.A; panic hardware on the rear exit doors had been torn and dismantled in violation of §2301.A; there was a buildup of lint around dryers in the laundry room, in violation §1601; the fire alarm system could not be tested, as staff had no knowledge how to operate it, in violation of §1503.A.3; there was a lack of documentation to show that fire drills had been performed at least quarterly, in violation of §1504; there was no access to records to determine if periodic inspections and tests of fire protection systems had occurred, in violation of §1502; and a

lack of a cover was missing on the junction box in the ceiling of the dining room, in violation of §1502.B.

DMH and P&A inspections in January 2008 found the mechanisms to open and close the front door and an emergency door had been broken off so that the doors could not be locked; similarly, the windows found broken in earlier inspections had still not been repaired: one was covered in plywood and the other in cardboard; the water fountain was non-functional; a window beside the front door still replaced only with cardboard and duct tape; the floor and couch were dirty; the alarm system was disconnected with visible wires; there was a strong smell of smoke near the kitchen; broken glass, cigarette butts, a discarded walker frame and an old toothbrush were outside one of the backyard exits; the sliding glass doors from the day room were covered with particle board; there was a puddle of water in front of the ice machine, and the drain from the back of the machine was leaking; the kitchen ceiling had water spots and it was falling; bed linens were dirty, stained, and worn; the trash pile was still present in the backyard; there was a covered shed nearby where bags of trash were sitting on top of a table; there were exposed pipes on the exterior porch; the cover for a heating unit in one resident's room was not secure; residents and staff reported seeing mice on the premises; residents' bedrooms lacked sheets entirely; and the toilets and floors were very dirty.

A P&A inspection on February 28, 2006, found several windows had been replaced with plywood or cardboard. One resident room did not have a doorknob. Fire exit doors were not securely locked, so that anyone could enter at any time. A sliding glass door had been replaced by plastic. Roaches were crawling on the kitchen floor. Mouse feces were seen on the floor of the pantry.

During a P&A inspection January 28, 2008, a resident stated she had been hit on the head by another resident. Another resident stated that staff would not let him call P&A if he tried.

Food

There were also consistent problems with the residents' food supply from 2006 through 2008. As early as May 31, 2006, DHEC staff cited Peachtree because the menus provided for review did not reflect special diets or indicate that they were signed by a dietitian or reviewed by a health care authority. DHEC thus could not determine if

appropriate diets were being served for those who had specific medical dietary needs. (The Administrative Law Court later found insufficient evidence to show that Peachtree had not provided planned menus approved by a dietician or physician.) A subsequent inspection on June 21, 2006 again found no diabetic menus available for review, and Peachtree was again cited for this violation.

Throughout this time period, there were repeated incidents of little to no food or drink for residents; meals served were different from the posted menus; the ingredients for the rest of the day's posted meals and snacks were not in stock; staff in the kitchen did not know what would be served for lunch nor about residents' special diets; residents with food allergies were forced to eat those foods since there was nothing else offered; one of the kitchen refrigerators was not operating; unidentifiable objects were in both of the other operating refrigerators; tacked on a wall in the kitchen was a packet of papers labeled "Renal Diabetic Diet": this packet had phone numbers written on it and pieces of paper torn off the bottom of the sheets; cooks could not explain what was done for residents on special diets.

DHEC conducted a food, safety, and general inspection on November 14, 2006. At the time of that inspection, records of food and supplies purchased during the previous six months were not available for review. There was no documentation that menus for medically-prescribed diets were planned by a professionally qualified dietician or reviewed and approved by a healthcare provider. A current, complete diet manual was not available. There were no special diets listed for diabetic residents or residents in need of any other type of special diet. The cook did not demonstrate sufficient knowledge of food values in order to make appropriate substitutions for residents who needed a special diet. The posted menu was not placed in a conspicuous and resident-accessible location and was several weeks out of date (dated 10/30-11/05). At the time of the inspection, there was less than 1/3 gallon of milk in the facility for 23 residents.

A DHEC visit on November 29, 2007, found there was not a one-week supply of staple foods. The posted menu was not followed, and substitutions were not listed or recorded. There was also no gas for cooking the food that was available (as detailed below). A follow-up visit the next day, November 30, did find that an adequate amount of food had been purchased and was being kept on hand. However, subsequent visits on

December 3 and December 18, 2007, found the kitchen pantry and freezer locked and staff unable to access those areas. Investigators were therefore not able to verify if there was a sufficient supply of staple foods, but on December 18, the food that was verifiably on-hand was not sufficient to meet, and did not agree with, the posted menu.

A resident interviewed by P&A staff on December 3, 2007, stated that the night before, the meal served had been chicken and noodles, but the chicken was spoiled so everyone quit eating; residents ate only green beans.

On December 31, 2007, the LTC Ombudsman's office again noted a "very limited" supply of food, and no snack items were seen. When the administrator called and said she was bringing food, staff members said in the past the administrator promised to bring food, but then did not or brought only small amounts.

During an inspection by P&A staff on January 18, 2008, one resident stated that "nine times out of ten you do not get enough [food]."

Although it was not the reason for the facility's closure, the final inspection on March 28, 2008, found insufficient food on hand to feed the residents, in addition to the other issues that led to closure.

Financial Management & Utility Maintenance

As early as June 21, 2006, DHEC cited Peachtree for failure to maintain phone service, as an inspection on that date found the phones disconnected and residents dependent on personal cell phones. This also led to a general safety violation, as the fire alarm system was rendered inoperable by the lack of phone service, forcing residents to report emergencies using their personal cell phones.

At about the same time, on June 22, 2006, Peachtree admitted to having problems meeting payroll obligations.[86]

A DHEC inspection on November 14, 2006, also noted several problems with residents' financial records. In four of four resident's records reviewed, no date was listed on which residents were to receive their personal needs allowances and no refund policy was documented. There was no documentation or accounting of the resident's financial records for two residents whose funds were managed by the facility. There was

[86] While this arguably violated R. 61-84.103(K) requiring CRCFs to be financially able to meet all obligations necessary to proper operation of the facility, the Administrative Law Judge waived this sanction, holding that the regulation applied only to the initial request for licensure.)

no documentation of quarterly financial reports to residents whose funds were managed by the facility. Inspectors also noted that, according to several residents interviewed, no telephone was available for residents' use, and residents were only allowed to use the office telephone after office hours.

New problems with the utilities were discovered on November 28, 2007. Following a complaint, a DHEC staff member telephoned Peachtree and spoke with individuals present there. The individuals verified there was no gas for cooking at the facility. Later that same day, Mr. Donnelly the owner informed DHEC that he probably would not be able to obtain gas until the following Monday, five days later.

A November 29, 2007, inspection verified that no cooking gas was available. In addition to the problems noted elsewhere in this report, inspectors noted that the cooking stove in the kitchen was not operable as there was no gas supply on hand. At that time, at least one staff member also reported to the DHEC inspector that staff had not received a paycheck since October 24, 2007. When DMH inspected several days later, on Monday, December 3, 2007, the situation with the lack of gas had apparently still not been resolved, and staff was observed cooking meals on an electric skillet.

On December 18, 2007, a DHEC inspector's report noted that the kitchen was non-functional, lunch was being prepared on a small electric plate, the facility lacked heat, with residents wearing coats inside, and that most of the electric lights were turned off or inoperable. It was also reported that Peachtree was in the early stages of foreclosure on a $900,000 mortgage and was subject to an outstanding $56,000 mechanic's lien. An inspection that same day confirmed (among other violations) that the ambient temperature at Peachtree was between 60 and 64 degrees, which violates §2601.C of Regulation 61-84 (requiring facilities to maintain a temperature between 72 and 78 degrees Fahrenheit in resident areas). This was because "the heating unit for [the hallways, corridors, sitting rooms and dining room] operates on natural gas and currently there is no supply of gas to operate the system." (DHEC Inspector's Report 12/18/2007.) Resident rooms did each have individual electrical heating units.

On December 20, 2007, DHEC had received information indicating Peachtree was $1,867 in arrears on its electric bill and was facing cancellation of basic heat.[87] A visit by the LTC Ombudsman's Office on December 31 confirmed that at least one resident's bedroom did not have heat.

An inspection by DMH and P&A staff on January 2, 2008, found these issues continuing. According to the report that day, there was "no heat in the common living areas including all resident lounges, the dining room, the hallways, the laundry room, the medication room and offices. Reportedly the gas was turned off due to non-payment more than a month ago." Similarly, meals for all 26 residents were still being prepared "using a family-sized electric skillet and a small fryer" as the gas supply to the stove was still cancelled.

An inspection by P&A staff on January 18, 2008, found that interior rooms had temperatures ranging between 65 and 68 degrees. Hot water temperatures were measured as low as 65 degrees and no higher than 101 degrees.

On February 19, 2008, DHEC confirmed reports that the phone service at Peachtree had again been discontinued for nonpayment and that as a result the fire alarm system no longer met regulatory requirements. The fire marshal gave Peachtree 48 hours to restore phone service, but as of February 27, 2008, phone service had not been restored and the local Winnsboro fire marshal had not taken further action.

On February 22, 2008, the LTC Ombudsman visited Peachtree and again found the gas was turned off, the stove and oven did not work, the residents lacked heat, and meals were being cooked over hot plates.

A P&A inspection on February 28, 2008, found the indoor temperature was 56 degrees Fahrenheit in the front common room. The facility's telephones were not functional, and staff and residents were relying on staff's personal cell phones for all calls outside the facility. There was no gas to cook with; the cook stated she prepared meals using a hot plate and skillet as the gas had been out for over two weeks.

Finally, on February 29, 2008, Peachtree reached its last crisis point when Peachtree's pharmaceutical provider, Palmetto Long Term Care Pharmacy, sent a letter

[87] Affidavit by Dennis Gibbs, DHEC staff member, based on communications from the SC Longterm Care Ombudsman

stating it would terminate its contract with Peachtree on April 1st if the entire past due balance was not paid. Peachtree attempted to negotiate partial payment, but the pharmacy would not accept it and demanded full payment, refusing to provide any further medications to the facility. The medications already provided by Palmetto were sufficient for the residents' needs until the evening of March 27, 2008. Peachtree did not satisfy the account, and Palmetto did not provide further medications. Therefore, on the morning of March 28, Palmetto notified DHEC that it believed several residents were without crucial medications, and an emergency situation was likely to exist. DHEC inspectors visited the facility and confirmed that many prescription drugs were not available for inspection; these drugs were necessary to manage a wide range of residents' conditions, from heart conditions to AIDS to potential seizures to mental illness, and sudden cessation of many of them was potentially fatal.[88]

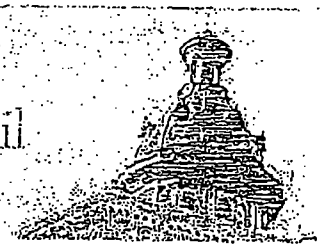
DHEC suspended Peachtree's license to operate based on the "imminent threat" provision, S.C. Code § 44-7-320(A)(3), and closed the facility; five days later, on April 2, 2008, an emergency hearing was held, at which the Administrative Law Judge confirmed both the license suspension and the license revocation.[89] This final and permanent closing of the facility took well over two years from when DHEC first noted deficiencies in 2006 and involved more than 40 inspections by DHEC and other agencies.

[88] The list of missing drugs included Keppa, Nexium, Abilify, Cerefolin, Risperdal, Phenytoin, Dilatin, Depakote, Topamax, Amlodipine, Zyprexa, Benztropine, Cogentin, Lisenopril, Lotrel, Terazosin, Amiodarone, Furosemide, Diovan, Metoprolol, Orphenadrine, Hydroclorothiazide, Invega, Seroquel, Lexapro, Lipitor, Gabapentin, Ryataz, Trovada, Benazepril, Naproxen, Crestor, Amlodipine, Simvastatin, and Trazodone.

[89] The written order of the Administrative Law Court was issued April 7, 2008.



SOUTH CAROLINA GENERAL ASSEMBLY
Legislative Audit Council
Independence, Reliability, Integrity



A Review of the Department of Disabilities and Special Needs

December 2008

REPORT (PDF) SUMMARY (PDF)

Members of the General Assembly asked the Legislative Audit Council to conduct an audit of the South Carolina Department of Disabilities and Special Needs (DDSN). Our audit focused on issues specified by the audit requesters, including the health, safety, and welfare of DDSN's consumers, funding of consumers' services, availability of provider choice, use of state appropriations, and public information.

While DDSN operates competently in many respects, we found many areas where improvement is needed to ensure that DDSN is open, consistent, and accountable in its management practices. Our findings are summarized below.

Health, Safety, and Welfare

While numerous entities provide oversight for various aspects of consumer health, safety, and well-being, we identified gaps in oversight that may pose risks to DDSN's consumers.

- While DDSN routinely conducts licensing reviews of its residential facilities, it has not conducted follow-up reviews to ensure that providers correct the deficiencies identified. In our sample of 26 licensing reviews, there were only two

follow-up reports for the 25 reviews for which they were needed.

- DDSN conducts licensing reviews of its adult facilities once every three years, less frequently than in the four other states we reviewed. Also, a report from the USC School of Public Health found that in other states, the licensing of community residential facilities was completed by a different entity, while DDSN licenses some of its own facilities. A lack of independent licensing creates the potential for conflicts of interest to impede objective reviews.
- Although DDSN has issued sanctions to facilities for non-compliance with licensing standards, it does not have criteria for what level or quantity of deficiencies warrants a particular sanction.
- The state law which requires a criminal history check for direct caregivers does not provide adequate controls over the hiring process. S.C. Code §44-7-2910 requires a SLED state criminal records check; however, it does not always require a check of records in other states. Other states require a national check for all.
- We reviewed DDSN's procedures to handle threats to consumer safety and found that DDSN may not have ensured enforcement of its personnel policies related to abuse, neglect, or exploitation incidents.
- DDSN does not have an adequate system to ensure that caregivers dismissed for consumer safety infractions are not rehired elsewhere in the system. DDSN should mandate that specific information about employees be shared with other DDSN-contracted service providers.
- By examining DDSN's internal audits, we found that consumers' funds are often mishandled by disabilities and special needs (DSN) board staff. DDSN should strengthen its controls to ensure that consumers' funds are handled appropriately.
- DDSN has allowed providers' room and board policies to be inconsistent and has not ensured that they are communicated to consumers and the public. Because Medicaid does not pay for consumers' room and board, DDSN provides each provider with guidelines for determining room and board amounts. However, we found errors in DSN boards' application of these guidelines. DDSN should implement a public directive on room and board determination and require that room and board rates be annually approved by DDSN.

Barriers to Competition and Consumer Choice

Although federal regulations require recipients of services funded by Medicaid to have free choice of providers, we found that in South Carolina, DDSN's consumers often have little choice of providers. Most services are provided by DSN boards. As of December 2007, just 147 (3%) of 4,776 consumers of residential services were being served by providers other than the boards. We found that consumers in Georgia, Florida, and North Carolina have a greater choice of providers than those in South Carolina. We identified several barriers to competition and consumer choice.

- In South Carolina, service coordination and service provision are generally performed by the same entity, the local DSN board. This creates a conflict of interest and is a barrier to choice. We found that in Georgia, Florida, and North Carolina, service coordination is separate from service provision and cannot be done by the same entity.
- DDSN provides financial benefits to DSN boards that discourage participation by other service providers. DSN boards are paid upfront for serving consumers, while other providers are paid only after they have provided services. DSN boards continue to be paid for providing services for 60 days or more following a vacancy, while other providers are not paid for empty beds.
- DDSN has provided the DSN boards with capital grant funds to purchase and maintain their residential facilities and for administrative facilities. Only recently has DDSN furnished capital funds to other providers.
- DDSN has not adequately implemented its contractual controls over DSN board performance. In many instances, DDSN has waived financial obligations of the DSN boards and has helped them out of financial difficulties by awarding them special one-time grants. Not requiring the boards to be financially accountable may limit and discourage competition. Also, if DSN boards know they can mismanage their funds with impunity, they have less incentive to manage prudently and with adequate oversight.
- DDSN's process for filling vacancies and developing new beds focuses on providers. Instead of allocating new residential placements to consumers who are determined to be the most in need, DDSN allocates new slots to providers. Funding providers instead of people may result in consumers who would otherwise receive residential placement not being placed or not being placed with their choice of provider.
- Evidence indicates there are not enough providers of services such as respite care, behavior support, and adult companion services. We identified problems with the provider qualification process and provider management. Also, DDSN has not made adequate efforts to recruit and support new providers.

Use of Funds

We reviewed the funding system DDSN uses as a budgeting tool to fund the DSN boards and other issues relating to DDSN's use of appropriations. DDSN should be more transparent in its use of funds and more effectively prioritize funding for

services.

- We did not find material problems with the payment system, called the band payment system, and found it does not violate federal regulations. However, DDSN has not formalized a band funding policy and has no formal procedure and policy for systematically updating band funding amounts to account for cost-of-living increases.
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DECEMBER 2008

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- DDSN has allowed providers' room and board policies to be inconsistent and has not ensured that they are communicated to consumers and the public. DDSN should implement a public directive on room and board determination and require that rates be annually approved by DDSN.

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Although federal regulations require recipients of services funded by Medicaid to have free choice of providers, we found that South Carolina consumers often have little choice. Most services are provided by local disabilities and special needs (DSN) boards. As of December 2007, just 147 (3%) of 4,776 residential consumers were being served by providers other than the boards. Consumers in Georgia, Florida, and North Carolina have a greater choice of providers than those in South Carolina. We identified several barriers to competition and consumer choice.

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DDSN's Capital Grants, FY 04-05 – FY 06-07

Type	FY 04-05	FY 05-06	FY 06-07	Total
Residential	$665,761	$2,624,066	$4,048,194	$7,338,019 (41%)
Non-Residential	$792,286	$997,979	$8,725,213	$10,515,486 (59%)
TOTAL	$2,458,047	$4,622,047	$10,773,407	$17,853,501 (100%)

Other Barriers

- DDSN's process for filling vacant beds and developing new beds focuses on providers. Instead of allocating new residential placements to consumers who are determined to be the most in need, DDSN allocates new slots to providers. In some cases, funding providers instead of people results in consumers who would otherwise receive residential placement not being placed, or not being placed with their choice of provider.
- Evidence indicates there are not enough providers of services such as respite care, behavior support, and adult companion services. We identified problems with the provider qualification process and provider management. Also, DDSN has not made adequate efforts to recruit and support new providers.

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	NEW AND EXPANDED SERVICES					
FISCAL YEAR	NEW RESIDENTIAL BEDS		AUTISM SERVICES		HEAD & SPINAL CORD INJURY REHABILITATION	
	AMOUNT INCREASED	TOTAL NEW FUNDS	AMOUNT INCREASED	TOTAL NEW FUNDS	AMOUNT INCREASED	TOTAL NEW FUNDS
05-06	$2,311,828	$2,311,828				
06-07	$9,230,000	$11,542,828	$3,000,000	$3,000,000		
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We found that DDSN has not provided many of the new services for which it received funding.

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FOR MORE INFORMATION

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SOUTH CAROLINA GENERAL ASSEMBLY
Legislative Audit Council
Independence, Reliability, Integrity

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Director

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SOUTH CAROLINA GENERAL ASSEMBLY

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December 2008

A Review of the Department of Disabilities and Special Needs

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George L. Schroeder

Authorized by §2-15-10 *et seq.* of the South Carolina Code of Laws, the Legislative Audit Council, created in 1975, reviews the operations of state agencies, investigates fiscal matters as required, and provides information to assist the General Assembly. Some audits are conducted at the request of groups of legislators who have questions about potential problems in state agencies or programs; other audits are performed as a result of statutory mandate.

The Legislative Audit Council is composed of five public members, one of whom must be a practicing certified or licensed public accountant and one of whom must be an attorney. In addition, four members of the General Assembly serve ex officio.

Audits by the Legislative Audit Council are conducted in accordance with generally accepted government auditing standards as set forth by the Comptroller General of the United States.

Copies of all LAC audits are available at no charge. We encourage you to visit our website to view and print copies of LAC reports.

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A Review of the Department of Disabilities and Special Needs
was conducted by the following audit team.

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SOUTH CAROLINA GENERAL ASSEMBLY

Legislative Audit Council

A REVIEW OF THE DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

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While DDSN operates competently in many respects, we found many areas where improvement is needed to ensure that DDSN is open, consistent, and accountable in its management practices. Our findings are summarized below.

Health, Safety, and Welfare

While numerous entities provide oversight for various aspects of consumer health, safety, and well-being, we identified gaps in oversight that may pose risks to DDSN's consumers.

- While DDSN routinely conducts licensing reviews of its residential facilities, it has not conducted follow-up reviews to ensure that providers correct the deficiencies identified. In our sample of 26 licensing reviews, there were only two follow-up reports for the 25 reviews for which they were needed.
- DDSN conducts licensing reviews of its adult facilities once every three years, less frequently than in the four other states we reviewed. Also, a report from the USC School of Public Health found that in other states, the licensing of community residential facilities was completed by a different entity, while DDSN licenses some of its own facilities. A lack of independent licensing creates the potential for conflicts of interest to impede objective reviews.
- Although DDSN has issued sanctions to facilities for non-compliance with licensing standards, it does not have criteria for what level or quantity of deficiencies warrants a particular sanction.
- The state law which requires a criminal history check for direct caregivers does not provide adequate controls over the hiring process. S.C. Code §44-7-2910 requires a SLED state criminal records check; however, it does not always require a check of records in other states. Other states require a national check for all.

- We reviewed DDSN's procedures to handle threats to consumer safety and found that DDSN may not have ensured enforcement of its personnel policies related to abuse, neglect, or exploitation incidents.
- DDSN does not have an adequate system to ensure that caregivers dismissed for consumer safety infractions are not rehired elsewhere in the system. DDSN should mandate that specific information about employees be shared with other DDSN-contracted service providers.
- By examining DDSN's internal audits, we found that consumers' funds are often mishandled by disabilities and special needs (DSN) board staff. DDSN should strengthen its controls to ensure that consumers' funds are handled appropriately.
- DDSN has allowed providers' room and board policies to be inconsistent and has not ensured that they are communicated to consumers and the public. Because Medicaid does not pay for consumers' room and board, DDSN provides each provider with guidelines for determining room and board amounts. However, we found errors in DSN boards' application of these guidelines. DDSN should implement a public directive on room and board determination and require that room and board rates be annually approved by DDSN.

Barriers to Competition and Consumer Choice

Although federal regulations require recipients of services funded by Medicaid to have free choice of providers, we found that in South Carolina, DDSN's consumers often have little choice of providers. Most services are provided by DSN boards. As of December 2007, just 147 (3%) of 4,776 consumers of residential services were being served by providers other than the boards. We found that consumers in Georgia, Florida, and North Carolina have a greater choice of providers than those in South Carolina. We identified several barriers to competition and consumer choice.

- In South Carolina, service coordination and service provision are generally performed by the same entity, the local DSN board. This creates a conflict of interest and is a barrier to choice. We found that in Georgia, Florida, and North Carolina, service coordination is separate from service provision and cannot be done by the same entity.
- DDSN provides financial benefits to DSN boards that discourage participation by other service providers. DSN boards are paid upfront for serving consumers, while other providers are paid only after they have provided services. DSN boards continue to be paid for providing services for 60 days or more following a vacancy, while other providers are not paid for empty beds.

- DDSN has provided the DSN boards with capital grant funds to purchase and maintain their residential facilities and for administrative facilities. Only recently has DDSN furnished capital funds to other providers.
- DDSN has not adequately implemented its contractual controls over DSN board performance. In many instances, DDSN has waived financial obligations of the DSN boards and has helped them out of financial difficulties by awarding them special one-time grants. Not requiring the boards to be financially accountable may limit and discourage competition. Also, if DSN boards know they can mismanage their funds with impunity, they have less incentive to manage prudently and with adequate oversight.
- DDSN's process for filling vacancies and developing new beds focuses on providers. Instead of allocating new residential placements to consumers who are determined to be the most in need, DDSN allocates new slots to providers. Funding providers instead of people may result in consumers who would otherwise receive residential placement not being placed or not being placed with their choice of provider.
- Evidence indicates there are not enough providers of services such as respite care, behavior support, and adult companion services. We identified problems with the provider qualification process and provider management. Also, DDSN has not made adequate efforts to recruit and support new providers.

Use of Funds

We reviewed the funding system DDSN uses as a budgeting tool to fund the DSN boards and other issues relating to DDSN's use of appropriations. DDSN should be more transparent in its use of funds and more effectively prioritize funding for services.

- We did not find material problems with the payment system, called the band payment system, and found it does not violate federal regulations. However, DDSN has not formalized a band funding policy and has no formal procedure and policy for systematically updating band funding amounts to account for cost-of-living increases.
- When the services needed by a DDSN consumer are significantly more expensive than the funding band allocated to the consumer, DDSN may authorize additional (outlier) funding. DDSN should formalize its outlier funding policy and make it accessible to the public.

- Prior audits of DDSN by the federal Centers for Medicare and Medicaid Services (2004) and the S.C. Department of Health and Human Services (2006) have recommended that DDSN's cost reports be independently audited. However, DDSN has not implemented these recommendations
- We reviewed DDSN's use of new state appropriations to expand services and found that DDSN has not yet provided many of the new services for which it received funding over the past three years. We estimated that DDSN has developed approximately 380 (60%) of 630 new residential beds for which it received state appropriations beginning in FY 05-06.
- DDSN has been slow to implement a new program for children who have been diagnosed with a pervasive developmental disorder, resulting in more than $9 million in state appropriations remaining unused or being used for different purposes. DDSN has not received millions in federal Medicaid dollars it could have collected if services were provided.
- During FY 05-06 and FY 06-07, DDSN spent approximately $1.5 million for grants to private, non-profit organizations. In some cases, DDSN has funded the general operations of advocacy groups, which is a conflict of interest. Also, DDSN's funding process appears subjective; the agency does not have a grant application form or policy it follows when determining which organizations will be funded. If the General Assembly intends to fund private non-profit groups, it could fund them directly through the appropriations process.

Access to Information and Other Issues

We found that DDSN has not adequately disclosed its operations to the public. DDSN policies are contained in regulations, commission policies, and directives. We did not review the issue of whether DDSN should have more regulations because this issue is the topic of an ongoing legal action. Our findings in this area are summarized below.

- DDSN has not provided adequate public access to its directives. While some of DDSN's directives are available on the agency's website, others are only available on the DDSN extranet, to which consumers and the public have no access. We found that DDSN has not made public many directives that are applicable to consumers and the public.
- DDSN maintains obsolete information in its directives. Although DDSN policy requires an annual review of its directives, we found that more than half of the directives in our sample had not been reviewed in more than two years.

- DDSN's website needs improvement. It does not contain information that citizens could expect to find there, it contains outdated and/or incomplete information, it has no search function, and is not easy to navigate. The site was designed in 1999 and has not been updated to conform to basic common content principles.
- The South Carolina Commission on Disabilities and Special Needs has narrowly interpreted its governance structure in a way that denies commission members access to public information and potentially hinders performance of their fiduciary duties.
- We found that DDSN has an appropriate reporting structure for its internal audit division. However, DDSN has not fully complied with recommendations made by the Institute of Internal Auditors to improve the internal audit function. The commission has had minimal involvement in the work of the internal audit division. Also, DDSN has not appropriately included the central and district offices in its audits and risk assessments, and internal audit has not reviewed DDSN's information systems.
- Several local DSN boards have hired the same certified public accountant (CPA) firms that conduct their financial audits to also provide consulting services. Providing consulting services may impair a firm's independence to conduct a board's financial audit. DDSN should strengthen its oversight of the audit process.
- We identified one former DDSN employee who worked simultaneously for DDSN and a DSN board while performing similar duties, which appears to be a conflict of interest. The same employee also worked for DDSN at the same time that he worked for a firm contracting with DDSN.

Introduction and Background

Audit Objectives

Members of the General Assembly asked the Legislative Audit Council to conduct an audit of the South Carolina Department of Disabilities and Special Needs (DDSN). The requestors' concerns focused on several issues including the health, safety, and welfare of DDSN's consumers, the funding of consumers' services, consumer choice of providers, and the agency's use of state appropriations. Our objectives are listed below.

- Determine whether DDSN has appropriate controls to ensure the health, safety, and welfare of its consumers.
- Determine whether there are barriers to competition and consumer choice within the current system operated by DDSN.
- Review DDSN's process for funding residential and other consumer services to determine whether funding is efficient, equitable, and ensures accountability.
- Review state appropriations to DDSN for expanded services to determine whether funds have been used in accordance with legislative intent.
- Determine whether DDSN has allowed sufficient public input and has provided adequate information and due process to members of the public regarding its services and operations.
- Determine whether internal and external audits of DDSN provide an appropriate system of accountability.
- Determine whether DDSN has ensured that there are no conflicts of interest involving its board, employees, contractors, or relevant advocacy groups.

Scope and Methodology

We reviewed the operations of the South Carolina Department of Disabilities and Special Needs including its quality assurance programs, funding for community-based residential and other consumer services, system for ensuring consumer choice of providers, and other areas relevant to our audit objectives. We did not review other aspects of the department's management, such as how it determines eligibility for its services, how it reports its performance to the General Assembly, or its management of the regional centers which provide institutional care.

The period of our review was generally FY 04-05 through FY 06-07, with consideration of earlier and more recent periods when relevant.

To conduct the audit, we used a variety of sources of evidence including those listed below.

- DDSN directives/policies/guidelines.
- Interviews of DDSN employees, employees of other state, local, and federal agencies, and private individuals.
- Meetings of DDSN commission and other organizations dealing with the DDSN population.
- Federal and state laws and regulations.
- DDSN contracts, financial records, human resources records, FOIA and appeals records, and agency reports.
- Audits, reports, and studies conducted by external entities regarding DDSN's operations.
- DDSN budget requests.
- DSN board policies, contractual and financial records.
- Client records and case notes.
- Financial records from the Comptroller General's office.

Criteria used to measure performance included state and federal laws and regulations, agency policy, the practice of other states, and principles of good business practice and financial management. We used several nonstatistical samples, which are described in the audit report. We reviewed internal controls in several areas including DDSN's quality assurance process, consumer funds management, funding system, and the accountability of the DSN boards and other providers. Our findings are detailed in the report.

Reliability of DDSN's Information and Data

DDSN has multiple information systems, many of which rely heavily on manual data input. The agency's information systems include those for accounting, service tracking, billing, and client information. There are also other small information systems created by one or a few staff members for purposes related to DDSN's programs (such as licensing, or managing the PDD waiver). This type of information system is without formal controls to ensure the accuracy of how the data is input and manipulated. When we asked for information about DDSN's programs, the agency often furnished ad hoc reports, coming from a variety of sources, compiled by a single staff person. DDSN's website contains information that is obsolete and incomplete (see p. 68).

We found that DDSN's information systems have not been reviewed by other entities. DDSN does not have an annual financial audit to determine whether its financial statements fairly represent the agency's financial position.

Instead, the State Auditor's office does an agreed-upon procedures review of the agency (see p. 74), which provides lesser assurance. DDSN's cost reports, which provide the evidence for its reimbursements from Medicaid, have not been audited (see p. 53). DDSN's internal audit division has not audited the agency's information systems (see p. 73).

In conducting our audit, we used information from several of DDSN's information systems. We could not audit or verify all of the information obtained from these multiple systems, and we concluded that it may be unreliable. However, we analyzed the information we received, and compared it with other sources and known evidence. Readers of this report should assume that amounts and numbers used in this report describing DDSN's activities are attributed to DDSN and are not audited figures. Overall, the use of unverified data was not central to our audit objectives, and we believe that the findings and conclusions in this report are valid.
We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

S.C. Code §44-20-250 requires the South Carolina Department of Disabilities and Special Needs (DDSN) to ". . . coordinate services and programs with other state and local agencies for persons with mental retardation, related disabilities, head injuries, and spinal cord injuries." DDSN is responsible for planning, developing, and providing a full range of services for these children and adults subject to the availability of fiscal resources.

As of FY 07-08, DDSN had 2,200 employees and 278 temporary employees located throughout the state. Approximately 90% of the employees are employed at the five regional centers (Midlands Center in Columbia, Whitten Center in Clinton, Coastal Center in Summerville, Pee Dee Center in Florence, and the Saleeby Center in Hartsville), with the remaining employees working at the central and two district offices.

Section 44-20-375, amended in 1991, requires that county boards of disabilities and special needs be created within a county or within a combination of counties by ordinance of local governing bodies. There are 39 disability and special needs (DSN) boards. Three of these boards, Babcock Center, the Charles Lea Center, and Berkeley Citizens, Inc., were not created by local ordinance, but are recognized as boards by DDSN

because they existed prior to the law requiring that DSN boards be established. Each disability and special needs board is the administrative, planning, coordinating, and service delivery body for county disabilities and special needs services funded by Medicaid reimbursements and state appropriations.

The seven-member South Carolina Department of Disabilities and Special Needs Commission governs the agency. There is one member from each congressional district and one member at-large. Members are appointed by the Governor, with advice and consent of the Senate, and they serve four-year terms. The commission provides general policy direction and guidance and appoints the state director, who is the agency's chief executive officer.

Olmstead Decision

In June 1999, the U.S. Supreme Court ruled that:

> ...states are required to provide community-based treatment for persons with mental disabilities when the State's treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities. **Olmstead v. L.C.**, 527 U.S. 581 (1999)

DDSN officials have stated that they are attempting to move consumers from the most restrictive institutional placements to community residential facilities if they can be properly served in that setting. Agency records show that the number of consumers living in DDSN's regional centers decreased from 940 in 2005 to 838 in 2008, while the number of consumers obtaining residential services in the community increased from 3,571 to 4,028 during the same period.

Medicaid Funding

The South Carolina Department of Disabilities and Special Needs receives state appropriations; however, the majority of services to its consumers are funded by state and federal Medicaid funds. According to the South Carolina Department of Health and Human Services' (DHHS) 2007 annual report, DDSN was the second largest user of Medicaid funding in the state, behind hospital services. For FY 06-07, DDSN received $450,866,073 in state and federal Medicaid funding. This amount includes funding of services for DDSN consumers that was billed directly to DHHS.

Table 1.1: DDSN Expenditures, FY 05-06 – FY 07-08

Major Budget Category	Actual Expenditures					
	FY 05-06		FY 06-07		FY 07-08	
	Total Funds	State Funds	Total Funds	State Funds	Total Funds	State Funds
Personal Services	$65,785,837	$48,635,902	$64,943,012	$48,615,240	$65,584,079	$50,728,064
Other Operating*	313,142,342	83,056,844	350,927,225	111,944,944	377,907,429	120,831,536
Special Items	426,175	174,175	326,000	200,000	4,326,000	4,200,000
Permanent Improvements	3,434,964	0	3,840,274	0	2,967,491	0
Case Services	9,876,259	1,461,518	11,379,585	1,782,364	15,463,627	6,306,091
Fringe Benefits	23,092,394	16,782,734	23,393,000	17,334,568	24,514,120	18,350,806
Non-recurring	0	0	0	0	0	0
TOTAL	$415,757,971	$150,111,173	$454,809,096	$179,877,116	$490,762,746	$200,416,497

* Other Operating is primarily funding to the statewide network of DSN boards and QPL providers.

Source: DDSN

Medicaid Waiver Services

Prior to 1991, the federal Medicaid program paid for services for a person with mental retardation and related disabilities, traumatic brain injury, and spinal cord injury *only* if that person lived in an institution. The approval of the federal Medicaid waiver programs allowed states to provide services to consumers in their homes and communities.

DDSN serves over 28,000 South Carolinians with mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury. Approximately 4,900 consumers receive residential services in one of DDSN's regional centers or in community residential homes. The remaining consumers reside with family caregivers and receive services such as respite, day services, and other needed supports.

DDSN operates three Medicaid waiver programs. During FY 07-08, the number of people served through each of the three approved waivers was as follows:

- 5,802 — Mental Retardation or Related Disabilities (MR/RD) Program
- 638 — Head and Spinal Cord Injuries (HASCI) Program
- 301 — Pervasive Developmental Disorder (PDD) Program

The MR/RD waiver serves Medicaid-eligible persons diagnosed with mental retardation or a related disability. These individuals receive services through local disabilities and special needs boards or qualified (private) providers across the state. Services which may be reimbursed by Medicaid include:

RESIDENTIAL HABILITATION – In a residential setting, staff assists with daily living activities.

DAY HABILITATION – Assistance with the acquisition, retention, or improvement in self help, socialization, and adaptive skills that take place in a non-residential setting.

PRESCRIBED DRUGS – Consumers are eligible for two extra prescriptions above the Medicaid state plan limit.

THERAPY SERVICES – This includes speech, physical, occupational, and audiological services.

ADULT COMPANION SERVICES – Services that provide short-term relief for caregivers and needed supervision of consumers.

The HASCI waiver serves Medicaid-eligible persons with head and/or spinal cord injuries. These individuals can receive many of the same services as the consumers in the MR/RD waiver. In addition, peer guidance for consumer-directed care and health education is available.

The PDD waiver is primarily for children diagnosed with autism or other pervasive developmental disorders by the age of 8 and serves children ages 3 through 10. Case management and early intensive behavioral intervention are the primary services DDSN provides through this waiver, which began in FY 06-07.

Waiting Lists

DDSN does not have the resources to provide services to all who are eligible. As of June 30, 2008, DDSN had 2,006 consumers waiting for community residential services. Twenty-five consumers were listed on DDSN's critical waiting list (for consumers in life-threatening situations requiring immediate services) and 436 were on its Priority 1 waiting list (for consumers in urgent situations with features suggesting there is a probability they will require residential placement within one year). In addition, 29 consumers were waiting to be served in DDSN's regional centers, and 1,048 were waiting for day services.

Health, Safety, and Welfare

DDSN Quality Assurance and Oversight

We reviewed DDSN's oversight of residential facilities to determine whether the agency has adequate controls over service quality for consumers. We found that numerous entities provide oversight for various aspects of consumer health, safety, and welfare; however, there remain gaps in oversight that may pose risks to DDSN's consumers.

- While DDSN routinely conducts licensing reviews of its residential facilities, it has not conducted follow-up reviews to ensure that providers correct the deficiencies identified.
- DDSN conducts licensing reviews of its adult facilities once every three years. Other states we reviewed conduct similar reviews of facilities annually.
- Although DDSN has issued sanctions to facilities for non-compliance with licensing standards, it does not have criteria for what level or quantity of deficiencies warrant a particular sanction.
- DDSN has not made sufficient efforts to ensure that its providers are compliant with local zoning requirements as outlined in state law.

Overview

DDSN directives outline a "nine-tiered, multi-faceted, coordinated risk management/quality assurance/quality improvement program" based on person-centered outcomes and national best practices. This program includes efforts to ensure the quality of all of DDSN's services. We looked at parts of the program that relate directly to quality assurance in community-based residential facilities.

INTERNAL QUALITY ASSURANCE — The licensing and certification division within DDSN reviews facilities to ensure that they provide safe home environments, appropriate health services, and adequate staff. Community training homes (CTHs) and supervised living programs (SLPs), two types of supervised residential living situations that DDSN oversees, must undergo an initial licensing review to ensure that the facility is in compliance with basic safety measures, such as fire marshal inspections. DDSN reported that licensing and certification conducts annual licensing reviews of all providers each year. For adult residential services, DDSN visits one-third of each provider's facilities per year. Therefore, each adult residential living facility undergoes a licensing review every three years. DDSN reviews facilities for children annually.

EXTERNAL QUALITY ASSURANCE — DDSN contracts with a quality improvement organization (QIO) to review overall agency service quality. These reviews include observation of residential living facilities to assess providers' implementation of services and whether staff respect consumers' rights. The QIO conducts file reviews, interviews, and consumer observations for all DDSN services, including residential and day services. The QIO visits each provider annually.

QUALITY IMPROVEMENT — As part of DDSN's contract with the Council on Quality and Leadership (CQL), the quality enhancement (QE) unit within DDSN does periodic site reviews of DDSN facilities. DDSN documents state that the goal of the QE process is to improve consumers' overall satisfaction and quality of life by providing them more control and choice of services. However, DDSN does not require providers to participate in the QE process or to undergo site visits. Since reviews began in 2005, the QE division has visited 31 providers and 3 regional centers. The QE division is scheduled to visit three more by the end of 2008.

Oversight of DDSN Facilities

The federal Centers for Medicare and Medicaid Services (CMS) periodically reviews and renews DDSN's Medicaid waivers (see p. 5). CMS has found that DDSN's waiver management substantially meets its standards for protecting the health, safety, and welfare of consumers.

DDSN facilities are also subject to oversight by other state agencies. The Department of Health and Human Services (DHHS), the Medicaid agency for South Carolina, oversees DDSN's delivery of Medicaid services. According to a memorandum of agreement between the two agencies, DHHS must approve all policies, rules, and regulations related to waiver services (see p. 5) prior to issuance and implementation by DDSN. Also, DHHS conducts periodic file reviews of consumers served by DSN boards and has the authority to withhold Medicaid reimbursement funds should DDSN fail to ensure its contracted service providers' compliance with Medicaid requirements. DHHS officials also have access to all reports issued by DDSN's contracted QIO.

The state long-term care ombudsman in the Lieutenant Governor's office began periodically reviewing DDSN facilities in 2007. The State Law Enforcement Division (SLED) refers reports of abuse or neglect that do not include a criminal aspect to the ombudsman. Investigators from the ombudsman's office review complaints and issue reports to the executive director of the respective DSN board as well as to DDSN. In addition to these

investigations, investigators perform periodic, unannounced site visits to DDSN facilities to assess their adherence to basic safety and health measures. Since February 2007, the ombudsman's office reported that it has opened 371 investigations of DDSN facilities and made 1,207 routine visits. A DDSN official stated that the agency monitors these reports for patterns of deficiencies.

Coordination of Quality Assurance Entities

As described above, several entities perform different aspects of quality reviews for DDSN. However, this does not necessarily ensure coordinated use of quality improvement information derived from various QA processes.

A 2008 study by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) reviewed quality assurance and quality improvement initiatives at DDSN. The report noted that the design of DDSN's quality assurance efforts was comprehensive and succeeded in gathering data on program effectiveness. However, the report also stated that "... the overall process of remediation leading to quality improvement is not achieving its intended goal." The report states, "The QA/QI system design does not operate through an established protocol to guide DDSN central office staff in making use of information gathered ... to remediate and improve service delivery statewide." While DDSN's quality assurance efforts are well-designed and provide useful information to the agency, this information often does not lead to remediation of deficiencies or continuous quality improvement.

In response to the NASDDDS report, DDSN officials stated that the agency is taking steps to fulfill the recommendations. For example, the agency reported it has established "thresholds," overall levels of quality using data from licensing and QIO reviews, to monitor whether providers may require extra assistance to improve their services. DDSN officials reported that operations staff from DDSN visit providers that do not adhere to these thresholds to ensure that the plan of correction leads to remediation of deficiencies and overall quality improvement. Also, DDSN officials state that they are working toward an integrated system that combines all provider quality information — licensing, QIO, and QE — and enables the agency to produce overall profiles of different providers.

Recommendation

1. The Department of Disabilities and Special Needs should ensure that information derived from its quality assurance processes is integrated and used to remediate problems identified.

Issues of Non-Compliance

We reviewed DDSN's processes for identifying and correcting situations where residential service providers fail to comply with standards of quality. DDSN licensing and certification has not adequately followed up on its findings of deficiencies.

Follow-Up Reviews

DDSN requires providers to create plans of correction within 30 days following annual licensing reviews to address areas of deficiency. DDSN departmental directives state that licensing and certification should conduct follow-ups to their reviews to assess providers' progress in addressing deficiencies. In numerous cases where licensing reviews found potential threats to consumers' health, safety, and welfare, DDSN did not conduct a follow-up review.

We reviewed reports from DDSN licensing and certification for the years 2005–2007 to assess the licensing process. We reviewed a nonstatistical sample of 26 licensing reviews, 6 of which were furnished by DDSN. We reviewed available files for licensing reports, providers' plans of correction, and documentation of follow-ups. We found licensing reports for all 26. One review found no deficiencies. Additionally, for the 25 reports that should have had a follow-up review, there were only two follow-up reports. We found no other documentation to suggest that follow-ups to these reviews took place.

In our sample of licensing reviews, we did not find documentation of follow-ups assessing providers' progress or completion of their plans of correction. Not all deficiencies require a physical re-inspection of the facility. For example, providers may correct some deficiencies by submitting documentation that they have provided necessary training to staff. However, without follow-ups, DDSN cannot know whether the deficiencies identified continue to affect the safety and well-being of DDSN consumers.

Revisitation of Facilities

The DDSN licensing directives applicable to our 2005–2007 sample did not provide specific criteria for which deficiencies require a re-visit to the facility. However, based on DDSN departmental directives implemented in December 2007, physical re-inspections of facilities were warranted more often than they occurred.

The DDSN certification and licensing directive gives the following guidance for revisits: "Unannounced follow-up visits will be conducted in situations where the severity and/or prevalence of deficiencies may adversely impact someone's health and safety and will determine if deficiencies have been corrected." This December 2007 revision also classified deficiencies by degree of severity. Those deficiencies posing immediate danger to consumers (Class I) require correction before the licensing reviewers leave the premises. The next most severe class of deficiencies (Class II) must be addressed in the plan of correction. Class II deficiencies, though not posing immediate danger to consumers, include any issues ". . . which could put the person's physical, emotional, and financial well being in jeopardy." We concluded that Class II deficiencies pose a threat to consumers' safety and welfare that necessitates an unannounced follow-up visit.

Nine sampled reports occurring after January 2007 identified deficiencies by class. Within these reports, there were more than 100 Class II deficiencies. The number per report ranged from 1 to more than 50. These deficiencies included failure to document that medication was being appropriately administered, presence of expired foods in consumers' residences, missing smoke detectors, and hot water heaters set at temperatures too hot for consumers. We found no documentation that any follow-up visits to these facilities took place. Based on the language in its departmental directives, DDSN should conduct unannounced visits to ensure that providers fully implement their plans of correction. Also, DDSN should ensure that all providers complete plans of correction in response to licensing reviews.

DDSN may improve its departmental directive by specifying criteria for appropriate and sufficient documentation to address deficiencies. DDSN officials stated they plan to create a protocol for follow-ups that will outline this information. Additionally, they stated that future follow-ups will include documentation of correction of all identified deficiencies, including revisitation of facilities where needed.

Sanctions

DDSN departmental directive 104-01-DD gives DDSN the authority to sanction providers when the ". . . severity and/or prevalence of deficiencies may adversely impact someone's health and safety . . . ." However, DDSN does not have specific criteria to determine whether sanctions are warranted. These sanctions may include granting probationary licenses or revoking licenses already issued. We reviewed records of sanctions issued by DDSN licensing to verify that instances of non-compliance were being addressed. We found that in cases of persistent failure to correct deficiencies, DDSN has sanctioned facilities by granting probationary licenses, contingent on correction of deficiencies.

DDSN reported that for 2005–2007, eighteen facilities under three providers received sanctions for failure to correct deficiencies. These sanctions included deficiencies in areas related to homes being sanitary, free from hazards, and consumers receiving timely health care. In most cases, DDSN sanctioned the facilities in question by issuing a temporary license which would be extended to a standard license only when the deficiency was adequately corrected.

DDSN officials reported that in two cases they sanctioned providers, rather than their facilities, because of the number, severity, or persistence of deficiencies at several facilities they operated. In these cases, DDSN took more drastic measures to ensure correction of deficiencies. In one case, DDSN did not allow a provider to develop new beds that had previously been authorized to it. In another case, DDSN reported that they reduced a provider's size to effectively one-half of its initial capacity and placed some of its facilities under the care of other service providers. However, DDSN did not provide criteria for the specific conditions that resulted in more severe punishment for the two providers. According to DDSN officials, both of these extreme cases occurred following excessive deficiencies at several facilities where the overall level of quality of service was not adequate.

We requested documentation of corrections of the deficiencies leading to sanctions. DDSN could not provide documentation to confirm that the specific issues in each case had been corrected. However, DDSN officials reported that all of the issues were resolved and that each of the providers in question has undergone a licensing review since the sanctions were issued.

Since there are no specific criteria for what requires a sanction of either a facility or a provider, decisions on whether to issue sanctions could be subjective. While DDSN has sanctioned facilities for failure to comply with licensing standards, the lack of documentation in follow-up reviews makes it difficult to establish when and how deficiencies are corrected. Without follow-ups to verify whether deficiencies have been corrected, there is no way to determine whether there may be other instances of non-compliance that may warrant sanctions.

Recommendations

2. The Department of Disabilities and Special Needs should conduct follow-up reviews to ensure that providers implement their plans of correction and address risks that may endanger the health, safety, or welfare of DDSN consumers.

3. The Department of Disabilities and Special Needs should adequately document follow-up reviews with reports assessing provider progress toward completion of plans of correction.

4. The Department of Disabilities and Special Needs should revise its licensing directive to include specific criteria that defines when follow-up visits are warranted and the type of documentation that is sufficient to demonstrate implementation of the plan of correction.

5. The Department of Disabilities and Special Needs should revise its licensing directive to include specific criteria for when sanctions are warranted and document instances when they occur.

Criteria for Oversight

We reviewed the level of oversight from licensing and quality control entities over DDSN-licensed facilities to determine whether it was sufficient to ensure the health, safety, and welfare of consumers. Though DDSN's oversight is comparable, in some respects, to other states' and other South Carolina agencies', the current level of review may not be sufficient.

Comparison to Non-DDSN-Licensed Facilities

DDSN licensing and certification staff review community training homes (CTHs) and supervised living programs (SLPs) for individuals who require limited supervision. Intermediate care facilities for the mentally retarded (ICF/MRs) are more structured residential living situations that provide greater supervision. These facilities, although operated by DDSN, are licensed by the South Carolina Department of Health and Environmental Control (DHEC). We compared DHEC licensing standards to DDSN licensing standards to assess levels of oversight provided to these facilities.

We found that DDSN licensing standards are comparable to DHEC licensing standards in the areas they cover, although DHEC standards cover most areas in greater detail. For example, DHEC licensing standards for ICF/MRs devote a section specifically to fire safety precautions, while DDSN has one licensing standard for CTHs that requires a comprehensive disaster preparedness plan. This difference is, to some degree, expected since the facilities licensed by DHEC usually serve more individuals and those requiring greater supervision. DHEC reviews facilities once every 24 months. DHEC officials stated that this cycle previously was once every 12 months and changed only due to the necessity of providing additional assistance to non-compliant facilities.

Comparison Between DDSN Licensing Process and QIO Reviews

The request for proposal (RFP) for DDSN's most recently contracted QIO includes criteria for follow-up reviews. The RFP states that the contractor "... will conduct a follow-up review to assure that all elements detailed in the provider's plan of correction have been implemented." Follow-up reviews must be completed within 120 days (4 months) from acceptance of the provider's plan of correction, which must be submitted within 30 days after the end of the review period. The QIO reported that it conducted follow-ups to all 22 reviews it performed in the first and second quarters of FY 07-08. Nine more follow-up reviews were scheduled for reports issued during the third quarter of FY 07-08.

The QIO's reviews are based on an assessment of key indicators of quality in four categories and structured interviews using national core indicator consumer surveys (see p. 34). DDSN's licensing and certification division recently developed key indicators for licensing standards and began using them in their reviews in August 2008. DDSN officials stated that these indicators provide specific guidance for determining providers' compliance with DDSN licensing standards.

Comparison to Similar Agencies in Other States

We examined licensing, certification, and quality assurance efforts in other states — Georgia, Florida, Tennessee, and North Carolina. In addition, we reviewed what other studies have found regarding DDSN's licensure and certification. We found that while South Carolina's approach to this process is not unlike that of other states, DDSN conducts licensing reviews less frequently than any other state we reviewed.

All states that we reviewed stated that they perform annual reviews of all facilities. A 2008 study conducted by the University of South Carolina (USC) School of Public Health compared numerous aspects of DDSN's service delivery and quality assurance efforts to those of several other states, including three of the states we surveyed. The USC report found no state except South Carolina that conducted licensing reviews of facilities less often than once annually.

Although DDSN reviews each provider annually, only one-third of its adult facilities are examined during each review; each of these facilities undergoes a licensing review only once every three years. Allowing this much time between licensure reviews is a significant departure from the practice of all other states surveyed as well as the schedule set by DHEC for licensure of other DDSN-run facilities. This schedule of reviews may not provide adequate oversight to ensure that providers' facilities are complying with licensing standards. Annual reviews of all DDSN-licensed facilities would

decrease the incidence of deficiencies and increase the likelihood that situations detrimental to residents of the facilities would be identified and corrected more quickly.

Table 2.1 provides an overview of the resources that DDSN has allocated to various areas of quality assurance.

Table 2.1: DDSN Quality Assurance Expenditures, FY 07-08

Quality Assurance Entity	Expenditures*
DDSN licensing and certification	$389,135
Quality improvement organization	$1,110,647
Council on Quality and Leadership	$63,550

*Expenditures for DDSN licensing and certification are payroll, while the expenses for the QIO and CQL are contract costs.

Source: DDSN

The USC School of Public Health report also noted that in South Carolina, unlike in most other states reviewed, residential facilities for the developmentally disabled are licensed by a unit within the agency. In six of the seven other states reviewed, these facilities are licensed by a different entity. DDSN's response to the USC report stated that some of their consumers reside in facilities, such as community residential care facilities, that are licensed by DHEC. However, a large number of DDSN consumers reside in community training homes and supervised living programs, which are still licensed by DDSN. Of the related agencies in the four states we surveyed, only one (Florida) in addition to DDSN licenses its own residential facilities. The other three are licensed by different entities (see Table 2.2).

Designating an external entity to conduct licensing reviews ensures independence to the process. When DDSN licenses its own facilities, there is a potential for conflicts of interest to interfere with objective reviews. In the worst case scenario, this can pose risks to the health, safety, and welfare of consumers.

Table 2.2: Comparison of DDSN's QA Structure to Other States

State	Agency Operating Home and Community-Based Services Waiver	Licensing Entity	Certification Entity*	Other Reviews
South Carolina	Dept. of Disabilities and Special Needs	DDSN (Licensing)	DDSN RFP/evaluation of providers	Contracted QIO, State Long-Term Care Ombudsman
Florida	Agency for People with Disabilities	Agency for People with Disabilities	Medicaid provider enrollment: ADP and Agency for Health Care Administration (state Medicaid agency)	Contracted QIO
Georgia	Div. of Mental Health, Developmental Disabilities, and Addictive Diseases' Office of Developmental Disabilities	Dept. of Human Resources, Office of Regulatory Service	Certification Unit of the Div. of Mental Health, Developmental Disabilities and Addictive Diseases	Accreditation by national authority
North Carolina	Div. of Mental Health, Developmental Disabilities, and Substance Abuse Services (MHDDSAS)	Div. of Health Services Regulation	Endorsement by Individual Licensing Management Entities (analogous to DSN boards)	MHDDSAS performs Medicaid audits; providers must be accredited
Tennessee	Div. of Mental Retardation Services	Dept. of Mental Health and Developmental Disabilities	Div. of Mental Retardation Services	TennCare (state Medicaid agency) annual state assessments, follow-up surveys, focused surveys, and other oversight activities

* The term "certification" refers to the initial approval process for providers of Medicaid services. However, terminology is not consistent among the states we reviewed. Some use the term "enrollment" or "endorsement" to describe this process, while DDSN uses the terms "licensing" and "certification" interchangeably.

Source: Documentation from officials in state agencies providing services for developmentally disabled.

Recommendations

6. The General Assembly should amend state law to delegate the Department of Disabilities and Special Needs' licensing function to another state agency, such as the Department of Health and Environmental Control.

7. If the licensing function remains within the Department of Disabilities and Special Needs, the agency should perform annual licensing reviews of each facility to ensure that providers are compliant with licensing requirements.

Communication with Other Agencies and Municipalities

DDSN should periodically share lists of all facilities it operates (either directly or under contract with a private service provider) with other state agencies. S.C. Code §44-7-260(B)(2) requires DDSN to provide updated lists to DHEC. DDSN must also provide quarterly updated lists to SLED as required in a memorandum of agreement between the agencies. DDSN officials reported that they also provide these updated lists to the Attorney General and the state long-term care ombudsman quarterly. Although DDSN furnished the updates in April 2008, it has not provided updates on a regular schedule.

We reviewed documentation of lists originally provided to these agencies, and found that not all have received updates on a quarterly basis. Officials from other agencies reported that they had not received updates quarterly and sometimes updated lists themselves when they received complaints regarding a facility that did not appear on their list. DDSN sent updated lists of all facilities in December 2007 and again in April 2008. We did not find documentation that the list of DDSN facilities was updated for all of these agencies on the appropriate schedule from February 2007 until December 2007.

Some of these agencies provide services that contribute to DDSN's overall mission and goal to ensure the safety, health, and welfare of DDSN consumers. Failure to communicate regularly with these agencies not only makes providing services to consumers more difficult, but in some cases may compromise the safety of DDSN consumers if appropriate agencies are unaware of the existence of some facilities. DDSN should provide updated lists of facilities to these agencies quarterly.

Local Zoning Issues

We reviewed DDSN's process for granting initial licenses to residential facilities and found that DDSN's initial licensing process has not adequately ensured provider compliance with local zoning laws.

The DDSN directive addressing the certification and licensure of residential and day facilities states: "No residential, day or respite facility shall provide services and supports unless the service provider is...compliant with applicable federal, state, and local laws." S.C. Code §6-29-770(E) outlines exemptions to zoning ordinances, including homes:

> ...serving nine or fewer mentally or physically handicapped persons provided the home provides care on a twenty-four hour basis and is approved or licensed by a state agency or department or under contract with the agency or department for that purpose.

However, the law additionally states:

> Prior to locating the home for the handicapped persons, the appropriate state agency or department or the private entity operating the home under contract must first give prior notice to the local governing body administering the pertinent zoning laws, advising of the exact site of any proposed home.

DDSN stated that the Federal Fair Housing Amendments Act supercedes the state law. However, only a court can make that determination.

Local zoning authorities reported cases of becoming aware of the existence of DDSN homes for which they had received no notice prior to their establishment in the community. Although DDSN licensing standards require that the facility be in compliance with local laws, a DDSN official stated that the initial licensing process does not include checking to see whether the provider establishing the home has notified local zoning authorities of its location. There is not sufficient oversight to determine whether providers are compliant with local laws.

Although DDSN-licensed facilities may not be subject to zoning ordinances, the code does require them to provide notice to local zoning authorities regarding the location of any such home prior to its establishment. There is no way to easily determine how many homes may be in operation for which local zoning authorities have not received notice.

Recommendations

8. The Department of Disabilities and Special Needs should provide DHEC, SLED, the state long-term care ombudsman, and the Attorney General with updated lists of DDSN-operated and DDSN-contracted facilities on a quarterly basis.

9. The Department of Disabilities and Special Needs should verify and document that service providers are compliant with state law that requires them to notify local zoning boards before establishing a group home.

Criminal History Checks

The state law which requires a criminal history check for direct caregivers does not provide adequate controls over the hiring process. S.C. Code §44-7-2910 requires a State Law Enforcement Division (SLED) state criminal records check; however, it does not always require a check of records in other states.

This law applies to residential direct care entities operated, or contracted for operation, by certain state agencies, including DDSN. DDSN's direct caregivers are people who have physical contact with consumers served by DDSN and its contractors. If the caregiver cannot prove residency in South Carolina for at least one year prior to employment, state law requires that the provider complete either a Federal Bureau of Investigation (FBI) check or a state criminal history check from the previous state of residence. An applicant can prove residency by presenting South Carolina identification, a rent or mortgage receipt, bank records, or a pay stub.

Prior to October 2007, DDSN's residential licensing standards were more stringent than the statute. They required proof of ten years of residency in South Carolina to avoid a criminal history check from the previous jurisdiction of residence. This applied to caregivers serving children or adults in a community training home II or adults in a supervised living program or community residential care facility. The standards required a federal check, regardless of length of residency, for all caregivers serving children in a community training home I.

However, in October 2007, DDSN removed the ten-year residency requirement and made DDSN standards consistent with state law for all caregivers except community training home I facilities serving children. According to an agency official, DDSN adjusted the standards to become consistent with federal regulations requiring providers to follow state law regarding criminal history checks. Currently, if a potential caregiver can prove residency in South Carolina for one year preceding hire, the provider conducts only a SLED state check.

We examined statutes from five Southeastern states (Florida, Georgia, North Carolina, Tennessee, and Virginia) to determine what criminal history checks are required for direct caregivers. Three require a national check for all; one requires a national check based on residency; and one allows for but does not require a national check (see Table 2.3).

Table 2.3: Other States' Criminal History Check Requirements

Requirement	State
FBI Criminal History Check for All	Georgia, Florida, and Virginia
FBI Criminal History Check with a Residency Requirement	North Carolina
Allows for FBI Criminal History Check	Tennessee

Source: State statutes.

North Carolina is most similar to South Carolina because it only requires an FBI check if the person has not lived in the state for a specified length of time. Unlike South Carolina, North Carolina requires at least five years of residency to avoid a federal check. Also, when North Carolina conducts an out-of-jurisdiction check, it is an FBI check, capturing criminal activity from all parts of the FBI's jurisdiction, as opposed to data from just one other state.

If South Carolina's statute were amended to require a federal check for all direct care staff, the maximum increase in cost, based on current costs, for each hired employee would be $19.25. The total spent on criminal history checks could range between $23.25 and $44.45 per hired caregiver. Costs vary because some entities are nonprofits or have a statutorily discounted rate.

By conducting an FBI criminal history check on all direct caregivers, DDSN and its providers could ensure that the most complete criminal history information is obtained. This would lower the risk of employing:

- Convicted predators from another state.
- South Carolinians who commit crimes in other states.
- Staff who may abuse and neglect DDSN consumers.

For example, SLED conducted an FBI check on a suspect in an abuse and neglect investigation and discovered that he had a criminal conviction from another state. The crime was one that would have precluded him from hire had the provider known about it. The employee was eventually terminated, but had the provider initially run a federal check, he would never have been hired.

Recommendations

10. The General Assembly should amend §44-7-2910 to require Federal Bureau of Investigation criminal history checks for all direct caregivers without regard for the length of residency in South Carolina.

11. The Department of Disabilities and Special Needs should amend its licensing standards to require Federal Bureau of Investigation criminal history checks for all direct caregivers upon hire.

Name-Based Criminal History Searches

S.C. Code §44-7-2920 requires that criminal history checks of direct caregivers be accomplished by fingerprinting. There are civil fines associated with violating these procedures. In response to our inquiry about reference checks (see p. 24), some of DDSN's providers stated that they use the SLED Citizens Access to Criminal Histories (CATCH) system, which is a name-based search tool. On the homepage for the CATCH system, the searcher is advised that fingerprint searches are the most reliable way to conduct criminal history checks and the least likely to result in a false positive or false negative result. SLED offers this system as an alternative when fingerprint-based searches are inconvenient. Other than the cost of obtaining fingerprints at a local fingerprinting site, there is not a cost savings attached to using the CATCH system.

Recommendation

12. The Department of Disabilities and Special Needs should comply with S.C. Code §44-7-2920 and specify in its licensing standards that the required SLED criminal history check be obtained through a fingerprint search.

Threats to Consumer Safety

We reviewed DDSN's procedures to handle threats to consumer safety and found that DDSN may not have ensured enforcement of its personnel policies related to abuse, neglect, or exploitation incidents. Also, DDSN does not have an adequate system to ensure that caregivers dismissed for consumer safety infractions are not rehired elsewhere in the system.

Background

DDSN has procedures in place to react to incidents or threats to consumer health, safety, and welfare. When someone reports abuse, neglect, or exploitation, DDSN implements both internal and external investigation procedures. S.C. Code §43-35-10 provides the following definitions:

- **Abuse** is intentionally inflicting physical injury on a vulnerable adult or deliberately subjecting a vulnerable adult to threats or harassment or other forms of intimidating behavior.
- **Neglect** is a caregiver omitting or failing to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult.
- **Exploitation** is causing or requiring a vulnerable adult to engage in improper labor; improper use of funds, assets, property, or power of attorney, or causing a vulnerable adult to purchase goods or services for the advantage of someone else through undue influence, harassment, duress, force, coercion, or swindling.

DDSN determines, through its internal review process, whether or not the accused violated provider policy. At the conclusion of the investigation, the facility administrator/executive director must follow the provider's personnel policy to discipline the caregiver, address any training issues or procedural changes identified during the review, make necessary environmental changes, and notify licensure/certification boards of licensed or accredited employees.

In addition to initiating the internal investigation, staff must immediately contact the appropriate external investigative agency following an incident or threat. Only the investigative agency can substantiate abuse, neglect, or exploitation. A 2006 amendment to the Omnibus Adult Protection Act (§43-35-5 *et seq.*) assigned external investigative duties to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division (SLED); however, SLED may not conduct each investigation. SLED may direct an investigation to local law enforcement, the Attorney General's office (financial exploitation), or the Long Term Care Ombudsman (non-criminal investigations). From January 30, 2007, to January 30, 2008, SLED received 1,129 abuse and neglect reports; 625 were related to DDSN-operated or contracted facilities. The Department of Social Services' out-of- home abuse and neglect unit investigates incidents involving consumers age 17 and under. If an external investigation substantiates abuse, neglect, or exploitation, then the provider must terminate the perpetrator within 24 hours. If the victim is a child, then the perpetrator's name will also be entered on the Central Registry of Child Abuse and Neglect.

There is not a registry of abusers of vulnerable adults. Currently, the Adult Protection Coordinating Council is researching potential parameters of an adult abuse registry for South Carolina. The council, created in the Omnibus Adult Protection Act (OAPA), includes representatives of all of the agencies involved in serving and protecting vulnerable adults. If a registry is proposed, legislatively approved, and implemented, it will be an important resource for employers of people who work with vulnerable adults. The names listed on the registry from DDSN would be those perpetrators involved in substantiated cases. If a DDSN internal review finds that a person violated a disciplinary policy related to the health, safety, and welfare of a consumer, but the person is not criminally convicted, his name may not appear on the registry.

Abuse and Neglect Policy Implementation

DDSN may not have ensured that service providers comply with its policy regarding personnel actions related to a report of abuse, neglect, or exploitation. DDSN directive 534-02-DD requires that alleged perpetrators of abuse and neglect be immediately placed on administrative leave without pay, as a part of the safety plan for the consumer. According to initial reports submitted by the providers to DDSN between January 30 and July 30, 2007, there were 332 total incident reports involving staff. There were 244 administrative leaves and 16 terminations recorded in initial reports for that same time period, leaving 72 (22%) cases where the provider did not follow the safety plan.

In addition, directive 534-02-DD also requires that alleged perpetrators be terminated if the case is substantiated by an external investigative agency. During the same time period, there were 70 substantiated cases involving staff. According to DDSN records, there were 59 substantiated cases that resulted in termination, leaving 11 (16%) where the policy was not followed.

Although DDSN took more than two months to compile the data reported above, in October 2008, the agency provided a third report reflecting 100% compliance with personnel policies in directive 534-02-DD. DDSN did not provide documentation to allow us to verify the new data; therefore, the evidence is not sufficient to support a conclusion about provider compliance.

Recommendation

13. The Department of Disabilities and Special Needs should enforce abuse and neglect directive 534-02-DD by reviewing provider reports and documenting the follow-up with providers if a required action is not taken.

Reference Checks

DDSN does not have an adequate system to ensure that direct caregivers who are dismissed for consumer safety-related disciplinary infractions are not rehired elsewhere in the system. If a caregiver at a DDSN-operated facility is terminated or resigns because of an abuse or neglect incident, staff enters a code on his personnel file. If the person reapplies to a DDSN-operated facility, the hiring official has access to this information. However, there is no equivalent system maintained for local DSN boards or other providers.

Several DDSN agency officials reported that although DDSN does not have a centralized system for boards and other providers to check, they encourage detailed reference checks. S.C. Code §41-1-65 provides immunity from liability when employers respond to written reference requests with factual information contained in the employee's personnel file. This includes performance information. We contacted the local DSN boards and found that most boards exchange only minimal information such as dates of employment and position held. They do not generally exchange performance information, even if it is in the personnel record.

Although a completed job application should include information about past consumer safety incidents, the employer does not have a guarantee of receiving complete information. DDSN has a few options that would make the hiring process less risky for the providers. One possible solution is to develop an internal registry. Following an LAC recommendation, the Department of Social Services (DSS) implemented a system to track individuals allowed to resign before disciplinary action can be taken against them. According to an agency official, DSS requires supervisors at the county offices to check this system before making a final hiring decision. However, DDSN officials stated that a systemwide registry could expose the agency to unnecessary liability.

Another option is to formalize reference check procedures. DDSN officials agreed that they could mandate, through the contracts with the DSN boards and QPL providers, that specific information about employees be shared with other DDSN-contracted service providers, if requested in writing. Agency officials stated that this plan presents significantly less risk than an internal registry, would not be too difficult to implement, and would accomplish the goal of greater consumer safety.

Recommendations

14. The Department of Disabilities and Special Needs should amend its contracts with the DSN boards and other providers to require that they formally record whether they would rehire a separating employee.

15. The Department of Disabilities and Special Needs should amend its contracts with the DSN boards and other providers to require that they make all requests for references in writing.

16. The Department of Disabilities and Special Needs should amend its contracts with the DSN boards and other providers to require that they respond in writing to a written request from another system provider with the following information, documented in personnel records:

    - Written employee evaluations.
    - Official personnel notices that formally record the reasons for separation.
    - Whether the employee was voluntarily or involuntarily released from service and the reason for the separation.
    - Information about job performance.

Onmibus Adult Protection Act

The Omnibus Adult Protection Act (OAPA) should be revised to criminalize neglect of a vulnerable adult through reckless behavior. The OAPA was passed to provide protection for vulnerable adults — people 18 years or older with a physical or mental condition which substantially impairs the person from providing for his own care or protection. The OAPA defines specific crimes and provides for prosecution and punishment of perpetrators of abuse, neglect, or exploitation of a vulnerable adult. Through their representatives on the Adult Protection Coordinating Council (APCC), agencies charged with serving and protecting vulnerable adults have expressed a desire to amend the criminal portion of the OAPA.

During the course of our review, the legislative committee of the APCC presented a proposed OAPA amendment that would make neglecting a vulnerable adult as a result of acting or failing to act due to *reckless disregard* for his health or safety a misdemeanor criminal offense. Currently, all offenses are felonies that require knowing and willful commission of the crime, with the exception of a misdemeanor for failing to report abuse, neglect, or exploitation. Council members believe that the addition of the misdemeanor offense will aid in prosecuting those whose behavior, though reckless, does not rise to the level of knowingly or willfully harming a vulnerable adult.

The developmentally disabled population and other vulnerable adults can be compared to children in that they cannot provide for their own care or protection. The Children's Code provides for a Central Registry of Child Abuse and Neglect (S.C. Code §20-7-680). It also contains an offense of "cruelty to children" which is a misdemeanor that carries a lesser penalty than other crimes against children.

Recommendation

17. The General Assembly should amend the Omnibus Adult Protection Act to add a misdemeanor level charge and penalty to the criminal acts directly against vulnerable adults.

Consumer Funds

DDSN should strengthen its controls to ensure that consumers' funds are handled appropriately. DDSN has several agency directives governing the handling of consumers' funds, and the agency performs reviews of the DSN boards and other providers to verify that they are following these directives. DDSN's licensing division, DHEC's division of certification, the agency's contracted quality improvement organization, and the DDSN internal audit division all perform reviews on the handling of consumers' funds. By examining DDSN's internal audits, we found that consumers' funds are often mishandled by board staff.

In our review of DDSN's internal audits from FY 04-05 through March 2008, we found that the division regularly finds problems at the boards/providers when they perform audits of consumer funds. Some of the problems that internal audit found repeatedly include:

- Consumers' personal checks not being filled out correctly.
- Missing receipts for consumers' purchases.
- Consumer property without the consumer's name on it.
- Questionable purchases made on behalf of the consumers.
- Consumers' cash-on-hand ledgers not maintained properly.

The audit results indicate that many of the boards/providers have problems ensuring the proper management of consumer funds. One cause of inappropriate use of consumer funds could be a lack of proper training to board/provider staff. Another may be the choice of some board/provider staff to take advantage of the vulnerable population they serve. Improved employee hiring practices, such as more detailed reference checks, should ensure that qualified staff are hired (see p. 24).

The internal audit division performs training on how to properly maintain consumer funds at the request of the board or other providers. According to an agency official, most boards/providers train new employees on the use of consumer funds themselves, by having existing employees train the new employees.

According to an agency official, DDSN's internal audit has not conducted mandatory training for the boards/providers on consumer funds in approximately four years. Since they consistently find problems in this area, DDSN should conduct mandatory consumer funds training for every board and other provider. Internal audit staff should also encourage providers with questions on how to handle consumer funds to contact internal audit staff directly for guidance.

Recommendation

18. The Department of Disabilities and Special Needs should conduct mandatory training for all board/provider staff handling consumer funds and inform board/provider staff to contact internal audit staff with questions regarding consumer funds.

Room and Board

DDSN has allowed providers' room and board policies to be inconsistent and has not ensured that they are communicated to consumers and the public. The Medicaid program does not pay for the room and board of consumers; therefore, it is generally the responsibility of residential consumers to pay for their room and board. DDSN allows each board/provider to establish room and board amounts based on guidelines issued by the agency. These room and board amounts may include: rental charges, utilities, food, maintenance, exterminating, etc.

DDSN provides each board/provider with guidelines to follow to determine room and board calculations. While we found these internal guidelines adequate, the guidelines should be strengthened by establishing an agency directive on room and board that is available to the public.

We spoke with agency officials and interested parties about this issue. According to agency officials, while room and board amounts may change from board to board, the amounts should not change within a given county unless there are unusual circumstances where a particular residence's costs are above or below the norm. Also, private providers determine their own room and board amounts separately from the county DSN boards.

However, while a board may set its room and board for all its consumers, it is limited to a consumer's ability to pay. For example, if the room and board for a given county is $600 a month, then all consumers in that county are expected to pay $600. However, if a consumer only receives $500 a month in unearned and earned income, that consumer cannot be expected to pay the full $600 and will pay a lower amount. Consumers who receive more than $900 a month in unearned and earned income may have to pay the full room and board amount.

DDSN allows boards/providers to use one of three methods to determine the rental charge portion of their room and board calculations. The three methods are:

- Surveying local rental amounts or using the U.S. Department of Housing and Urban Development's (HUD) fair market rent calculations (annual calculations for average rental amounts, searchable at the county level).
- Using a home's monthly mortgage payment.
- Using a home's depreciation over the life of the home.

We reviewed three DSN boards' room and board calculations. During our review of the three boards, we found that all three did not apply DDSN's guidelines correctly. Also, according to an agency official, it may be inappropriate for the DSN boards/providers to continue to use HUD's fair market rent calculations, as those numbers are based on low-income housing rental amounts, and DDSN's homes are of a higher value.

Also, according to an agency official, the boards/providers calculate their room and board amounts themselves or have their CPA firms do it for them. DDSN does not approve the amount. DDSN should review its methods of calculating rental charges and determine a single method to implement statewide. DDSN should also implement controls to ensure that each board's/provider's calculations are correct.

Finally, DDSN's agency appeal process, outlined in department directive 535-11-DD, does not clearly state that room and board calculations may be appealed by consumers and their families. According to an agency official, however, this is the method for appeal for room and board disputes. DDSN should update its agency appeal process to clearly state that room and board calculations may be appealed by consumers and their families if they dispute the charges.

Recommendations

19. The Department of Disabilities and Special Needs should examine its methods for calculating rental charges and implement a statewide public directive specifying a single method for boards and other providers to use.

20. The Department of Disabilities and Special Needs should require each board and provider to have its room and board calculations approved annually by the agency.

21. The Department of Disabilities and Special Needs should update its agency appeal directive (535-11-DD) to specifically include room and board calculations.

Human Rights Committees

Provider human rights committees have not complied with DDSN's policy and may not fully protect consumer rights or ensure consumer welfare. S.C. Code §44-26-70 requires that human rights committees of at least five members be established for each regional center and county DSN board. The committee is appointed by the state director or his designee and must include a family member of a person with mental retardation, a client of the department, and a member of the community at large with expertise or interest in the care and treatment of persons with mental retardation and related disabilities. Committee responsibilities include the following:

- Review and advise the provider on policies pertaining to client rights.
- Hear and make recommendations to the provider on research proposals which involve consumers.
- Review and advise the provider on program plans for behavior.
- Receive notification of abuse, neglect, exploitation, or critical incidents.
- Advise the provider on other matters pertaining to consumer rights.

The statute directs the department to establish policy for the operation of the committees. DDSN directive 535-02-DD applies to all regional centers, the autism division, DSN boards, and contract service providers, although contract service providers are not required to have a board. The directive expands human rights committee membership to at least six people, requiring a community professional with behavioral or medical expertise, a member of a related organization, and other community members. In addition, the directive requires that the "family member" be related to a DDSN consumer, as opposed to the statute's requirement that the person be related to someone with mental retardation. The directive also provides specific instructions on case review and minimal training requirements.

During the first three quarters of FY 07-08, DDSN's quality improvement organization (QIO) found that just 11 of 28 (39%) eligible providers reviewed adhered to DDSN policy regarding human rights committees composition, confidentiality, and training directives. Detailed reviewer comments revealed that although committees were active in providing oversight of board activities, providers often received a "Not Met" because neither meeting minutes nor board training records contained a record of human rights committee training. An agency official stated that other reasons for receiving a "Not Met" determination included incomplete committee composition, and having an insufficient number of meetings.

It may be difficult for providers to find a person meeting each of the qualifications, who is willing to volunteer his time. It also may not be necessary for committees providing oversight of smaller boards to meet as often as the directive requires. The agency official stated that in those cases a provider should request an exception to the human rights committee licensing requirement. Between January 1, 2005, and December 31, 2007, four providers requested an exception to that requirement. According to an agency official, if after the QIO's follow-up review, the provider still has not met this indicator, the provider will receive technical assistance from the district office.

Although the QIO found that committees were active in providing oversight of board activities, the committees were frequently unable to meet DDSN's requirements. Appropriate committee composition and training are important to ensuring consumer welfare.

Recommendations

22. The Department of Disabilities and Special Needs should evaluate whether or not the statutory requirements for human rights committee composition could be effective, and if so, amend the directive to be consistent with the statute.

23. The Department of Disabilities and Special Needs should monitor whether facility/agency directors schedule human rights committee training at least once a year or more often as needed.

Direct Caregiver Training

We reviewed DDSN's direct caregiver minimum training requirements and DSN board training curriculum outlines to determine if board policies complied with DDSN policy. We found that, with few exceptions, the DSN boards' outlines met DDSN's minimum training requirements. However, training coordination and procedures may need to be reviewed further.

According to an agency official, the last major statewide curriculum revision was more than eight years ago. After that revision, training coordination duties were shifted from the central office to the regional offices. In 2007, DDSN staff and trainers from around the state updated the agency's training directive, which includes policies and a list of required topics. They are in the process of updating the DDSN-recommended training curriculum. According to an agency official, the revision process has created a forum for trainers from around the state to discuss training-related practices and issues from their counties. Also, the updated curriculum will eventually be posted online.

During our review, we determined issues for DDSN to review further:

- Abuse and neglect training may be inadequate. Early QIO reports show that, although most providers are able to document a staff person's receipt of abuse and neglect training, upon observation, staff do not demonstrate an understanding of the issue or reporting process. From July to December 2007, the QIO observed that of 17 providers documenting annual abuse and neglect training, 12 (71%) had staff that could not demonstrate knowledge from the training.
- Online availability of training information is very limited, and neither DDSN's website nor its extranet contains a list of training opportunities in different counties. The extranet is a password-protected internal site. During the course of our review, we observed that Florida's Agency for Persons with Disabilities website contains comprehensive lists of training available in the agency's geographic regions.
- Centralized training coordination may be beneficial in terms of providing technical assistance and sharing of best practices and training opportunities.

Recommendation

24. The Department of Disabilities and Special Needs should communicate training availability through its website.

Barriers to Competition and Consumer Choice

Federal regulations (42 CFR §431.51) require recipients of services funded by Medicaid to have free choice of the providers who are willing to provide the service to them. We were asked to identify barriers to competition and consumer choice within the DDSN system. We found that in South Carolina, DDSN's consumers often have little choice of providers. Most services are provided by the local disabilities and special needs (DSN) boards. We identified several barriers to competition and consumer choice that are discussed below.

Availability of Provider Choice

In the past, local disabilities and special needs boards provided nearly all services for DDSN's consumers. Beginning in 1998, DDSN began to implement a service-delivery approach called "person-centered services," which was designed to give consumers and their families more choice and control of the services they received from DDSN. DDSN gradually began to allow qualified service providers other than the DSN boards to provide services to its consumers. In 2003, DDSN solicited proposals from providers who wanted to serve its consumers, and more providers were qualified through the process that was administered by the Budget and Control Board. Providers on the qualified provider list are called QPL providers. According to procurement records, as of January 2008, DDSN had added 17 non-board providers through this process. We found that 4 of the 17 providers procured from 2003 through 2008 are no longer providing services. In October 2008, DDSN submitted information about new providers qualified through its August 2008 solicitation. The information showed that 15 new providers have been qualified to offer some services.

As of FY 06-07, just five providers of residential and day services to DDSN's consumers had been added through DDSN's solicitation for services. According to DDSN, as of December 2007, just 147 of 4,776 residential consumers were being served by these QPL providers. In FY 06-07, DDSN paid approximately $5.6 million to these providers, 3% of its total expenditures of $163 million for residential and day services. Early intervention is the only service where there was a significant choice of providers. In FY 06-07, DDSN paid 5 QPL providers $4.8 million for early intervention, approximately 37% of its expenditures for this service.

In many parts of the state, consumers have no choice of provider for residential services. We reviewed a list of residential facilities and found that there are 35 counties where a consumer would have no local choice of provider for any residential service.

Over the past few years, the federal Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Human Services (DHHS), the state Medicaid oversight agency (see p. 8), have recommended that DDSN take action to bring more providers other than DSN boards into the system. A 2004 CMS review of the MR/RD Medicaid waiver operated by DDSN recommended "... the continued enrollment of non-DSN board providers in order to increase choices of consumers and family members." This review also advised "... that actions be taken to assure that all potential providers have the opportunity to enroll to increase consumer and family choice."

DDSN requires service coordinators to offer choices to consumers and to have the consumer sign a form stating that they were offered a choice of providers. DDSN's quality assurance contractor reviews consumer files to make sure that these forms are in the files. However, if there are no providers to choose from, having consumers sign this form is, in many cases, a meaningless activity.

DDSN participates in a national core indicators survey conducted by the National Association of Directors of Developmental Disabilities Services and the Human Services Research Institute. The survey asks a sample of DDSN's consumers about their experiences and perceptions. Based on data from the 2005-2006 survey in which 20 states participated, DDSN's consumers' responses did not vary from the national average when asked questions about whether they had choice in making life decisions. However, when asked whether they had looked at more than one home or more than one job, just 4% – 6% indicated that they had, percentages far below those in all of the other participating states.

We contacted South Carolina's neighboring states to determine how many providers of residential services are available in those states. We found that consumers in Georgia, Florida, and North Carolina have a greater choice of providers than those in South Carolina. Florida's website lists 200 residential providers, Georgia's provider list includes 141 providers of residential services, and a North Carolina official stated that North Carolina has 80–100 residential providers at any one time. Including DDSN and the DSN boards, South Carolina has 45 providers of residential services. Removing some of the barriers to entry faced by providers in South Carolina should result in more choice, which could result in improved services for DDSN's consumers.

Barriers Related to the Board System

The South Carolina Mental Retardation and Related Disabilities Act of 1990 provided that a statewide network of local boards of mental retardation be established. Section 44-20-385 states that county boards of disabilities and special needs are ". . . the administrative, planning, coordinating, and service delivery body for county disabilities and special needs services . . . ." The law does not require the boards to provide services directly. They may contract with other providers to carry out the department's programs. Historically, the boards and other entities recognized by DDSN as boards (see p. 3) have planned and coordinated services and also directly provided the substantial majority of the services received by DDSN's consumers. As implemented by DDSN, the board system creates barriers to other service providers who might be qualified and wish to provide service to DDSN's consumers.

Lack of Independent Service Planning

In South Carolina, service coordination and service provision are generally performed by the same entity, the local DSN board. This creates a conflict of interest and is a barrier to choice. When a consumer's service coordinator, who informs the consumer about different providers available, is employed by one of the providers, the service coordinator's independence is compromised. Also, the board's service coordinator is responsible for determining the consumer's needs, which affects the funding allocated to services for that consumer. If that board receives those funds as a service provider, the independence of this process could be compromised. Further, when service coordination and service provision are combined, oversight is lessened and quality of service may be compromised.

According to a recent study of DDSN's quality management functions by the USC School of Public Health, national experts suggest that the service coordination function be at arm's length from service providers. The separation of these functions creates necessary "firewalls" that prevent conflicts of interest, facilitate functional outcomes, and serve as an independent oversight mechanism. The study pointed out that the separation of the two functions allows for multiple "pairs of eyes" to monitor quality, and recommended that DDSN require the separation of service provision and coordination. The S.C. Department of Health and Human Services (DHHS) has separated service coordination and service provision for the Medicaid waiver programs that it manages directly. A 2007 DHHS audit of DDSN's service coordination points out that most counties in the state only have a choice of one provider for regular service coordination. The audit stated that "DDSN should continue to find a way to bring more qualified providers into the system even if they are only neighboring DSN boards in order to provide actual choice."

We found that in Georgia, Florida, and North Carolina, service coordination is separate from service provision and cannot be done by the same entity. In each of these states, service coordination and service provision were formerly done by the same entity. In Georgia, House Bill 100, passed in 1993, found that the state had an obligation and responsibility to develop and implement planning and service delivery systems in which "... the functions of service planning, coordination [and] ... contracting ... should be separated from the actual service delivery programs." According to officials in those states, similar changes to ensure independence of service coordination occurred in Florida in the 1990s and in North Carolina around 2002.

According to a 2006 survey conducted by the National Association of State Directors of Developmental Disabilities Services, 27 states reported they do not permit providers to offer other direct services to consumers for whom they provide case management, while 20 states reported that providers could offer both case management and other direct services. Six of the 20 states reported they require case management units to operate at arms length from other agency operating units.

In its 2003 solicitation for new providers, DDSN mandated that providers responding to the solicitation could not offer both service coordination and service provision. According to a DDSN official, this was to prevent conflicts of interest. However, DDSN has continued to allow the DSN boards to provide both to the majority of their consumers.

DDSN is required by statute (S.C. Code §44-20-370) to use the most modern methods of providing services to its clients. It should require the separation of service coordination and service provision to ensure independent consumer choice. In October 2008, DDSN reported that six new providers of service coordination have been qualified through its August 2008 solicitation for services. Having independent providers available should ease the implementation of this new requirement.

Financial Barriers to Entry for Non-Board Providers

DDSN provides financial benefits to DSN board providers that discourage participation by other providers of services. When board providers are serving a consumer, DDSN pays the board an upfront payment called a band payment (see p. 47), while QPL providers are paid for services only after they have been provided and do not receive the upfront payments. For example, a board provider would be paid $6,168 per month in advance for providing services to a single consumer in a high management group home. Delayed payments can create cash flow problems for the QPL providers. The DSN boards also have a favorable financial situation when vacancies occur

in their facilities. The boards continue to be paid for providing services for 60 days or more following vacancies, while the QPL providers are not paid for empty beds. Also, until July 2008, QPL providers had to bill the DSN boards, their competitors, for some services, which can create delays. It was also inefficient, as the same provider might serve consumers in multiple counties, and it would have to bill each board separately. Beginning in July 2008, QPL providers may bill DDSN directly for additional services.

Funds for Capital Development

DDSN has provided the DSN boards capital grant funds to purchase and maintain their residential facilities and for administrative facilities. Table 3.1 summarizes the capital grant amounts awarded by DDSN for the past three years. The majority of funds (59%) were for administrative facilities. According to DDSN, many of these facilities also house day programs for consumers.

Table 3.1: DDSN's Capital Grants, FY 04-05 – FY 06-07

TYPE	FY 04-05	FY 05-06	FY 06-07	TOTAL
Residential	$665,751	$2,624,068	$4,048,194	$ 7,338,013 (41%)
Non-Residential	1,792,296	1,997,979	6,725,213	10,515,488 (59%)
TOTAL	$2,458,047	$4,622,047	$10,773,407	$17,853,501 (100%)

Source: DDSN

Financial Accountability

DDSN has not adequately implemented its contractual controls over board performance. DDSN's contracts with the DSN boards contain comprehensive provisions for DDSN to withhold or reduce payments to the boards for violations of DDSN policy, financial requirements, or service provision standards. The contracts can be terminated for breach of contract or the board's insolvency. In one instance, DDSN sanctioned a provider, Babcock Center, by forcing it to reduce its services by approximately one-half (see p. 12). As a result, other providers had an opportunity to expand their services and bring more choice into the system. In Richland and Lexington counties, 64% and 33%, respectively, of residential facilities are operated by providers other than Babcock, the DDSN-recognized "board" in these counties. However, we found that DDSN has waived financial obligations of the boards in many instances or has helped them out of financial difficulties. This is done through a process of forgiving the boards' obligations to DDSN or awarding special one-time grants to the boards. Some examples of DDSN's assistance are listed below.

- Although the DSN boards are required to reimburse DDSN when they sell property that was purchased with a capital grant from DDSN, it allowed the Chester/Lancaster and York boards to keep proceeds owed to DDSN in the total amount of $151,000 from FY 05-06 through FY 06-07.
- When Babcock Center was required to downsize, DDSN furnished a grant of $96,000 for furniture for its facilities being transferred to other boards. DDSN is still owed more than $2 million by Babcock. According to officials, it will forgive this debt when all of Babcock's transferred property has been officially transferred to other providers.
- In FY 07-08, DDSN assisted the Charleston DSN board with its financial difficulties. As part of its agreement with the board, DDSN will pay for the agency's leases in the amount of $108,000 for FY 06-07 and $110,856 for FY 07-08.
- In FY 04-05, DDSN provided special one-time grants to the Georgetown DSN board in the total amount of $267,204. One of these grants was for "one-time settlement of IRS lien."

According to DDSN officials, they cannot allow the boards to go out of business. They think of the boards not as separate stand-alone entities, but as part of DDSN's budget. They "work with" the boards so that they can continue to operate. This gives the boards a strong financial advantage compared with the QPL providers. While DDSN, beginning in FY 06-07, has given one-time grants to QPL providers and has extended the period over which they can repay penalties found in audits, prior to FY 07-08, it had not given significant financial assistance to these providers. In FY 07-08, DDSN awarded $475,065 in capital grants to one QPL provider of residential services.

Not requiring the boards to be financially accountable can have other effects in addition to limiting and discouraging competition from other providers. If the boards know they can mismanage their funds with impunity, they have less incentive to manage prudently. They also have less incentive to ensure that their services protect the health, safety, and welfare of their consumers. Many findings of DDSN's internal audits of the boards were recurring problems (see p. 26). DDSN should ensure that it requires the boards to be accountable. If a board does not manage its resources appropriately, DDSN should implement its contractual controls and, if needed, contract with other providers of services for its consumers.

Recommendations

25. The Department of Disabilities and Special Needs should require that a consumer's service coordination and service provision be performed by separate entities.

26. The Department of Disabilities and Special Needs should hold the DSN boards accountable for their fiscal management. If a board is not financially responsible, DDSN should implement its contractual controls, and, if needed, contract with other providers for services.

Allocation of Beds

DDSN's method of distributing new funding for residential services has also created barriers to providers and consumer choice. Instead of allocating new residential placements to consumers who are determined to be the most in need of these services, DDSN allocates new slots to providers. In FY 05-06, DDSN was appropriated $2.3 million in state funds as the state match to allow them to develop 130 new beds to serve consumers not previously served. In FY 06-07, they received an additional $9.2 million in state appropriations to allow for 500 new beds.

DDSN has used a process for filling vacant beds and developing new beds that focuses on providers. When an existing bed becomes vacant, DDSN allows the provider to locate a new person who has need for services to fill this vacancy. When funding became available for the 500 new beds in FY 06-07, DDSN used the following process to gather information before allocating the new beds to specific providers:

- DDSN solicited providers' proposals for new beds.
- DDSN obtained information on geographic location of consumers waiting for residential services.
- DDSN obtained data on the existing residential capacity as a percentage of total county population.

According to a DDSN official, they also considered the type of residential service needed, with the goal of increasing beds in the least restrictive categories. In addition, they considered the population served, wanting to increase services for consumers with head and spinal cord injuries and autism, who had been previously underserved. They also decided to allocate more beds to private (QPL) providers than had been allocated in the past. DDSN officials evaluated the information they obtained and then allocated new beds to specific providers. They specified what level of service would be provided in each case and from which waiting list(s) the consumer filling the beds must come. They did not designate individual consumers to receive the placements. Although DDSN had asked providers to identify the consumers they would serve if they received new beds, a review of their proposals revealed that many did not. Also, in at least one case, a provider requested the slots to meet the needs of potential consumers, and DDSN authorized the

provider to provide a different level of residential service, for which it did not have demand.

In Georgia, Florida, and North Carolina, when funding becomes available to provide residential services to clients not previously served, funds and services are allocated to specific consumers and not to providers or facilities. The consumers who are authorized to receive services then select the provider(s) that they want, often interviewing and considering various providers available.

By allocating beds to providers instead of to people, DDSN has not encouraged consumer choice. In some cases, this method of funding can result in consumers who would otherwise receive residential placements not being placed or not being placed with their choice of provider. For example, we reviewed records of four consumers who were eligible for residential placement and had chosen their preferred qualified providers. However, the providers they chose did not have beds allocated from DDSN. Two of the consumers agreed to be placed with another provider who was not their choice, and two of them preferred to wait until their preferred providers had "slots" available. When the money follows the bed instead of the person, it is another barrier to competition and consumer choice. Although most QPL residential providers are qualified to provide services in all parts of the state, according to one of these providers, when they wanted to serve consumers in new parts of the state, DDSN did not allow this. According to another provider, they have decided to stop offering services in South Carolina because they could not obtain enough slots from DDSN to make their services economically feasible.

Recommendation

27. The Department of Disabilities and Special Needs should allocate funding for services to individuals and not to providers.

Lack of Reciprocity

If a DSN board wants to provide a service that it provides in its own county in a neighboring county, it is required to apply to be a qualified provider in the other county. We could not determine any reason why a provider qualified in one county would not be qualified to provide the same service in another county. This is another disincentive to free choice of providers for consumers. One DSN provider stated that the resources they would use to go through the application process would be better spent elsewhere in service delivery.

Recommendation

28. The Department of Disabilities and Special Needs should allow DSN boards to provide services they provide in their own jurisdiction in other areas of the state without going through the provider qualification process.

Availability of Providers

As discussed previously, often there are not enough available residential service providers for consumers to have a choice of providers. Evidence indicates that other types of services needed by consumers are often not available. Three services mentioned to the LAC as not available were the following:

- Respite — service provided to care for the consumer temporarily because of the absence or need for relief of persons normally providing care, either in the home or at a different site.
- Companion — non-medical care, supervision, and socialization provided to an adult consumer.
- Behavior support — services which use research-validated methods to identify the cause of, intervene to prevent, and appropriately react to problematic behaviors.

DDSN files quarterly reports with DHHS regarding services that are needed but unavailable. We reviewed the quarterly report filed in February 2008 and noted that there were 102 reports of unavailable services. Most frequently reported as unavailable were respite care, behavior support services, and adult companion services. We consulted Babcock Center, the primary provider of respite and companion services for Richland and Lexington counties. Babcock maintains lists of qualified providers who might be available to provide respite and companion services. Just 18 respite providers and 6 companion providers were on the list as of March 2008. Based on data from DDSN, as of June 30, 2008, approximately 2,280 consumers in

Richland and Lexington counties were eligible for respite and 370 were eligible for companion services.

Consumers in the Medicaid waiver operated by DDSN are dropped from the program if they don't receive any services in 30 days. If a consumer didn't use services because they were not available, he has 90 days to begin using services during which he may return to the waiver program. Neither DDSN or DHHS compiles reports on how often consumers must leave the program because providers are not available. We reviewed the enrollment and disenrollment forms for the DDSN Medicaid waiver for calendar year 2007 and found 76 instances when consumers were disenrolled because they had not received services in 30 days. The forms did not usually indicate the reason that the consumer had not used services, but in six cases there were specific notes referring to provider unavailability.

Reasons cited for the difficulty in recruiting respite and companion providers included the low pay, training, requirements to be qualified, and the difficulty and part-time nature of the work. DDSN stated that its new solicitation for providers issued in August 2008 makes it easier for individuals to complete the paperwork and go through the qualification process. They are also redesigning services in a new waiver application to respond to the problem of availability of providers. These include a site where respite services could be provided for flexible hours based on family needs.

Management of Provider Qualification

DDSN's qualification process for providers of psychological services needs improvement. Since 2000, DDSN has been responsible for determining which providers are qualified to offer psychological services to its clients through the MR/RD waiver (see p. 5). Psychological services include counseling, testing, and behavior support services. Behavior support services have not been available to all who need them (see p. 41). As of March 31, 2008, according to DDSN's provider list, there were just 26 qualified providers of behavior support services who were accepting new clients. From FY 04-05 through FY 06-07, DDSN records show that just 56% (10 of 18) new applicants to provide behavior support services were determined by DDSN to be qualified. We reviewed DDSN's provider qualification process to determine whether it provided appropriate controls to verify qualifications. Applicants must possess the required education and experience and submit a work sample. To be found qualified, applicants must also pass an interview, in which one or two DDSN employees or contractors conduct an oral interview with the applicant.

The use of an interview to determine whether applicants are qualified is questionable, as it could be subjective and may not meet professional testing standards of validity and reliability. Although DDSN uses structured interview questions, there are no written policies for grading or scoring the interview. There is no assurance that the interview would provide consistent results or be defensible if challenged. DDSN also uses interviews to determine whether providers of psychological counseling services and testing services are qualified. Other means to determine qualifications, such as requiring the passage of a written exam or specific courses of study, would likely be more objective, valid, and reliable.

Renewal and Review of Qualified Providers

Beginning in 2002, DDSN required stringent renewal and review requirements for all providers of all psychological services which could discourage potential providers from applying. We found that DDSN did not enforce these requirements, which calls their purpose into question. Beginning in 2002, DDSN required that providers renew their qualification every two years and submit documentation of 20 hours of appropriate continuing education credits to DDSN. Also, DDSN required that providers' performance be reviewed annually. In the annual review for behavior support services, a person skilled in applied behavior analysis evaluates a sample of the provider's work to determine if it met 13 criteria established by DDSN during the qualification process. If criteria were not met, DDSN would require the provider to submit a corrective action plan and undergo a follow-up review.

We reviewed the files of 8 (31%) of the above 26 behavior support providers and found that the renewal requirements had not been enforced; providers were not required to renew every two years or submit documentation of their continuing education to DDSN. Also, the annual reviews had not been completed in most cases. Four of the providers for whom reviews would have been required since 2002-2004 had no record of ever having an annual review. After the LAC disclosed the sample findings to DDSN, DDSN management sent out notices requiring providers to send in documentation of their continuing education going back to 2004.

According to a DDSN official, they have been concerned about getting the providers they need to furnish behavior support services. DDSN has regularly made USC courses in applied behavior analysis available to its providers, staff, and interested professionals at no cost. DDSN should also revise its qualification and review process to ensure that it contains adequate, but not excessive quality controls, is objective, and consistently enforced.

Recommendations

29. The Department of Disabilities and Special Needs should ensure that barriers to individuals desiring to provide services are minimized.

30. The Department of Disabilities and Special Needs should regularly evaluate the level of response to its solicitation for providers and amend the solicitation as indicated to encourage new providers to enter the system.

31. The Department of Disabilities and Special Needs should discontinue the use of an oral interview to qualify providers and ensure that its process is based on objective criteria and documented results.

32. The Department of Disabilities and Special Needs should ensure that it enforces stated provider requirements for renewal and review.

Marketing and Provider Communication

We reviewed DDSN's marketing and communication to providers to determine whether the agency made adequate efforts to broaden the choice available to consumers by encouraging and supporting new providers. We did not find substantial evidence of recruitment or support. While DDSN issued a solicitation for new providers in 2003, we found little evidence that DDSN attempted to evaluate the response to the solicitation or make changes to encourage more providers to apply. Focus groups who participated in the USC School of Public Health study agreed that a cause for the lack of choice in the South Carolina system was "... in large part, due to the complexity in the process for private providers to obtain licensure or certification."

Only when the 2003 solicitation neared expiration in 2008 did DDSN consider amendments and changes to the solicitation. For example, it is considering allowing providers of 6-bed homes to provide services that were previously limited to providers of 4-bed homes. DDSN also plans to solicit providers to act as fiscal agents for consumers who do not want a DSN board to handle their funds.

However, DDSN does not see itself as responsible for recruiting providers. According to DDSN officials, who cited a U.S. Supreme Court decision not to review an appeals court decision in the state of Colorado, DDSN is not required by Medicaid law to provide services or ensure that they are provided.

DDSN does not offer training or orientation sessions to new providers to ease their way into providing services effectively. A DDSN official stated that when a provider responds to the solicitation for services, DDSN expects that they have certain knowledge, background, and experience. Georgia requires several days of new provider orientation and training that is offered twice a year. Florida has an extensive and ongoing system for new provider training. One South Carolina provider within the DSN system stated that it was difficult for his board to begin offering a new service, and they are already working in and familiar with the DDSN system.

Evidence indicates that DDSN does not have regular communications to ensure that all providers have the information they need or have the same access to assistance. One provider obtained the right to bill DDSN directly and had the frequency of its billing changed to twice a month. This billing frequency is not granted to the other QPL providers. DDSN has not ensured that all assistance was communicated or available to all providers equally.

Recommendations

33. The Department of Disabilities and Special Needs should recruit new providers by ensuring that provider requirements are not unnecessarily restrictive.

34. The Department of Disabilities and Special Needs should provide regular and intensive training and assistance to new providers.

35. The Department of Disabilities and Special Needs should pay all non-board providers of residential services on a bi-monthly schedule.

36. The Department of Disabilities and Special Needs should ensure that it provides the same benefits to all providers and that its policies are comprehensive and readily available to all providers.

Conclusion

DDSN officials stated that private providers did not want to come to South Carolina because of the low rates paid for their services in the state. However, they did not provide evidence to support this assertion. We did a limited review of rates paid to private providers for residential services (non-institutional) in Florida, Georgia, North Carolina, and South Carolina. As shown in Table 3.2, based on limited evidence about the current rates paid in these states for different levels of residential service, there is nothing to suggest that South Carolina's provider rates are too low to attract providers.

Table 3.2: Rates for Residential Services in Four Southeastern States

State	Rate Per Day
North Carolina	$102 – $175
South Carolina	$73 – $209
Georgia	$156
Florida	$40 – $248

Source: DDSN and FL, GA, and NC records.

As discussed, there are many barriers to competition and consumer choice in the South Carolina system that is managed by DDSN. DDSN should take action to increase the choices available to the consumers it serves. Provider choice should work hand-in-hand with accountability. North Carolina has recently been criticized because many of its providers, especially for mental health services, were billing the state for services that may not have been needed, and the state did not have adequate controls over quality of service. According to a North Carolina official, the consumers did not have budgets or controls over the amount spent for their services; they had blank checks to purchase whatever services they wanted. DDSN has controls to ensure that services are needed and allocates budgets to individual consumers. If South Carolina is able to recruit more providers and offer more choice to its consumers, DDSN should ensure that it provides accountability for services offered by all of its providers.

Use of Funds

Band Funding

Our objective was to determine if DDSN's band payment system is effective, efficient, and accountable. The band payment system is used as a budgeting tool to fund DSN boards, which provide or arrange for consumer care. These funds are used later to pay board expenses and to make payments to providers — they are not direct payments to providers. We did not find material problems with the band payment system and found it does not violate any federal regulations. However, DDSN has not formalized a band funding policy and has no formal procedure and policy for systematically updating band funding amounts to account for cost-of-living increases. Band funding in itself does not provide accountability — as band funding was not designed to account for a consumer's services or service payments.

Background

The band payment system, modeled after a similar system in the state of Arizona, is an advance payment system designed to pre-fund county disability and special needs (DSN) boards. This budgeting tool determines the amount of funding provided to the boards. State funds are appropriated to DDSN by the South Carolina General Assembly and are paid to the DSN boards a month in advance to be available to the boards for their consumers' care. The amount of funding to the boards for each consumer is determined by the band assigned. Each band is assigned a specific dollar amount, which is the average of the costs of consumers in that band based upon prior year actual costs. The band assignment to the consumer is based upon the service needs of the consumer as determined by an assessment administered by DDSN and DSN board personnel.

Pre-funding is necessary because the boards receive their primary funding from DDSN and have few other sources of funding except for Medicaid. The boards have to meet their ongoing administrative costs and the costs of providing services. They are not "stand-alone" entities, such as other state agencies, which are funded directly by the General Assembly. They exist primarily to provide or arrange for services to DDSN consumers.

A consumer's band funding may be more or less than the amount that is paid for his services. According to agency officials, the level of services received is always based upon consumer needs, not on band amounts. The cost analysis division of DDSN analyzes funding bands assigned to individual consumers every month in order to determine if funding bands need to be changed.

"Money Follows the Person"

DDSN asserts that it has a "money follows the person" philosophy regarding funding for consumer services. This concept was begun in 1992 in connection with the migration of consumers from regional institutional settings to smaller group home residential settings, in what is referred to as "depopulation." DDSN "moves" the budgeted amounts for services with the person to the new residential setting. This philosophy has been carried over to the band funding and consumer movement from service provider to service provider within a board's domain, from board to board, and from board (or board provider) to private providers, called QPL providers (see p. 33). QPL providers do not receive pre-funded band funding, but the rates they receive for providing services are based on the band amounts.

We found that there is a lack of clarity about exactly what "money follows the person" means. Some consumers, consumers' families, and advocates may think that a consumer is "entitled" to money assigned the consumer through band funding. However, we found that band funding represents *budgeted* funds and makes those funds available for consumer care, but the amount of money spent is based upon the actual service *needs* of the consumer, regardless of the band amount. The services needed are what the consumer is entitled to — not the specific amount of money in the funding band. If the services are not in the plan of care, then they are not needed. The services will not be received, and money will not be spent for them. Service needs and their cost may be more or less than the band amount assigned.

Misunderstanding about the band funding may have caused consumers and interested parties to become suspicious and fostered the belief that DDSN has not made the proper expenditures in the procurement of services for the consumers. A written policy available to the public should provide a better understanding of the purpose and application of band funds and reduce uncertainty and suspicions regarding services purchased.

Other Budgeted Funds

DSN boards are also paid a monthly rate in advance for consumers not assigned a funding band, but who receive service coordination and some other services. These would include early intervention therapy and training for children from birth through five years, services to HASCI (head and spinal cord injury) consumers in the waiver (see p. 5), respite care that is state funded, and other individual and family supports.

Band Development

DDSN initially developed the funding bands during 1997 and 1998, culminating in the creation of five bands to provide funding for services for classifications based upon consumers' level-of-care needs. Two bands were for consumers who reside in their homes and were as follows:

- Band A consumers receive day program services.
- Band B consumers receive day program services and enhanced waiver support services.

The residential bands were assigned based on the type of residential placement the consumer needed and were as follows:

- Band C included placements in community training homes (CTHI), and supervised living programs (SLP I and II).
- Band D consumers were low needs residents in community residential care facilities (CRCF) and community training homes (CTH II).
- Band E consumers resided in high needs intermediate care facilities for the mentally retarded (ICF/MR), and high needs CRCF and CTH II placements.

Addition of Band F

We reviewed the DDSN band F, an additional band implemented in 2002. This band was created as a part of a pilot program contractually agreed upon by DDSN and the Babcock Center. Band F provided supplemental funding for consumers in CTHI residences, which are foster care placements where consumers reside with their caregivers in their caregivers' homes. According to officials, the additional funding was needed to induce new caregivers into the program by paying for more respite care to relieve the caregivers of some of the burden of their foster care duties. The agency encourages the use of less restrictive consumer placements, based upon the decision in the Olmstead case (see p. 4).

We could find no evidence that DDSN properly documented the pilot program. We found no evidence that it was announced to or known by the general public, or perhaps even known to interested parties, such as disabled consumers and their advocates. This could lead to misunderstanding, suspicion, and mistrust regarding the program and its funding. We also found no evidence that DDSN evaluated the results of the pilot program. Agency data shows no growth in the number of enhanced CTHI placements from 2003 to 2008. Proper documentation and publication of any future pilot programs should provide improved openness and transparency of DDSN's operations.

Adjustments to Band Amounts

In its February 2006 audit report, the Division of Audits of the Department of Health and Human Services (DHHS) recommended that DDSN update its band funding levels so that the amounts of the bands more closely resembled the actual costs of services.

DDSN re-based the bands in 2006. In doing so, it increased the number of bands to eight (see Table 4.1) so the bands would be more representative of actual costs. However, this re-basing was a one-time adjustment of band amounts. DDSN has updated band amounts annually, to coincide with pay raises and insurance increases for employees of DSN boards. However, it has not required regular consideration of other cost-of-living data in agency formal policy or procedure. We concluded that DDSN should develop a systematic plan to update the bands for cost-of-living factors, such as fuel and vehicle maintenance, contingent on availability of funds. This would minimize the risk of inadequate funding caused by band amounts below actual costs, which could potentially affect providers' ability to furnish consumer care.

Table 4.1: DDSN Band Funding Levels, FY 07-08

Band	Placement	Annual Amount
A	Day supports only	$9,079
B	At home waiver supports	$12,598
C	Supported residential (SLP II)	$28,315
D	Supported residential (SLP I)	$18,106
E	Supported residential (CTH 1)	$22,301
F	Supported residential – Enhanced CTHI	$36,574
G	Residential low needs	$54,190
H	Residential high needs	$74,022

Source: DDSN

Medicaid Payments

The DSN board provides, or arranges for, the services required by the consumers' individual plans of care and sends notice of the expenditures to the DDSN central office. DDSN bills DHHS for the Medicaid-reimbursable portion of these services. These payments made for services provided are eventually reconciled with final cost statements for the year DDSN sends to DHHS, with DHHS acting as the fiscal intermediary for Medicaid.

Recommendations

37. The Department of Disabilities and Special Needs should develop a formal policy regarding the process for band funding and post the policy on its website.

38. The Department of Disabilities and Special Needs should develop a plan to update band amounts for cost-of-living adjustments annually.

39. The Department of Disabilities and Special Needs should develop a policy requiring the agency to document pilot programs including their structure, purpose, scope, monitoring, and evaluation.

40. The Department of Disabilities and Special Needs should make information about pilot programs available on its website.

Outlier Funding

When the services needed by a DDSN consumer are significantly more expensive than the funding band allocated to the consumer, DDSN may authorize outlier funding to supply additional funds for consumers' care. As a part of our objective to determine if DDSN's band funding system is effective, efficient, and accountable, we reviewed outlier funding since it is a part of the budgeting DDSN uses to fund the boards. We found that even though DDSN has an outlier policy it uses to approve and re-justify outlier funding, it has not formalized an overall outlier funding policy and made it accessible to the public. We also found that DDSN does not have written guidelines or written criteria for making outlier funding decisions.

Background

There are three types of outlier funds available to consumers:

- High needs residential (band H) — usually to pay for additional staff supervision.
- Enhanced home services (band B) — usually to pay for additional personal care assistance.
- Nursing — to pay for medically-authorized nursing services.

DDSN considers outlier funds for bands B and H when a consumer's annual budget exceeds a certain dollar amount "trigger." Currently the triggers are $94,583 for band H and $28,202 for band B (see p. 50). The local board in the area where the consumer resides is responsible for applying to the DDSN district office for outlier funds, both initially and annually when the outlier must be re-justified. The DDSN central office approves outlier funding.

Nursing outliers are allowed based upon a physician's order without question. However, they are subjected to DHHS-imposed daily and weekly limits, per consumer, of the number of hours of nursing services received. The cost analysis division of DDSN automatically reviews the nursing outliers quarterly for the amount of services being received and adjusts the next quarterly budget accordingly.

Review of Outlier Funding

Beginning in 2004, DDSN required that providers annually re-justify outlier funds allocated to its consumers. In its 2006 audit report, the DHHS division of audits performed a review of the annual outlier re-justifications and found no material problems. As a result, we did not review re-justifications further. However, we did review whether or not a consumer's outlier funds are impacted by a move from a DSN board or board provider to a QPL provider to determine if a consumer is disadvantaged financially because of his choice of provider. This may be an issue because QPL providers are not pre-funded as are board providers, and they are competitors of the boards. In a limited sample, we found that consumers who received services from QPL providers retained outlier funding after moving from boards or board-contracted providers.

DDSN has no comprehensive outlier funding policy available to the public. As we have seen with band funding, the lack of a policy may create consumer and advocate misunderstanding about consumers' "entitlement" to outlier funds. A written policy available to the public should provide a better understanding of the purpose and application of outlier funds and reduce uncertainty and suspicions regarding services purchased.

DDSN does not have written guidelines or criteria which would better ensure that requests for outlier funding are evaluated consistently. These criteria would provide more clarity to funding decisions.

Recommendations

41. The Department of Disabilities and Special Needs should develop a formal policy regarding outlier funding and post the policy on its website.

42. The Department of Disabilities and Special Needs should establish written criteria for outlier decisions.

Cost Reports

Cost reports are an annual compilation of costs DDSN incurs in order to provide care for its consumers. DDSN submits cost reports to the Department of Health and Human Services (DHHS) at the end of each fiscal year to claim Medicaid-allowable costs. DHHS is the Medicaid claims processor, making Medicaid payments to DDSN for Medicaid-allowable costs. Prior audits by the federal Centers for Medicare and Medicaid Services (CMS) and DHHS have recommended that DDSN's cost reports be independently audited. We found the cost reports have not been independently audited.

The process of cost reporting is an annual reconciliation between DDSN's costs and federal Medicaid reimbursement. Adjustments are made if the process reveals that DDSN's allowable costs were more or less than the reimbursements it received from interim payments throughout the year. The annual cost settlement completes the funding cycle begun by the band payments that DDSN used to pre-fund the boards. There is no reconciliation to the pre-funded band amounts, which are budgeted amounts. DDSN's costs are reconciled to the amounts reimbursed for actual services provided to consumers.

DDSN submits four regional cost reports, one each for the Midlands, Piedmont, Coastal, and Pee Dee areas. DDSN includes costs for the three waiver programs — MR/RD, HASCI, and PDD — and DDSN's other Medicaid-eligible programs. DDSN's costs for administering the programs are also reimbursed by Medicaid. DDSN uses the regional cost reports to allocate its costs to the four regions, to the waiver programs, and to its other programs. DDSN allocates its direct salary and benefits expenses, administrative costs for the central state office in Columbia, plus overhead and other general costs. In 2007 DDSN allocated approximately $64.7 million in administrative, general, and other overhead costs to the waivers and other programs, 14% of total program Medicaid costs of $451 million. Total DSN board administrative costs for fiscal year 2006 were $27.7 million, 9% of total DSN board program costs of $309.9 million.

In addition to being the basis for cost settlements made by DHHS and DDSN, the cost reports are used for setting future rates for Medicaid reimbursement of DDSN's waiver programs services. These rates include both service and administrative costs.

The Centers for Medicare and Medicaid Services, in a 2004 audit of the MR/RD waiver program, found that the state should have independent waiver-focused audits performed on Medicaid-filed cost reports. Correspondence from the federal auditors about the audit report reported concerns with DDSN's cost allocations, reimbursement and cost settlement

methodologies, as well as the correct reimbursement rate for the DSN boards' costs.

The DHHS division of audits recommended, in a 2006 limited-scope audit of the MR/RD waiver program, that DDSN obtain an external audit of the four regional cost reports. The DHHS division of audits found, in a March 2008 follow-up audit of the MR/RD waiver program, that DDSN had not complied with the recommendation. DHHS' division of audits completed an audit of DDSN's fiscal years 2005 and 2006 cost reports for service coordination, a very small portion of DDSN's overall service costs. Our review of the audit report found errors in DDSN's methodology in creating the cost reports. However, DHHS, which is involved in the cost reporting process, is not adequately independent to complete audits of DDSN's cost reports due to its relationship with DDSN. The State Auditor's office must approve procurement of audit services. As of October 2008, the auditor had not received a proposal from DDSN. DDSN's failure to implement repeated recommendations to have the cost reports audited leaves a significant gap in accountability for millions of dollars.

Recommendations

43. The Department of Disabilities and Special Needs should arrange for independent audits of all of its most recent fiscal year Medicaid-filed cost reports.

44. The Department of Disabilities and Special Needs should arrange for independent audits of all of its Medicaid-filed cost reports periodically as is appropriate based upon initial audit results.

Use of Funds for New and Expanded Services

We were asked to determine whether DDSN used state appropriations for new and expanded services in accordance with legislative intent. We reviewed DDSN's use of new state funds appropriated for the following services:

- Additional community residential beds.
- Treatment for children diagnosed with autism or other pervasive developmental disorders.
- Rehabilitation services for consumers with traumatic brain or spinal cord injuries.

Table 4.2 shows the funds appropriated to DDSN to provide these services for the period FY 05-06 through FY 07-08.

Table 4.2: DDSN Appropriations for New and Expanded Services, FY 05-06 – FY 07-08

ISSAE YEAR	NEW AND EXPANDED SERVICES					
	NEW RESIDENTIAL BEDS		AUTISM SERVICES		HEAD & SPINAL CORD INJURY REHABILITATION	
	AMOUNT INCREASED	TOTAL NEW FUNDS	AMOUNT INCREASED	TOTAL NEW FUNDS	AMOUNT INCREASED	TOTAL NEW FUNDS
05-06	$2,311,828	$2,311,828				
06-07	9,231,000	$11,542,828	$3,000,000	$3,000,000		
07-08		$11,542,828	$4,500,000	$7,500,000	$2,100,000	$2,100,000
TOTAL		$25,397,484		$10,500,000		$2,100,000

Source: S.C. Budget and Control Board.

We found that DDSN has not yet provided many of the new services for which it received funding. The agency has carried forward, or used for other purposes, the unspent funds. In addition, DDSN has not recouped millions in federal Medicaid dollars it could have received if services were provided.

Use of Funds for New Beds

DDSN has not developed all of the new residential placements anticipated when it received state funds for that purpose. When DDSN requested funding for new residential placements beginning in FY 05-06, it asked for funds to serve individuals in need of residential placement with autism, mental retardation and related disabilities, and head or spinal cord injuries. The funding was to address the state's need to:

- Respond to individuals who have been awaiting residential care for too long.
- Respond to aging parents and caregivers who cannot provide care at home any longer.
- Respond to the increasing number of persons awaiting residential care and to the national trend to resolve this need by litigation through the courts.

The General Assembly appropriated $2.3 million in FY 05-06 to fund approximately 130 new beds and an additional $9.2 million in FY 06-07 for an additional 500 new beds for a total of 630. Although we could not determine exactly how many beds DDSN developed to serve those not previously served, we found that DDSN had approximately 380 more people receiving residential services on June 30, 2008, than were receiving residential services on June 30, 2005.

We reviewed DDSN's planning process for developing the new beds and how it tracks bed development. For the 500 beds first funded in FY 06-07, DDSN followed a process of asking providers to request new beds, evaluating provider requests to develop beds in conjunction with other information about population and service capacity, and formally allocating the new beds to providers. (As discussed on page 39, DDSN allocated beds to providers instead of to individuals in need of those placements.)

DDSN management has tracked the development of beds as a result of new funding received in both FY 05-06 and FY 06-07. According to these tracking reports, which are used to work with the boards and other providers and to brief DDSN's commission on the status of bed development, DDSN developed 476 (76%) of the anticipated 630 new beds over the three-year period. We reviewed the back-up for the tracking reports and determined that their accuracy could not be verified and they were unreliable. DDSN then provided information showing that the agency had developed 449 (71%) of the anticipated new beds. This information was based on changes in DDSN's contracts with the DSN boards and other providers. However, these documents did not provide a method to verify whether new beds were offset by decreases in other beds formerly operated by providers or whether the beds were providing residential services to those not previously served. We concluded that information from DDSN's client data base showing how many consumers were receiving residential services, adjusted to include vacant beds that DDSN was paying for, provided the most reliable approximation of how many additional residential consumers were served over the period. Based on this information, DDSN developed approximately 380 (60%) of the anticipated 630 beds for which it received appropriations.

Use of Funds

DDSN requested state appropriations for the new beds based on the anticipated funds needed to operate the beds. The beds are funded by the federal and state governments through Medicaid; the state contributes approximately 30% and the federal government contributes approximately 70%. According to its budget requests to the General Assembly, DDSN increased its estimate of the annual state cost to operate a bed from $17,200 to $19,120 (11%) over the period FY 05-06 through FY 08-09. We used DDSN's operating cost projections and its information about the number of consumers served in the new beds to estimate the amount it spent to operate the new beds from FY 05-06 through FY 07-08. We estimated that DDSN spent just $7.6 of the $25.4 million appropriated to operate new beds. When DDSN did not spend state appropriations to operate new beds for its consumers, it did not receive the federal funds associated with these beds.

LAC

SUMMARY

A Review of the Non-Emergency Medical Transportation Program of the Dept. of Health and Human Services

MISSION

The Legislative Audit Council conducts performance audits to find ways to reduce the cost and improve the performance of state agencies and programs. Our audits must be requested by members of the General Assembly or required by state law.

Audits by the Legislative Audit Council are conducted in accordance with generally accepted government auditing standards as set forth by the Comptroller General of the United States.

Approximately 18 months after the publication of most audits, we initiate a follow-up review to determine whether our recommendations have been implemented.

MARCH 2009

Members of the General Assembly asked us to review the non-emergency medical transportation (NEMT) program managed by the South Carolina Department of Health and Human Services (DHHS). The department operates this program to give Medicaid clients rides to and from medical facilities for non-emergency reasons, such as physician appointments, dialysis, and physical therapy. The objective of the program is to provide better assurance that clients are receiving the services covered by Medicaid.

Until 2007, the department managed the NEMT program by contracting directly with independent transportation providers throughout South Carolina. Under this in-house system, clients called DHHS staff to arrange trips.

In 2007, the department entered into contracts with two private brokers to subcontract with independent transportation providers and to arrange trips for clients. The length of these contracts is three years, ending in 2010, with an option for two one-year extensions. Total DHHS payments to the brokers are projected to be approximately $140 million for a three-year contract period up to $233 million for a five-year period.

Overall Finding

We found no evidence indicating whether an in-house management system or a broker-based system is inherently superior for minimizing cost or maximizing quality of service. Effective management by DHHS is important to the success of either system. However, the department did not use sufficient analysis or data in the operation of its former in-house system or in the process it used to purchase broker services. Although the department has improved its use of analysis and data in managing the NEMT program, further improvements are needed.

NEMT In-House System in Operation Until 2007

- DHHS contracted with local transportation providers without using the competitive procurement methods required by state law.
- Goals and performance measures were not established for the cost of the program.
- Goals and performance measures were not established regarding quality of service.
- Internal controls for deterring fraud and abuse were minimal until 2006.

DDSN officials stated that they spent all of the funds appropriated for items related to the new beds. The officials stated that before new beds can begin operating, DDSN makes significant capital investment in new facilities and other start-up costs. DDSN makes capital grants to assist providers in purchasing homes (see p. 37). Based on information provided by DDSN about its capital grants to the DSN boards and other providers, we estimated that DDSN spent approximately $10.7 million for residential capital grants over the three-year period. In addition, DDSN officials stated they made other infrastructure grants to the DSN boards and other providers during the period with an estimated total of $12.4 million. Officials stated that these grants were associated with the residential growth because day programs and other administrative functions had to expand along with the residential growth. However, in many cases these expenditures did not appear to have any relationship to the bed expansion. For example, although Babcock Center was not awarded any new beds, DDSN granted Babcock approximately $2.4 million in infrastructure grants for a new administrative building and other non-residential purposes during this period.

DDSN did not request funding from the General Assembly for capital grants to the DSN boards and other providers. There was no evidence that the General Assembly intended for DDSN to use funds appropriated for operating new residential beds to make capital grants of more than $23 million to DSN boards.

We concluded that it was not reasonable to expect that DDSN could have been operating all of the new beds during the first year the funds were appropriated. However, it is not clear why DDSN did not develop more of the beds for which it received appropriations. As of June 2008, DDSN had 2,000 consumers waiting for residential services. DDSN tightly controlled the allocation of the new beds and refused requests of the boards and other providers to develop more beds (see p. 39). If DDSN had allowed private providers to develop more beds, its capital investment could have been less, leaving more funds to operate the beds. A DDSN official stated they are now planning not to develop 62 of the beds originally planned. However, DDSN requested new state appropriations for FY 08-09 for additional new beds, when it had not developed the beds for which it had received appropriations in FY 05-06 and FY 06-07.

Funding for Autism and Other Pervasive Developmental Disorders

DDSN has been slow to implement a new program for children who have been diagnosed with autism or other pervasive developmental disorders (PDD). These disorders are characterized by delays in the development of socialization and communication skills. This has resulted in more than $9 million in state appropriations remaining unused or being used for different purposes.

In FY 06-07, DDSN received $3 million in state appropriations to be used for treatment of children who have been diagnosed with PDD. DDSN had not requested funding for this program when the General Assembly authorized it as a pilot project for FY 06-07. DDSN officials worked with officials from the Department of Health and Human Services to develop a Medicaid waiver program for the children who would be served. The program was to provide case management and early intensive behavioral intervention services to eligible children ages three to ten. Each child may receive services for up to three years or through age ten. The federal Centers for Medicare and Medicaid Services approved the waiver program with a start date of January 1, 2007. According to DDSN, 102 children were enrolled in the program in FY 06-07. However, DDSN spent just $10,454 of the $3 million appropriated for services in that year. DDSN carried forward or used for other purposes almost $3 million.

For FY 07-08 DDSN received more funding for the new program with a total of $7.5 million in state funds appropriated. In FY 07-08, more children enrolled in the program, bringing the total enrolled to 273 by July 1, 2008. However, expenditures for services during FY 07-08 remained relatively low. DDSN spent just $661,463 in FY 07-08, leaving $6.8 million to be carried forward or used for other purposes. Based on DDSN's estimate that 85% of the children in the program are eligible for Medicaid, by not providing the funded services, the state did not receive an estimated $13.6 million in federal Medicaid funds in FY 07-08. Those who were enrolled in the program obtained an estimated $15,000 per capita in services, much less than the program's estimated $37,000 budget per participant. According to DDSN, some services may have been received but not billed for at the end of the fiscal year. Also, the agency initially did not have enough providers to serve its consumers.

Out of $10.5 million appropriated for this program over the past two years, DDSN has spent just $671,917 (6%) for services. We could not determine how DDSN has used the additional funds it received for the autism program. Some of these funds have been carried forward by DDSN; the agency carried forward $1.7 million from FY 06-07 to FY 07-08 and approximately $6.7 million from FY 07-08 to FY 08-09. According to officials, funds carried forward are not designated for specific projects or purposes.

Rehabilitation Services for Head and Spinal Cord Injury (HASCI) Consumers

DDSN used or has contracts to use approximately $1,458,000 (69%) of $2.1 million appropriated for FY 07-08 for post-acute rehabilitation for those with traumatic brain or spinal cord injuries. DDSN requested funding to fill an identified gap in services following an injured person's medical stabilization or discharge from the hospital.

In FY 07-08, the General Assembly appropriated $2.1 million for this purpose. According to a DDSN official, Medicaid does not pay for in-patient rehabilitation in South Carolina, so the agency could not obtain federal reimbursement for these services. DDSN developed contracts through which authorized consumers could obtain rehabilitation services from the three facilities in or near South Carolina which are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). The three hospitals in the area which have this accreditation are located in Greenville, S.C., Charlotte, N.C., and Augusta, Ga. According to DDSN officials, they set aside $600,000 of the appropriation to use as an incentive to help additional hospitals in South Carolina become CARF-accredited.

During FY 07-08, services and equipment totaling $1,458,317 were authorized for 23 consumers ($721,012 paid in FY 07-08, with the remainder to be paid in FY 08-09). According to DDSN officials, no South Carolina hospitals used the funds set aside to become CARF-accredited. According to one of these officials, none of the unused funds were spent for other purposes, but all were carried forward as part of the $6.7 million DDSN carried forward into FY 08-09. For FY 08-09, DDSN has reduced its agency budget by $450,000 by cutting the allocation for this program, leaving $1,650,000 to be spent for HASCI rehab services in FY 08-09. According to a program official, they will not have a problem using these funds as there are many unserved consumers.

Recommendations

45. The Department of Disabilities and Special Needs should ensure that it develops and provides services for which it has received appropriations from the General Assembly.

46. The Department of Disabilities and Special Needs should develop funded residential services prior to requesting more funds for additional beds.

47. If the Department of Disabilities and Special Needs needs state appropriations to make capital grants to the DSN boards and other providers, it should specifically request these funds from the General Assembly.

Aging Caregiver Waiting List Policy

DDSN has allocated new beds to its consumers based on their waiting list status. Directive 502-05-DD contains policies for waiting lists for DDSN's various programs. For placement in the new beds developed with the FY 06-07 appropriations, DDSN required that new residential consumers be on one of the following waiting lists:

- Critical needs waiting list — consumers in life-threatening situations requiring immediate services.
- Priority one waiting list — consumers in urgent situations with features suggesting there is a probability they will require residential placement within the next 12 months.
- Aging caregiver waiting list — consumers residing with caregivers age 65 or older.

According to a DDSN official, when they allocate a new bed to a provider, they work with the provider to try and identify a consumer with an urgent need to be served. They try to serve consumers on the critical list first. However, they also consider compatibility in making placement decisions. It is important for all consumers in a particular facility to be compatible, so they may select consumers who are on the priority one or aging caregiver lists instead of those on the critical waiting list.

We did not review the controls and operations of DDSN's waiting lists. However, we noted that while DDSN has policies regarding eligibility for its critical and priority one waiting lists, there are no policies defining the aging caregiver waiting list. According to DDSN, as this list is not formalized, there is no aging caregiver waiting list per se. They use this information to communicate with the Governor and members of the legislature, who have expressed interest in this issue. Sometimes people on the list have not

requested residential services. DDSN tries to anticipate needs that would be caused by the caregiver's unexpected decline in health.

We noted that consumers are eligible for residential placements based on their status as living with aging caregivers. Without a policy for the aging caregiver list, it is uncertain whether eligibility for this list is consistently applied and whether consumers on the list need priority for residential services. For example, it might be inappropriate for a consumer whose parents include one aging caregiver and one younger caregiver to be placed on the aging caregiver list and given priority over those with other types of needs, such as working single parents with other children. According to a DDSN official, the consumer's service coordinator designates the primary caregiver(s), but there is no written guidance for this process.

Recommendation

48. The Department of Disabilities and Special Needs should implement appropriate controls over its aging caregiver list by establishing written policies for this list and for how service coordinators determine whom to designate as primary caregiver(s).

DDSN Grants to Private, Non-Profit Organizations

During FY 05-06 and FY 06-07, DDSN spent approximately $1.5 million on grants to private, non-profit organizations. In some cases, DDSN has funded the general operations of advocacy groups, which is a conflict of interest.

We obtained and reviewed information on grants or donations made by DDSN and the DSN boards to private, non-profit organizations. In addition to the $1.5 million mentioned above, DDSN has also awarded the Greenwood Genetic Center, its research facility, approximately $7 million in grants in each of the past three fiscal years. This funding appears to be directly related to DDSN's mission. DDSN also funds capital grants which are discussed on page 37. Also, we found that a few of the DSN boards made donations to private, non-profit groups; the boards reported that the donations were made with local funds, and we did not identify a material problem.

Advocacy Group Funding

DDSN has funded the general operating expenses of several groups that advocate for the consumers whom DDSN serves. This funding, which is mostly state funds, was not for specific projects or services for DDSN consumers. DDSN officials stated that the grant money for the South Carolina Autism Society enables the organization to exist. Table 4.3 shows grant amounts for the general operating expenses for three of these advocacy groups.

Table 4.3: DDSN Operating Funding to Advocacy Groups

Advocacy Group	FY 05-06	FY 06-07
The Arc of South Carolina	$27,900	$28,400
South Carolina Autism Society	$20,000	$190,330*
Whitten Center Parents Club	$14,400	$14,400

* Includes a capital grant in the amount of $170,330 for the purchase of an administrative office building.

Source: DDSN

These organizations' missions are to advocate for people with disabilities and their families. Advocates perform an accountability function for the agencies who serve the individuals they represent. Specifically, the constitution of the South Carolina Autism Society states the organization's purpose is ". . . to advocate continuously to service-providing agencies for appropriate lifelong services that will enable all persons with autism spectrum disorders to reach their maximum potential." Advocacy groups' ability to hold DDSN accountable is impeded by their dependence on DDSN's funding for their existence.

DDSN has also funded the operations of other advocacy groups. For other organizations, such as Family Connection and the South Carolina Spinal Cord Association, DDSN has funded specific projects in addition to providing operating funds.

No Formal Process for Grants

DDSN's funding process appears to be subjective. DDSN does not have a grant application form or policy it follows when determining which organizations will be funded. Also, there is no review committee evaluating whether organizations' requests for grants are the best use of state funds. According to staff, one agency official is responsible for authorizing the grant awards. When asked how the availability of grant money is advertised, the agency responded that the organizations who serve their consumers are aware that this funding is available.

According to officials, many organizations have received funding repeatedly over several years. We found no standard method used by the agency to determine whether or not an organization should continue to receive funding; however, the agency provided examples of grants that had been decreased. DDSN requires a year-end financial statement of most grantees. According to agency officials, the program staff is asked if the funded organizations are reaching the goals of any specific projects or services outlined in the grant awards. However, there is no programmatic review of organizations receiving operating funds since DDSN is basically funding their existence.

If the advocacy organizations found that DDSN's services were inadequate, they may be hesitant to comment negatively about DDSN since they depend on DDSN for funding.

Prevention Mini-Grants

In contrast to DDSN's practice of awarding operating grants to organizations, the process for funding the prevention mini-grants has appropriate controls. DDSN, through the Head and Spinal Cord Injury (HASCI) division, awards $2,500 prevention mini-grants, primarily for projects regarding brain injury awareness such as a bicycle helmet safety seminar. Each year DDSN puts out a request for proposals for injury prevention projects. A panel reviews the proposals and rates them on how well they respond to the request, including whether the project's target population is defined, whether there are specific objectives to meet the stated goals, and whether the project has an ongoing, appropriate evaluation plan. In the past several years, the six top-rated proposals have been funded $2,500 each. HASCI requires a six-month report of activities and expenditures. Staff conducts a site visit and offers technical assistance. We reviewed the files for this process in FY 07-08 and found that all steps of the process were documented appropriately.

Conclusion

The General Assembly has funded private, non-profit organizations such as the Special Olympics and the Greenwood Genetic Center through DDSN's budget. If the General Assembly intended for DDSN to fund the operations of other private, non-profit groups, it could fund them directly through DDSN's budget. The General Assembly funds South Carolina Share and the Alliance for the Mentally Ill, advocacy groups for mentally ill individuals, through the Department of Mental Health's budget.

If the advocacy groups are not funded by the General Assembly, DDSN should discontinue awarding grants for their operation. This money may be better used as the state match for federal funding for services for consumers. DDSN has long waiting lists of consumers who cannot obtain the services they need. The $1.5 million of state funds used for grants could have generated an additional $3.5 million in federal Medicaid funding (based on a 70/30 match) for services to consumers.

For all grants, DDSN should develop a standard grant application form and place it on the agency's website so all organizations can be aware of and apply for funding. By establishing a formal review process for all grants to private, non-profit organizations, the agency can better determine which services and/or projects offered by these organizations are the most beneficial to DDSN consumers and are the best use of state funds.

Recommendations

49. The Department of Disabilities and Special Needs should discontinue awarding grants for general operating expenses to private, non-profit advocacy organizations.

50. The Department of Disabilities and Special Needs should develop and implement a standard grant application for private, non-profit organizations.

51. The Department of Disabilities and Special Needs should establish a public directive for the review process of awarding and continuing grants to private, non-profit organizations.

Access to Information, Audits, and Other Issues

Communication of Agency Policies

DDSN's system for communicating agency policies should be more open to consumers and the public. Also, DDSN has not ensured that the policy information it communicates is current. The agency's documentation of its human resources policies also needs improvement.

DDSN policies are contained in regulations, commission policies, and directives. According to S.C. Code §1-23-10(4), regulations are ". . . each agency['s] statement of general public applicability that implements or prescribes law or policy or practice requirements of any agency." DDSN has regulations primarily for recreational camps and day programs. The agency has not promulgated new or revised regulations since 1986. In April 2007, South Carolina Protection and Advocacy for People with Disabilities, Inc. filed suit against DDSN and commission members for failing to promulgate regulations ". . . regarding issues of critical concern to applicants and recipients of its services, including but not limited to eligibility . . . appeal procedures; [and] standards for operations of its residential programs . . . ." We did not review this issue because it is pending in the Richland County Court of Common Pleas.

In addition to regulations, DDSN has an internal communication system that includes commission policies and departmental directives. According to departmental directive 100-01-DD, a DDSN commission policy is ". . . a policy or philosophical statement issued by the SCDDSN Commission and implemented by the agency," and a DDSN departmental directive is ". . . a mandate requiring compliance by applicable Central Office, District Office, Regional Center, DSN Board or Contracted Provider staff." A directive may address policy and/or more specific implementation procedures. DDSN commission policies and departmental directives are available, in part, on the agency's website.

Public Access to Policies

DDSN has not provided adequate public access to its directives. While some of DDSN's directives are available on the agency's website, others are only available on the DDSN extranet. The DDSN extranet provides access to and dissemination of current and new information to DDSN's business partners (DSN boards and other community service providers). According to an agency official, all DDSN state employees and provider executive directors have access to the extranet. Provider executive directors can choose whether or not to allow access to their employees. Consumers and the public do not have access to this site.

The agency does not have a written procedure to determine which directives should be made public. However, according to an agency official, a small

committee decides whether or not to make a directive public. Their criterion for making this determination is whether or not the directive is applicable to consumers or the public. We compared the list of public directives with the list of private directives and found that DDSN did not make public many directives that are applicable to consumers and the public. Table 5.1 shows a few of the directives that are private, but should be made public according to DDSN's criterion. This list is not exhaustive.

Most of DDSN's directives are not available to the public. Some address purely internal matters, such as human resources policy, but many private directives address subjects that are relevant to consumers and the public. In making decisions on whether or not to post a directive on the website, DDSN should release it if it at all relates to the public or consumers.

Recommendation

52. The Department of Disabilities and Special Needs should post on its website all directives that contain information that would be of consumer or public interest.

Table 5.1: Private Directives Applicable to the Public

Directive	Title	Justification
100-04-DD	Use of Adaptive Behavior Scales	The applicability section of the directive states that it is applicable to "all DDSN Service Recipients."
100-29-DD	Medication Error/Event Reporting	This directive is similar to directives 534-02-DD (procedures for reporting abuse and neglect) and 100-09-DD (critical incident reporting), in that it provides system-wide definitions of a health, safety, and welfare risk and procedures for reporting any infractions.
133-02-DD	Freedom of Information Act Requests	This directive explains where requests should be sent.
200-02-DD	Financial Management of Personal Funds	This directive lists consumer financial rights and provides information on both consumer and provider responsibilities with regard to those funds.
200-09-DD	Fees for Residential Services Provided by the South Carolina Department of Mental Retardation*	This directive explains the fee structure for consumer residences.
502-07-DD	Procedure for Handling Referrals of New DMH Admissions Suspected of Having Mental Retardation or Related Conditions	Like 502-01-DD, which addresses admissions of individuals to DDSN- funded community residential placements, this policy explains how Department of Mental Health consumers can be admitted for DDSN services.
535-09-DD	Review and Approval of Research Involving...Persons Receiving Services	This directive explains DDSN's policy for approving research on its consumers.
600-10-DD	Individual Clothing and Personal Property-Regional Centers	This directive requires the provider to give consumer families the policy and includes the forms to provide to them.
603-09-DD	Management of Consumers Exposed to Potential Bloodborne Pathogens	This directive gives information on what happens when a consumer is exposed to this type of danger.
604-01-DD	Individual Clothing and Personal Property	Like 600-10-DD, this directive explains the management of individual personal property.
700-03-DD	Insuring Informed Choice in Living Preference for Those Residing in Community ICFs/MR	This directive explains consumer choice in living preferences. It also gives a list of services funded by the MR/RD Waiver, which is helpful to families who are not familiar with the services and what they should request.

* Former name of DDSN until 1993.

Source: DDSN and LAC analysis.

Obsolete Information

DDSN maintains obsolete information in its directives. According to an agency official, DDSN prefers the directive system over regulations because of the ease of updating. We found that DDSN has failed to maintain an up-to-date system.

Throughout this review, we looked to DDSN's directives for a current statement of its policies. There were instances where we were told that the directive posted online or on the extranet contained dated material and that they were operating using a different process. For instance, when asked about a process in directive 200-02-DD, financial management of personal funds, an agency official stated that the directive was out-of-date and that the process mentioned was not their current way of operating. Directive 200-14-DD is another example of a directive containing obsolete information. As of December 4, 2007, that directive contained references to other directives that were no longer in existence and a defunct review process. It had not been reviewed since 1992 — the date it was first issued.

According to directive 100-01-DD, DDSN's internal communication "... system requires an annual review process of such documents thereby eliminating the circulation of out-of-date documents and the promulgation of accurate and timely documents that are intended to govern actual practice." Each of these documents contains a date of issue, an effective date, a last review date, and a date of last revision. The last review date should be within the last year. We examined a random sample of 15 (10%) of the directives, to determine the time elapsed since the last documented review. Table 5.2 shows the results of our review.

Table 5.2: Annual Directive Review

Time Since Last Review	Number of Directives
Less than a year	5 (33%)
Between one and two years	1 (7%)
More than two years	9 (60%)

Source: DDSN

Two of the directives were last reviewed in the early 1990s. An agency official stated that a document manager annually sends a reminder to the person responsible for each directive. If the last review date is more than a year ago, it means that the person either reviewed the document and failed to notify them of the review, or that he had higher priorities on his desk. If agency staff complied with agency policies, it would lower the likelihood of out-of-date information, like that mentioned above, remaining posted year after year.

Recommendation

53. The Department of Disabilities and Special Needs should comply with departmental directive 100-01-DD and document the annual review of its posted policies. DDSN should ensure that it corrects and updates polices as a part of this review.

Human Resources Policies

DDSN's human resources policies are documented in more than one place. DDSN's departmental directives contain some of the agency's human resources policies. In 2002, DDSN also published *General Rules and Regulations: A Handbook for Employees*. Some of the online directives have different content from the same policies in the handbook. Some policies in the handbook are not included in the online directives, and vice versa. When asked whether or not the book is currently relevant and if it binds agency staff, two agency officials stated that both the online human resources directives and the book are in use. However, the content of the directive takes precedence over the handbook. This system is confusing; agency staff should not have to do a comparison of two different documents to determine what applies to them.

Recommendation

54. The Department of Disabilities and Special Needs should maintain only one comprehensive and authoritative source of human resources policies.

DDSN's Website

DDSN's website needs improvement. It does not provide adequate current information to citizens and is difficult to use. Also, it does not include provider quality information that would be useful to consumers.

- DDSN's website does not contain information that citizens could expect to find there. For example, the names and contact information for members of DDSN's commission are not on the website. Also, agency policies and directives that affect the public are not published on the website (see p. 65).
- DDSN's website contains outdated and/or incomplete information. For example, if a user selects "Autism Division" or "Practical Guide to Services," from the main menu, the information describing "Services for People with Autism" does not mention the Medicaid waiver program for children with autism which DDSN has operated since 2007 (see p. 58).

- DDSN's website has no overall search function. Within the site, if a user searches the Practical Guide to Services, he is not told what is being "searched." A user choosing to consult the site map to determine where to find desired information could find that the site map has not been updated to reflect changes to the website.
- The website is not easy to navigate, and there are few links between different parts of the site. If a user selects "Applying for Services," the site states that potential applicants must contact their local DSN board. There is no link to information about the DSN boards and the section the user is referred to, "List of Qualified Service Providers," does not offer a choice for finding your local DSN board.
- The links to information on the agency's home page are not comprehensive and do not always give an indication of content accessible through the links listed.
- The website was designed in 1999 and has not been updated to conform to basic common content principles such as using "contact us," "about us," and "frequently asked questions" pages.

Many citizens rely on the Internet to find information. A survey conducted by the Pew Internet & American Life Project in May 2008 showed that 73% of adults use the Internet, 89% of Internet users search the Internet to find information, and 66% visit government websites.

The public trusts government websites to provide current and accurate information. Citizens expect to use websites to find information about services they might use and also to conduct transactions, such as applying for government services. The U.S. government provides guidance in managing government websites (webcontent.gov) and publishes *Research-based Web Design and Usability Guidelines*. In our review of other states' agencies for this report, we noted that the website of Florida's Agency for Persons with Disabilities (APD) was user friendly and provided information that would be useful to consumers and families. For example, consumers searching for a provider of residential services can access data about a provider's performance on quality reviews, including information about their compliance with background screening and training requirements.

According to DDSN's webmaster, each area of the agency's website has a data content manager responsible for maintaining the information in that section. DDSN officials acknowledged that the agency's website could be improved in appearance and content, but, according to an agency official, as of August 2008, there was no official plan to do so.

Recommendation

55. The Department of Disabilities and Special Needs should take action to improve the content and usability of its public website.

Commission Governance

The South Carolina Commission on Disabilities and Special Needs has narrowly interpreted its governance structure in a way that denies commission members access to public information and potentially hinders performance of their fiduciary duties.

The seven-person commission determines policy and promulgates regulations regarding the Department of Disabilities and Special Needs. The commission also appoints DDSN's director and is charged with public education regarding services for DDSN's consumer population. In addition to statutory definitions of its responsibilities, the commission formalized its governance structure by issuing related commission policies in January 2007. The governance structure is based on a model called policy governance. DDSN's policies include the commission's statement of the department's mission, how the commission will govern, limits on the actions of the director, and the relationship between the commission and DDSN staff. Prior to issuing the commission policies, the board received training from a former director of the University of South Carolina's Institute for Public Service and Policy Research, Governmental Research and Service Unit. A DDSN official stated that issuing the commission policies was simply a way to formalize how they were already operating.

During the course of this review, we learned of a possible hindrance of the roles and responsibilities of commission members caused by the governance structure. During our review of the agency's Freedom of Information Act requests, we noted that the governance structure was used to deny a commissioner access to public information. Though the department eventually provided the information, it took more than two months to respond, according to department records. Following the commissioner's request and before the department eventually provided the information, the commission chairperson denied the request on behalf of the commission and the agency. The chairperson cited commission policy that ". . . only decisions of the Commission acting as a body are binding upon the Director. Decisions, instructions or requests of individuals are not binding on the Director except as specifically authorized by the Commission."

The explanation of the sample board policy used as a model for DDSN commission policies, and presented as part of the commission's training on

policy governance, clarifies any limits on board members' access to information by stating, "Individual board members can surely get their questions answered unless their doing so burdens the organization." The commission member's request was for copies of documents already in existence at DDSN. We consulted with a governance expert about whether this type of governance structure would limit a commission member's access to public information. He stated that there is no reason why this should be the case. If anything, commission members should have more access to information than other citizens, since they have a responsibility to learn for and inform residents of the Congressional districts from which they were appointed. According to the expert, it is more likely that the DDSN commission's behavior was an example of interpersonal problems that should be addressed.

Recommendation

56. The South Carolina Commission on Disabilities and Special Needs should modify its directives to ensure that commission members' rights as citizens are not encumbered and that their fiduciary duties are not hindered.

Internal Audit

We reviewed the operations of DDSN's internal audit division. In 2005, the Institute of Internal Auditors (IIA) reviewed DDSN's internal audit. IIA found that DDSN "partially conforms" to the IIA standards and made recommendations for improvement. We reviewed DDSN's response to IIA's recommendations and found areas where more action is needed.

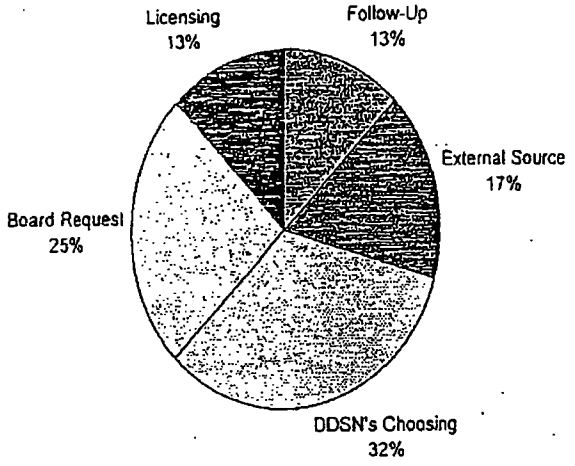
Background

DDSN's internal audit division has seven staff. The division staff perform the following types of audits: initial, follow-up, and special requests. Internal audit also performs technical assistance reviews on very specific topics at the request of DSN boards. The division also provides training to DSN board staff on consumer funds and property management.

We reviewed all of the division's audits and technical assistance reviews from FY 04-05 through March 2008. Most of the audits were of DSN boards. We found that only 2 of the 24 audits (8%) were of DDSN itself: one of an area of the finance division at the central office and one of a DDSN regional center.

Chart 5.3 shows why audits were initiated at DDSN for the period of FY 04-05 through March 2008.

Chart 5.3: Why Audits Were Initiated, FY 04-05 – March 2008



Source: DDSN

Reporting Structure

In previous reviews of other agencies, we identified problems with the resources devoted to internal audit and the independence of the internal audit function. Internal audits are an important control that agencies can use to ensure that resources are being used appropriately. We found that DDSN has an appropriate reporting structure for its internal audit division. However, the role of the DDSN commission should be strengthened.

For administrative matters, the head of DDSN's internal audit division reports to the agency director. He also reports to the DDSN commission on audit planning and the division's activities. If the internal audit director must investigate complaints against the agency director, then he is required to coordinate directly with the commission chair. This reporting structure should ensure appropriate independence for the internal audit function.

However, the DDSN commission has had minimal involvement in the work of the internal audit division. The commission had abandoned its finance/audit sub-committee until it was reinstated in 2008. This sub-committee consists of three commission members. As of May 2008, the finance/audit sub-committee had met only once.

In 2005, the IIA recommended that DDSN develop an audit committee charter that addresses the committee's mission and other responsibilities. As

of May 2008, DDSN had not approved a charter for its finance/audit sub-committee. We also found that the sub-committee members do not review the audits before they are released and are not involved in determining which audits to perform.

Recommendation

57. The Department of Disabilities and Special Needs should approve a finance/audit sub-committee charter which provides for members to participate in audit planning and review of audits before they are released.

Audit Planning

In 2005, the IIA recommended that internal audit conduct a risk assessment of DDSN's audit universe and use the results of this assessment to guide the annual audit planning process. In 2007, the division completed a partial risk assessment plan of DDSN, but it does not always use this assessment to guide its auditing process. The partial risk assessment plan includes a completed risk assessment for the DSN boards and other providers but does not include the DDSN central office, the district offices, or the regional centers. The 2005 IIA report stressed that DDSN should assess audit risk of all parts of the agency. As of March 2008, the division has conducted only one audit of DDSN's central office and only one audit of a DDSN regional center.

There have also been no audits conducted on DDSN's information technology (IT) department. DDSN uses many different computer systems, and many of those systems have large amounts of manual entry of data. Manual data entry often leads to data error, which is risky for the agency. In October 2008, we received DDSN's FY 08-09 risk assessment which included the regional centers, but not DDSN's central or district offices.

The risk assessment plan for the DSN boards and other providers rates the boards/providers on the following factors:

- Number of critical incidents they have had.
- Risk based on findings in their external certified public accountant (CPA) audits.
- Number of previous internal audits and technical assistance reviews.
- Total number of consumers served by the board.

All of these categories are ranked from 1 to 3, with 3 being the highest risk. The internal audit division then adds up these numbers to calculate a total risk factor.

Recommendations

58. The Department of Disabilities and Special Needs should update its internal audit risk assessment plan to include the central and district offices.

59. The Department of Disabilities and Special Needs should ensure that the order of priority in its internal audit risk assessment plan is followed as closely as reasonably possible.

60. The Department of Disabilities and Special Needs should perform internal audits of its information technology systems.

External Audits of DDSN

DDSN also undergoes external audits and reviews. The Department of Health and Human Services (DHHS), the federal Centers for Medicare and Medicaid Services (CMS), the Office of the State Auditor (OSA), and the Budget and Control Board (B&CB) all perform various external reviews of DDSN.

DHHS is responsible for oversight of Medicaid funding and performs external audits of DDSN required by its Memorandum of Agreement (MOA) with DDSN. DHHS has performed various audits of DDSN and its policies, including audits of Medicaid waivers, DDSN centers, and service coordination. In one of DHHS's audits, and the related follow-up to that audit, DHHS recommended that DDSN have its Medicaid waiver cost reports audited (see p. 53).

CMS is required to perform external reviews of DHHS, and thus DDSN, due to the MOA between DHHS and DDSN. CMS reviews DHHS/DDSN because of the various Medicaid waivers the two agencies together operate for CMS. CMS reviews the two agencies to determine if the waiver requirements are being met, and whether the waivers should be renewed.

The OSA performs agreed-upon procedures reviews of DDSN every year. Agreed-upon procedures reviews do not express an opinion on the agency's financial statements. These OSA reviews are required by S.C. Code §11-7-20. OSA performs agreed-upon procedures instead of financial audits because of limited staffing, timeliness, and because it now conducts the

statewide single audit. Finally, the B&CB performs procurement audits of DDSN as required by S.C. Code §11-35-1230.

DDSN's internal audit division also issues audit policies to the DSN boards that require CPA audits of the boards. The policies state what information is to be included in each audit, and specify the procedures for the independent auditors to follow during the course of the audit.

According to an agency official, only one board is not required to have a CPA audit conducted, because it does not meet the financial threshold requirements.

CPA Firms Providing Consulting Services

Several county DSN boards have hired the same CPA firms that conduct their financial audits to also provide consulting services. Providing consulting services may impair a firm's independence to conduct a board's financial audit. DDSN should strengthen its oversight of the audit process.

We obtained information from all of the DSN boards to determine if the CPA firms who conducted their annual financial audits also provided consulting services. We identified six boards whose CPA firms were also paid for consulting services. According to board records, the boards paid their CPA firms for services such as setting up a board's computer systems, conducting cost analyses, helping with revenue entries, and handling other accounting issues.

DDSN directive 275-04-DD, provider audit policy, states that annual financial audits of the DSN boards must be performed in accordance with generally accepted auditing standards by an independent certified public accountant. Government auditing standards describe the types of services that impair independence to include:

- Maintaining or preparing the audited entity's basic accounting records or maintaining or taking responsibility for basic financial or other records that the audit organization will audit.
- Posting transactions to the entity's financial records.
- Designing, developing, installing, or operating the entity's accounting system or other information systems that are material or significant to the subject matter of the audit.
- Developing an entity's policies, procedures, and internal controls.

In response to accounting scandals of many large corporations, the federal Sarbanes-Oxley Act of 2002 was enacted to strengthen auditor independence

and require additional disclosures about the services provided by the independent accountant. This act listed prohibited services to include bookkeeping or other services related to the accounting records, financial statements of the audit client, and financial information systems design and implementation.

DDSN should clarify its directive to indicate what services provided by the DSN boards' CPA firms may impair the firms' independence to conduct the financial audit. DDSN officials stated that they are not aware that any boards have had the same CPA firm conduct both financial audits and consulting services for the same year. To ensure better oversight, DDSN should require the DSN boards to annually report to DDSN all services provided by any CPA firm. This requirement would help ensure that the boards are complying with generally accepted auditing standards.

Recommendations

61. The Department of Disabilities and Special Needs should revise its provider audit policy directive to include specific guidance on which consulting services should not be performed by the CPA firms conducting a DSN board's financial audit.

62. The Department of Disabilities and Special Needs should require DSN boards to annually report all services provided by any CPA firms.

Conflicts of Interest with Former DDSN Employees

We were asked to determine whether DDSN has ensured that there are no conflicts of interest involving former employees or other individuals. We found that at least 11 DDSN employees continued to work for DSN boards after leaving DDSN; however, we identified only 1 employee who worked simultaneously for DDSN and a DSN board while performing similar duties, which appears to be a conflict of interest. This same person also worked for DDSN at the same time that he worked for a firm contracting with DDSN.

DDSN Employee Working for DSN Boards

In 2002, DDSN hired a former state director of DDSN as a temporary employee to provide initial training and orientation to newly-hired executive directors of county DSN boards. This employee worked with one DSN board's executive director for four months. For the last month (October 2005), that DSN board entered into a contract with him and paid him $1,600 in addition to his compensation from DDSN. The contract stated, in part, that

he would provide assistance to the board in developing and implementing a risk management system, a comprehensive plan, and to, "Provide leadership to key staff and or board members as requested . . . ."

Another DSN board paid the same employee $1,000 per month to provide assistance to the new executive director from February through May 2005. According to DDSN payroll records, he then provided the same services as an employee of DDSN from July through December 2005. We could not determine why he could not have provided services from February through May as a DDSN employee.

DDSN Employee Working for Contractor

In October 2001, First Health Services Corporation hired the former DDSN state director to assist in developing a proposal for the contract to provide quality assurance reviews for DDSN. After First Health was awarded the contract, he was employed by First Health as liaison with DDSN officials. Subsequent duties involved local management issues, problem solving, and national marketing. According to the former state director's attorney, this employee was not engaged in any quality assurance work for any of the providers nor did he participate in any audits of providers. He continued to work for this contractor following his employment as a temporary employee with DDSN in 2002 through at least 2006.

In response to a complaint in 2006, the South Carolina Ethics Commission found that, while there did not appear to have been any violations of the State Ethics Act by this employee, this employee's simultaneous employment with DDSN, several DSN boards, and a DDSN contractor had the appearance of impropriety. The commission advised the employee to make every effort to avoid any situation which may appear to be a conflict with his public responsibilities. Although he was listed on DDSN's organizational chart as of August 2007, we found no evidence to indicate that he had worked for the agency after September 2006.

Payments by Boards

We reviewed allegations that DDSN encouraged the DSN boards to hire this employee in order to obtain favor with DDSN. We did not find evidence to indicate that this occurred. However, it is otherwise unclear why the boards would pay for management advice and training which could have been provided by DDSN.

Despite limited funds and the need for more money for consumer services, some boards paid between $1,000 and $1,600 per month to this employee for

various services. These services included "providing consultation" and providing ". . . information to the staff of new national and state developments regarding current best practices on specific topics and general trends." Table 5.4 shows the amounts county DSN boards paid this employee over a three-year period.

Table 5.4: DSN Board Payments to Consultant (2005 – 2007)

	2005	2006	2007	Total
DSN Boards*	$124,400	$155,800	$62,950	$343,150

* Represents 14 different DSN boards.

Source: Documentation from DSN boards.

Two DSN boards paid this employee more than $40,000 over this period for various consulting work. As of February 2008, the employee continued to contract with some of the DSN boards.

According to a DDSN official, DDSN district managers perform some of the same functions for the boards that were performed by this former employee. DDSN should provide needed management advice to the boards and training for board members. DDSN should ensure that DSN board executive directors can obtain technical assistance from the agency. This would help ensure that DSN boards would not have to expend limited funds by hiring consultants.

Recommendation

63. The Department of Disabilities and Special Needs should provide adequate training and technical assistance to the DSN boards' executive directors.

Agency Comments

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 28, 2009

Ms. Nancy Stogsdill
1 Hunt Cup Lane
Camden, SC 29020

Re: Detail Claims Report – Richard Stogsdill

Dear Ms. Stogsdill:

Enclosed is a Detailed Claims Report (DCR) for your son, Richard Stogsdill, as requested. The Department does not normally have clinical records; only information abstracted from provider claim forms. The DCR lists services billed to Medicaid as well as the amount Medicaid paid for services rendered between August 24, 2001 and present. This document is a true and accurate printout directly from computerized information kept in the normal course of Department business. Providers normally have one year from the date of service to bill. The Department maintains the claims data in the active files for about seven (7) years. Any older claims data on Mr. Stogsdill would have been archived electronically, offsite, and, generally, archived claims cost between $100 and $300 to retrieve.

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/24/01	08/24/01		0203000238160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/31/01	08/31/01		0203000238160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/04/01	09/04/01		0231900056160000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	11/22/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/07/01	09/07/01		0203000238160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/07/01	09/07/01		0231900056160000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	11/22/
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/10/01	09/10/01		0231900056160000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	11/22/
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/11/01	09/11/01		0231900056160000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	11/22/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/14/01	09/14/01		0203000238160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/14/01	09/14/01		0231900056160000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	11/22/
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/17/01	09/17/01		0231900056160000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	11/22/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/21/01	09/21/01		0203000237160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/24/01	09/24/01		0231900056160000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	11/22/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/28/01	09/28/01		0203000237160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/28/01	09/28/01		0231900056160000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	11/22/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/05/01	10/05/01		0203000237160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/12/01	10/12/01		0203000237160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/19/01	10/19/01		0203000236160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	BARBARA B BROWN	CAMDEN OPTICAL SHOP	10/24/01	10/24/01		0133411156023100A	32	11	36000	Purulent Endophthalm NOS	V2340	FITTING OF SPECTACLES EXC FOR	$20.00	$20.00	01/25/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/26/01	10/26/01		0203000236160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/01/01	11/01/01		0203000314160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	02/08/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/02/01	11/02/01		0203000236160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/06/01	11/06/01		0203000314160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/07/01	11/07/01		0203000314160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$10.00	$10.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/08/01	11/08/01		0203000314160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/09/01	11/09/01		0203000236160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/13/01	11/13/01		0203000314160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/16/01	11/16/01		0203000235160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/20/01	11/20/01		0203000235160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/27/01	11/27/01		0203000315160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/29/01	11/29/01		0203000315160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/29/01	11/29/01		0203000235160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	02/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/03/01	12/03/01		0205300465161100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	03/01/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/04/01	12/04/01		0205300594161100A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	03/01/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/06/01	12/06/01		0205300594161100A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	03/01/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/07/01	12/07/01		0211500218160700A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	05/03/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/10/01	12/10/01		0205300465161100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	03/01/02
	CVS PHARMACY #4281	CVS PHARMACY #4281	12/13/01			0135300924031000D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.99	$3.70	01/04/02
	CVS PHARMACY #4281	CVS PHARMACY #4281	12/14/01			0135300923403100D	70	1				BACLOFEN 10MG TABLET	$20.89	$6.85	01/04/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/14/01	12/14/01		0211500218160700A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$13.00	$13.00	05/03/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/17/01	12/17/01		0201100112160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/18/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/17/01	12/17/01		0205300465161100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	03/01/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/18/01	12/18/01		0201100112160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/18/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/18/01	12/18/01		0205300594161100A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	03/01/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/19/01	12/19/01		0201100112160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/18/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/20/01	12/20/01		0201100112160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/18/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/21/01	12/21/01		0201100112160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/18/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/24/01	12/24/01		0201000063160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/18/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/26/01	12/26/01		0201000063160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/18/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/07/02	01/07/02		0201700686160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/25/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/08/02	01/08/02		0208000310161000A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	03/29/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/08/02	01/08/02		0201700686160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	01/25/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/09/02	01/09/02		0206600457160500A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	03/15/02
ENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	01/10/02	01/10/02		0201700686160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/25/02
						0201501028001900B	30	11	V722	Dental Examination	D0120	PERIODIC ORAL EVALUATION	$23.00	$22.00	02/01/02

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
DENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	01/10/02	01/10/02		02015010280019008	30	11	V722	Dental Examination	D1110	PROPHYLAXIS-ADULT	$48.00	$35.00	02/01/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/10/02	01/10/02		02017005861604000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/25/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/10/02	01/10/02		02056004571605000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	03/15/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/11/02	01/11/02		02017005861604000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/25/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/11/02	01/11/02		02056004571605000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	03/15/
DRUG	CVS PHARMACY #4281	KERSHAW COUNTY SCHOOLS	01/11/02	01/11/02		02186000141610000A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$20.00	$20.00	03/15/
HIC	ACTIVE NURSING SVC COLUMB	CVS PHARMACY #4281	01/14/02			02016006924034000D	70	1				BACLOFEN 10MG TABLET	$13.00	$13.00	07/12/
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	01/14/02	01/14/02		02024006701602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$21.49	$8.85	01/25/
	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	01/14/02	01/14/02		02080003101610000A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$12.80	$12.80	02/01/
	CAPITAL PROSTHETICS & ORTH	ACTIVE NURSING SVC COLUMB	01/15/02	01/15/02		02024006701602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$30.00	$30.00	03/29/0
	KERSHAW COUNTY SCHOOLS	CAPITAL PROSTHETICS & ORTH	01/15/02	01/15/02		02101111570204000A	78	12	7420	Encephalocele	S1966	ABDUCTOR PADS, FLIP DOWN	$19.20	$19.20	02/01/0
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	01/15/02	01/15/02		02056004571605000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$81.90	$16.38	05/03/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/16/02	01/16/02		02024006701602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	03/15/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/17/02	01/17/02		02024006701602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	02/01/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/17/02	01/17/02		02056004561605000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$12.80	$12.80	02/01/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/18/02	01/18/02		02024006701602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	03/15/0
DRUG	CVS PHARMACY #4281	CVS PHARMACY #4281	01/18/02	01/18/02		02186000141610000A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$12.80	$12.80	02/01/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/21/02			02023005764033000D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$13.00	$13.00	07/12/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/21/02	01/21/02		02032003721602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$9.99	$3.70	02/01/0
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	01/22/02	01/22/02		02032003721602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	02/08/0
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	01/22/02	01/22/02		02066004561605000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$25.60	$25.60	02/08/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/23/02	01/23/02		02032003721602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	03/15/02
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	01/24/02	01/24/02		02032003721602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	02/08/02
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	01/24/02	01/24/02		02066004561605000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$25.60	$25.60	02/08/02
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	01/25/02	01/25/02		02032003721602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$40.00	$40.00	03/15/02
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	01/25/02	01/25/02		02186000141610000A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$25.60	$25.60	02/08/02
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	01/28/02	01/28/02		02067000511603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$13.00	$13.00	07/12/02
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	01/28/02	01/28/02		02060003101610000A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$12.80	$12.80	03/15/02
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	01/29/02	01/29/02		02067000511603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$30.00	$30.00	03/29/02
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	01/29/02	01/29/02		02066004561605000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$12.80	$12.80	03/15/02
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	01/30/02	01/30/02		02067000511603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	03/15/02
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW CO DSN BOARD	01/31/02	01/31/02		02067000511603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$14.72	$12.80	03/15/02
HIC	KERSHAW CO DSN BOARD	KERSHAW COUNTY SCHOOLS	01/31/02	01/31/02		02042006955011000A	10	99	317	Mild Mental Retardation	S1234	DDSN TARGETED CASE MANAGEMENT	$12.80	$12.80	03/15/02
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	01/31/02	01/31/02		02066004561605000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$258.00	$258.00	02/22/02
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	02/01/02	02/01/02		02067006531602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	03/15/02
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	02/01/02	02/01/02		02151001481608000A	22	99	3439	Cerebral Palsy NOS	S2003	INDIVIDUAL SPEECH THERAPY	$14.72	$12.80	03/15/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/04/02	02/04/02		02046001961607000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	06/07/02
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/04/02	02/04/02		02067001211611100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$12.80	$12.80	02/22/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/05/02	02/05/02		02046001961607000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$30.00	$30.00	04/05/02
DRUG	CVS PHARMACY #4281	CVS PHARMACY #4281	02/05/02	02/05/02		02095002091606000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$18.56	$12.80	02/22/02
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/06/02			02044005244039000	70	1				BACLOFEN 10MG TABLET	$20.00	$20.00	04/12/02
92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	02/06/02	02/06/02		02046001961607000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$26.69	$8.06	02/22/02
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/06/02	02/28/02	0	02336153860425002	2	22	3439	Cerebral Palsy NOS			$5.76	$5.76	02/22/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/07/02	02/07/02		02046001961607000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$400.00	$64.00	01/31/03
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/07/02	02/07/02		02095002091606000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$18.56	$12.80	02/22/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/08/02	02/08/02		02046001961607000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	04/12/02
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/08/02	02/08/02		02151001481608000A	22	99	3439	Cerebral Palsy NOS	S2003	INDIVIDUAL SPEECH THERAPY	$12.80	$12.80	02/22/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/11/02	02/11/02		02053008951618000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	06/07/02
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/11/02	02/11/02		02067001211611100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$12.80	$12.80	03/01/02
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/12/02	02/12/02		02053008951618000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	04/05/02
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/12/02	02/12/02		02095002091606000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$12.80	$12.80	03/01/02
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/13/02	02/13/02		02053008951618000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	04/12/02
HIC	KERSHAW COUNTY SCHOOLS	ACTIVE NURSING SVC COLUMB	02/14/02	02/14/02		02095002091606000A	22	99	3439	Cerebral Palsy NOS	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/01/02
HIC	ACTIVE NURSING SVC COLUMB	KERSHAW COUNTY SCHOOLS	02/14/02	02/14/02		02053008951618000A	61	12	-	-Missing	S1470	INDIVIDUAL PHYSICAL THERAPY	$19.20	$19.20	03/01/02
		ACTIVE NURSING SVC COLUMB	02/15/02	02/15/02		02095002091606000A	22	99	3439	Cerebral Palsy NOS	S6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	04/12/02
						02053008951618000A	61	12	-	-Missing			$12.80	$12.80	03/01/02

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/15/02	02/15/02		02151001481608 00A	22	99	3439	Cerebral Palsy NOS	S2003	INDIVIDUAL SPEECH THERAPY	$20.00	$20.00	06/07/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/18/02	02/18/02		02060006561601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/08/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/19/02	02/19/02		02060006561601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/08/0
IC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	02/19/02	02/19/02		02101111550204 00A	76	12	7420	Encephalocele	S1958	EXTREMITY SUPPORTS-PAIR	$63.00	$7.59	05/03/0
IC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	02/19/02	02/19/02		02101111550204 00A	76	12	7420	Encephalocele	E1340	REPAIR/NONROUTN SVC DME EQU RE	$60.00	$5.89	05/03/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/20/02	02/20/02		02060006561601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	03/08/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/21/02	02/21/02		02060006561601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	03/08/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/21/02	02/21/02		02095002091606 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	04/12/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/22/02	02/22/02		02060006561601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/08/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/25/02	02/25/02		02067008431603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/15/0
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/25/02	02/25/02		02087001211611 00A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	04/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/26/02	02/26/02		02067008431603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	03/15/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/26/02	02/26/02		02095002091606 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	04/12/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/27/02	02/27/02		02067008431603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	03/15/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/28/02	02/28/02		02067008431603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/15/0
IC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	02/28/02	02/28/02		02070005105010 00A	10	99	317	Mild Mental Retardation	S1234	DDSN TARGETED CASE MANAGEMENT	$258.00	$258.00	03/15/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/28/02	02/28/02		02172000481603 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	06/28/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/01/02	03/01/02		02067008431603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/15/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/01/02	03/01/02		02151001481608 00A	22	99	3439	Cerebral Palsy NOS	S2003	INDIVIDUAL SPEECH THERAPY	$20.00	$20.00	05/07/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/04/02	03/04/02		02115002431604 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/03/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/04/02	03/04/02		02199004881615 00A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/05/02	03/05/02		02115002431604 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/03/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/05/02	03/05/02		02157001001608 00A	22	99	3438	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	06/14/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/06/02	03/06/02		02115002431604 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	05/03/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/07/02	03/07/02		02115002431604 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/03/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/07/02	03/07/02		02157001001608 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	06/14/0
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	03/11/02			02072009424043 00D	70	1				BACLOFEN 10MG TABLET	$26.69	$8.06	03/22/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/11/02	03/11/02		02305000801601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/08/0
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/11/02	03/11/02		02199004881615 00A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	07/26/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/12/02	03/12/02		02305000801601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$28.80	$25.60	11/08/0
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/12/02	03/12/02		02151003391608 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	06/07/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/13/02	03/13/02		02305000801601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	11/08/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/14/02	03/14/02		02305000801601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	11/08/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/15/02	03/15/02		02305000801601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/08/02
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/15/02	03/15/02		02151001471608 00A	22	99	3439	Cerebral Palsy NOS	S2003	INDIVIDUAL SPEECH THERAPY	$20.00	$20.00	06/07/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/18/02	03/18/02		02094006121602 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/12/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/18/02	03/18/02		02199004881615 00A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/19/02	03/19/02		02094006121602 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	04/12/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/19/02	03/19/02		02157001001608 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$40.00	$40.00	06/14/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/20/02	03/20/02		02094006121602 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	04/12/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/21/02	03/21/02		02094006121602 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/12/02
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/21/02	03/21/02		02157001001608 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	06/14/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/22/02	03/22/02		02094006121602 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	04/12/02
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/22/02	03/22/02		02151001471608 00A	22	99	3439	Cerebral Palsy NOS	S2003	INDIVIDUAL SPEECH THERAPY	$20.00	$20.00	06/07/02
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	03/25/02			02086005134039 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$14.89	$7.99	04/05/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/25/02	03/25/02		02094002391603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/12/02
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/25/02	03/25/02		02199004881615 00A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/26/02	03/26/02		02094002391603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/12/02
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/26/02	03/26/02		02172000531603 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	06/28/02
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	03/27/02			02093009734038 00D	70	1				MINOCYCLINE 75MG CAPSULE	$60.59	$55.45	04/12/02
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	03/27/02			02093009734038 00D	70	1				RETIN-A MICRO 0.1 GEL	$46.49	$36.70	04/12/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/27/02	03/27/02		02094002391603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/12/02
C	THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	03/27/02	03/27/02		02203108520199 00A	20	11	7061	Acne NEC	99213	E/M OFFICE/OP SERV EST PATIENT	$50.00	$33.00	08/02/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/28/02	03/28/02		02094002391603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/12/02
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/28/02	03/28/02		02172000531603 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	06/28/02

South Carolina Department of Health and Human Services
Detailed Claims Report

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

sim pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/29/02	03/29/02		0209400239160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/12/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/29/02	03/29/02		0215100147160800A	22	99	3439	Cerebral Palsy NOS	S2003	INDIVIDUAL SPEECH THERAPY	$20.00	$20.00	06/07/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/08/02	04/08/02		0210800065161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/26/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/08/02	04/08/02		0219900487161500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/02
UG	CVS PHARMACY #4281	CVS PHARMACY #4281	04/09/02			0210000627404000D	70	1				BACLOFEN 10MG TABLET	$26.69	$8.08	04/19/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/09/02	04/09/02		0210800065161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/26/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/09/02	04/09/02		0217200053160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	06/28/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/10/02	04/10/02		0210800065161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$9.60	$9.60	04/26/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/11/02	04/11/02		0217200054160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	06/28/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/12/02	04/12/02		0210800065161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/26/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/12/02	04/12/02		0219900539161500A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/15/02	04/15/02		0211400434160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/03/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/15/02	04/15/02		0219900487161500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/16/02	04/16/02		0211400434160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/03/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/16/02	04/16/02		0217200054160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	06/28/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/17/02	04/17/02		0211400434160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/03/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/18/02	04/18/02		0211400434160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/03/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/18/02	04/18/02		0217200053160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	06/28/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/19/02	04/19/02		0211400434160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/03/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/19/02	04/19/02		0219900539161500A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/22/02	04/22/02		0212600005160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/10/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/22/02	04/22/02		0219900487161500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/23/02	04/23/02		0212600005160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/10/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/23/02	04/23/02		0217200053160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	06/28/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/24/02	04/24/02		0212600005160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$15.00	$12.80	05/10/02
UG	CVS PHARMACY #4281	CVS PHARMACY #4281	04/25/02			0212100242403600D	70	1				MINOCYCLINE 75MG CAPSULE	$60.59	$55.45	05/10/02
UG	CVS PHARMACY #4281	CVS PHARMACY #4281	04/25/02			0212100243403600D	70	1				RETIN-A MICRO 0.1 GEL	$46.49	$39.60	05/10/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/25/02	04/25/02		0212600005160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/10/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/26/02	04/26/02		0212600005160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	05/10/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/26/02	04/26/02		0219900539161500A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/29/02	04/29/02		0212800225160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/17/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/29/02	04/29/02		0219900487161500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/30/02	04/30/02		0212800225160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	05/17/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/30/02	04/30/02		0217200053160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	06/28/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/01/02	05/01/02		0212800225160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	05/17/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/02/02	05/02/02		0212800225160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$25.60	$25.60	05/17/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/02/02	05/02/02		0219900539161500A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/06/02	05/06/02		0213500797160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/24/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/06/02	05/06/02		0219900486161500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/07/02	05/07/02		0213500797160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	05/24/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/07/02	05/07/02		0219900649161500A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/08/02	05/08/02		0213500797160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	05/24/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/10/02	05/10/02		0213500797160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/24/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/13/02	05/13/02		0214200968160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/31/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/14/02	05/14/02		0219900486161500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/14/02	05/14/02		0214200968160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/31/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/15/02	05/15/02		0219900649161500A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/16/02	05/16/02		0214200968160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/31/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/16/02	05/16/02		0224800180160300A	22	99	3439	Cerebral Palsy NOS	S1401	PT/OT CONSULTATION	$30.00	$30.00	08/13/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/16/02	05/16/02		0219900486161500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/16/02	05/16/02		0219900539161500A	22	99	3439	Cerebral Palsy NOS	S2002	SPEECH CONSULTATION	$60.00	$60.00	07/26/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/17/02	05/17/02		0214200968160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/31/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/17/02	05/17/02		0219900539161500A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	07/26/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/17/02	05/17/02		0219900649161500A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$40.00	$40.00	07/26/02

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/20/02	05/20/02		0215600543160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/14/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/20/02	05/20/02		0219900486161500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	07/26/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/21/02	05/21/02		0215600543160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/14/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/22/02	05/22/02		0215600543160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/14/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/23/02	05/23/02		0215600543160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	06/14/0
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	05/24/02			0214900409402600D	70	1				BACLOFEN 10MG TABLET	$12.80	$12.80	06/14/0
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	05/24/02			0214900410402600D	70	1				MINOCYCLINE 75MG CAPSULE	$26.69	$8.06	06/07/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/24/02	05/24/02		0215600543160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$60.59	$55.45	06/07/0
IC	CVS PHARMACY #4281	CVS PHARMACY #4281	05/28/02			0214900408402600D	70	1				BACLOFEN 10MG TABLET	$12.80	$12.80	06/14/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/28/02	05/28/02		0215600836160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$47.29	$12.91	06/07/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/29/02	05/29/02		0215600836160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/14/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/30/02	05/30/02		0215600836160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$16.00	$12.80	06/14/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/31/02	05/31/02		0215600836160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/14/0
C	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	05/31/02	05/31/02		0216100100500800A	10	99	317	Mild Mental Retardation	S1234	DOSN TARGETED CASE MANAGEMENT	$235.00	$235.00	06/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/03/02	06/03/02		0216400538160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/04/02	06/04/02		0216400538160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/05/02	06/05/02		0216400538160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/06/02	06/06/02		0216400538160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/07/02	06/07/02		0216400538160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/10/02	06/10/02		0217000331160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/11/02	06/11/02		0217000331160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/28/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/12/02	06/12/02		0217000331160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/28/02
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	06/13/02			0217000239403800D	70	1				RETIN-A MICRO 0.1 GEL	$46.49	$39.60	06/28/02
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	06/13/02			0217000239403800D	70	1				BACLOFEN 10MG TABLET	$47.29	$12.91	06/28/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/13/02	06/13/02		0217000331160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/28/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/14/02	06/14/02		0217000331160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/28/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/24/02	06/24/02		0218300351161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/12/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/25/02	06/25/02		0218300351161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/12/02
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	06/26/02			0218400376401000D	70	1				MINOCYCLINE 75MG CAPSULE	$60.59	$55.45	07/05/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/26/02	06/26/02		0218300351161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/12/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/27/02	06/27/02		0218300351161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	07/12/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/28/02	06/28/02		0218300351161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/12/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/01/02	07/01/02		0219100011160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	07/19/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/02/02	07/02/02		0219100011160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	07/19/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/03/02	07/03/02		0219100011160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	07/19/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/05/02	07/05/02		0219100011160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	07/19/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/15/02	07/15/02		0220500749160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	07/19/02
	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/16/02	07/16/02		0220301768003600B	30	11	V722	Dental Examination	D1110	PROPHYLAXIS-ADULT	$49.00	$35.00	08/02/02
	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/16/02	07/16/02		0220301768003600B	30	11	V722	Dental Examination	D0120	PERIODIC ORAL EVALUATION	$24.00	$22.00	08/02/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/16/02	07/16/02		0220500749160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/02/02
NTAL	ROBERT M CROOKS JR	ROBERT M CROOKS DMD	07/17/02	07/17/02		0220307729044800B	30	11	V722	Dental Examination	D7110	SIMPLE EXTRACTION	$95.00	$62.00	08/02/02
NTAL	ROBERT M CROOKS JR	ROBERT M CROOKS DMD	07/17/02	07/17/02		0220307729044800B	30	11	V722	Dental Examination	D7110	SIMPLE EXTRACTION	$95.00	$62.00	08/02/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/17/02	07/17/02		0220500749160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/02/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/18/02	07/18/02		0220500749160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/02/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/19/02	07/19/02		0220500749160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/02/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/22/02	07/22/02		0221200159160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/02/02
JG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/23/02	07/23/02		0221200159160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/09/02
JG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/24/02			0221200304404800D	70	1				BACLOFEN 10MG TABLET	$62.52	$14.96	08/09/02
JG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/24/02			0221200304404800D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$6.66	$5.55	08/09/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/24/02			0221200304404800D	70	1				MINOCYCLINE 75MG CAPSULE	$73.30	$57.50	08/09/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/24/02	07/24/02		0221200159160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/09/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/25/02	07/25/02		0221200159160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/09/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/26/02	07/26/02		0221200159160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/09/02
JG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/27/02			0221200302404800D	70	1				RETIN-A MICRO 0.1 GEL	$51.77	$41.65	08/09/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/06/02	08/06/02		0222500830160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/23/02

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/07/02	08/07/02		02225008301601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/23/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/08/02	08/08/02		02225008301601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/23/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/09/02	08/09/02		02225008301601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/23/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/12/02	08/12/02		02233009111605 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/30/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/13/02	08/13/02		03009001441611 00A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/0
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	08/13/02	08/13/02		03143008001606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/14/02	08/14/02		02233009111605 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/30/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/15/02	08/15/02		02233009111605 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/30/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/15/02	08/15/02		02276002151614 00A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	10/11/0
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	08/15/02	08/15/02		03143008001606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/16/02	08/16/02		02233009111605 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/30/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/19/02	08/19/02		02240005721603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/06/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/20/02	08/20/02		02240005721603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/06/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/20/02	08/20/02		03009001441611 00A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/0
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	08/20/02	08/20/02		03143008001606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/21/02	08/21/02		02240005721603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/06/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/22/02	08/22/02		02240005721603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/06/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/22/02	08/22/02		02276002151614 00A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	10/11/0
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	08/22/02	08/22/02		03143008001606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/23/02	08/23/02		02240005721603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/06/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/26/02			02240002324034 00D	70	1				BACLOFEN 10MG TABLET	$62.52	$14.96	09/06/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/26/02			02240002324034 00D	70	1				MINOCYCLINE 75MG CAPSULE	$73.30	$57.50	09/06/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/26/02	08/26/02		02248003431601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/13/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/27/02	08/27/02		02248003431601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/13/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/27/02	08/27/02		03009001441611 00A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	08/27/02	08/27/02		03143008001606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/28/02	08/28/02		02248003431601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/13/02
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/29/02			02247005264040000	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$6.66	$5.55	09/13/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/29/02	08/29/02		02248003431601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/13/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/29/02	08/29/02		02276002101614 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	10/11/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/29/02	08/29/02		02276002151614 00A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	10/11/02
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	08/29/02	08/29/02		03143008001606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/30/02	08/30/02		02248003431601 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/13/02
IC	MARGUERITE M CARLTON MD	PEDIATRIC ASSOCIATES OF KE	08/30/02	08/30/02		02249002780003 00A	20	11	3439	Cerebral Palsy NOS	81000	URINDIP STK OR TBLT W/MICRO(S	$12.00	$3.06	09/20/02
IC	MARGUERITE M CARLTON MD	PEDIATRIC ASSOCIATES OF KE	08/30/02	08/30/02		02249002780003 00A	20	11	3439	Cerebral Palsy NOS	X0158	HOP ESTABLISHED OFFICE VISIT	$50.00	$39.00	09/20/02
IC	MARGUERITE M CARLTON MD	PEDIATRIC ASSOCIATES OF KE	08/30/02	08/30/02		02249002780003 00A	20	11	3439	Cerebral Palsy NOS	82947	GLUCOSE;QUANTITA BLOOD EXCP RE	$15.00	$4.11	09/20/02
IC	MARGUERITE M CARLTON MD	PEDIATRIC ASSOCIATES OF KE	08/30/02	08/30/02		02249002780003 00A	20	11	3439	Cerebral Palsy NOS	85025	BL COUNT,COMPLETE CBC W/AUTO D	$22.00	$7.19	09/20/02
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	08/31/02	08/31/02		02255005995009 00A	10	99	317	Mild Mental Retardation	S1234	ODSN TARGETED CASE MANAGEMENT	$235.00	$235.00	09/20/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/03/02	09/03/02		02254001011603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/20/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/03/02	09/03/02		03009001441611 00A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/03/02	09/03/02		03143008001606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/04/02	09/04/02		02254001011603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/20/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/04/02	09/04/02		02304001001603 00A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$40.00	$40.00	11/08/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/04/02	09/04/02		02297001391601 00A	22	12	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	11/01/02
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/04/02	09/04/02		03143008001606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/05/02	09/05/02		02254001011603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/20/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/06/02	09/06/02		02254001011603 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/20/02
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/09/02			02254003044040 00D	70	1				RETIN-A MICRO 0.1 GEL	$51.77	$41.85	09/20/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/09/02	09/09/02		02268003711602 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/09/02	09/09/02		02297001391601 00A	22	12	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	11/01/02
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/09/02	09/09/02		03143008011606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/10/02	09/10/02		02268003711602 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/10/02	09/10/02		03009001551611 00A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/10/02	09/10/02		03143008011606 00A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/11/02	09/11/02		02268003711602 00A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/02

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/12/02	09/12/02		0226800371160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/12/02	09/12/02		0230400103160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	11/08/0
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/12/02	09/12/02		0314300801160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/13/02	09/13/02		0226800371160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/16/02	09/16/02		0226800371160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/16/02	09/16/02		0229700139160100A	22	12	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$10.00	$10.00	11/01/0
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/16/02	09/16/02		0314300801160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/17/02	09/17/02		0226800371160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/0
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/17/02	09/17/02		0300900155161100A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/0
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/17/02	09/17/02		0314300801160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/18/02	09/18/02		0226800371160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/02	09/19/02		0226800372160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/19/02	09/19/02		0230400103160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	11/08/0
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/19/02	09/19/02		0314300801160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/20/02			0226800944404400D	70	1				CORTANE-B OTIC DROPS	$23.45	$18.41	10/04/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/20/02	09/20/02		0226800372160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/04/0
IC	THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	09/20/02	09/20/02		0226700303000400A	20	11	38010	Infec Otitis Externa NOS	X0156	HOP ESTABLISHED OFFICE VISIT	$50.00	$39.00	10/04/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/21/02			0226800943404400D	70	1				AUGMENTIN 500-125 TABLET	$89.10	$79.74	10/04/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/21/02			0226800942404400D	70	1				CONCERTA 36MG TABLET SA	$97.72	$76.61	10/04/0
IC	THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	09/21/02	09/21/02		0226700304000400A	20	11	38010	Infec Otitis Externa NOS	X0158	HOP ESTABLISHED OFFICE VISIT	$50.00	$39.00	10/04/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/23/02	09/23/02		0227700560163100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/11/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/24/02			0226800941404400D	70	1				MINOCYCLINE 75MG CAPSULE	$73.30	$57.50	10/04/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/24/02	09/24/02		0227700560163100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/11/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/24/02	09/24/02		0300900155161100A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/24/02	09/24/02		0314300801160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/25/02	09/25/02		0227700560163100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$6.40	$6.40	10/11/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/25/02	09/25/02		0229700139160100A	22	12	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	11/01/02
IC	THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	09/25/02	09/25/02		0227307825006000A	20	11	38010	Infec Otitis Externa NOS	X0158	HOP ESTABLISHED OFFICE VISIT	$42.00	$39.00	10/11/02
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	09/25/02	09/25/02		0314300801160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/02	09/26/02		0227700560163100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/11/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/27/02	09/27/02		0227700560163100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/11/02
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/30/02			0227500353403900D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$6.66	$5.55	10/11/02
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/30/02			0227500335403900D	70	1				BACLOFEN 10MG TABLET	$99.71	$14.96	10/11/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/30/02	09/30/02		0228201000160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/18/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/01/02	10/01/02		0228201000160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/18/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/01/02	10/01/02		0300900155161100A	22	99	3439	Cerebral Palsy NOS	S2038	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/01/02	10/01/02		0314300802160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/02/02	10/02/02		0228201000160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/18/02
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/02/02	10/02/02		0300900621161100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/02/02	10/02/02		0314300802160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/02	10/03/02		0228201000160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/18/02
IC	WILSON G MCWILLIAMS MD	COLUMBIA EYE CLINIC PA	10/03/02	10/03/02		0228404278006300A	20	11	37835	Accommodative Esotropia	99214	E/M OFFICE/OP SERV EST PATIENT	$102.00	$81.00	10/25/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/04/02	10/04/02		0228201000160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/18/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/08/02	10/08/02		0229000809160500A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/25/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/08/02	10/08/02		0300900156161100A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/08/02	10/08/02		0314300802160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/09/02	10/09/02		0229000809160500A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/25/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/10/02	10/10/02		0229000809160500A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/25/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/10/02	10/10/02		0234700155160000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	12/20/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/10/02	10/10/02		0300900621161100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/10/02	10/10/02		0314300802160600A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION:	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/11/02	10/11/02		0229000809160500A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/25/02
C	BARBARA B BROWN	CAMDEN OPTICAL SHOP	10/11/02	10/11/02		0230117349048000A	32	11	36000	Purulent Endophthalm NOS	92340	FITTING OF SPECTACLES EXC FOR	$20.00	$20.00	11/08/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/14/02	10/14/02		0229600636160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/01/02
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/15/02	10/15/02		0229600636160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/01/02

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/15/02	10/15/02		03009001561611100A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/0:
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/15/02	10/15/02		03143008021606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/16/02	10/16/02		02295006361602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/01/0:
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/16/02	10/16/02		03009006211611100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	01/17/0:
IC	GORDON Q SCOTT	ROBERTSON OPTICAL LAB INC	10/16/02	10/16/02		02295045630051100A	32	99	36000	Purulent Endophthalm NOS	V2199	NOT OTHERWISE CLASSI SINGLE VI	$16.43	$16.43	11/08/0:
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/16/02	10/16/02		03143008021606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/17/02	10/17/02		02295006361602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/01/0:
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/17/02	10/17/02		02347001551606000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	12/20/0:
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/17/02	10/17/02		03143008021606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/18/02	10/18/02		02295006361602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/01/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/21/02	10/21/02		02305009111601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/08/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/22/02	10/22/02		02305009111601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/08/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/23/02	10/23/02		02305009111601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/08/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/24/02	10/24/02		02305009111601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/08/0:
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/24/02	10/24/02		02347001551606000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	12/20/0:
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/24/02	10/24/02		03143008021606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/25/02	10/25/02		02305009111601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/08/0:
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/28/02	10/28/02		02310009291601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/15/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/29/02	10/29/02		02310009291601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/15/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/29/02	10/29/02		03009001561611100A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/29/02	10/29/02		03143008031606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/30/02	10/30/02		02310009291601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/15/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/31/02	10/31/02		02310009291601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/15/02
IC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	10/31/02	10/31/02		02312006725008000A	10	99	317	Mild Mental Retardation	S1234	DDSN TARGETED CASE MANAGEMENT	$235.00	$235.00	11/15/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/31/02	10/31/02		02347001551606000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	12/20/02
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	10/31/02	10/31/02		03143008031606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/01/02	11/01/02		02310009291601100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/15/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/05/02	11/05/02		02317009031605000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/22/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/06/02	11/06/02		02317009031605000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/22/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/02	11/07/02		02317009031605000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/22/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/08/02	11/08/02		02317009031605000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/22/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/11/02	11/11/02		02324006541602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/29/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/12/02	11/12/02		02324006541602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/29/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/12/02	11/12/02		03009001561611100A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	11/12/02	11/12/02		03143008031606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/13/02	11/13/02		02324006541602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/29/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/13/02	11/13/02		03009006211611100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	11/13/02	11/13/02		03143008031606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/14/02	11/14/02		02324006541602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/29/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/15/02	11/15/02		02324006541602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/29/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/16/02	11/16/02		02345001581602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/18/02	11/19/02		02345001581602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/19/02	11/19/02		03009001561611100A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	11/19/02	11/19/02		03143008031606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/20/02	11/20/02		02345001581602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/21/02	11/21/02		02345001581602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/21/02	11/21/02		03009006911611100A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	01/17/03
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/21/02	11/21/02		03009006211611100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	11/21/02	11/21/02		03143008031606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/25/02	11/25/02		02340008451605000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/13/02
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/25/02	11/25/02		03009006211611100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	01/17/03
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/25/02	11/25/02		03009006811611100A	22	99	3439	Cerebral Palsy NOS	S1401	PT/OT CONSULTATION	$60.00	$60.00	01/17/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	11/25/02	11/25/02		03143008031606000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	05/30/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/26/02	11/26/02		02340008451605000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/13/02
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/27/02	11/27/02		02340008451605000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/13/02

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

aim pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/29/02	11/29/02		0234000845160900A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/13/0
C	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/02	11/30/02		0300800307500800A	10	99	317	Mild Mental Retardation	S1234	DDSN TARGETED CASE MANAGEMENT	$235.00	$235.00	01/17/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/02/02	12/02/02		0234500076160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/03/02	12/03/02		0234500076160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/0
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/03/02	12/03/02		0302400448162000A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$26.00	$26.00	01/31/0
C	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	12/03/02	12/03/02		0322000209161000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/04/02	12/04/02		0234500076160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/05/02	12/05/02		0234500076160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/0
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/05/02	12/05/02		0302400493162000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$12.80	$12.80	12/20/0
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	12/05/02	12/05/02		0322000209161000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$30.00	$30.00	01/31/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/06/02	12/06/02		0234500076160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$15.96	$15.96	08/15/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/09/02	12/09/02		0235200407160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/20/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/10/02	12/10/02		0235200407160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/03/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/11/02	12/11/02		0235200407160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/03/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/11/02	12/11/02		0302400493162000A	22	99	3439	Cerebral Palsy NOS	S1401	PT/OT CONSULTATION	$60.00	$60.00	01/31/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	12/11/02	12/11/02		0302400909160600A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	01/31/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/12/02	12/12/02		0322000209161000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/13/02	12/13/02		0235200407160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/03/03
UG	CVS PHARMACY #4281	CVS PHARMACY #4281	12/15/02			0235100869405400D	70	1				CARBAMAZEPINE 100MG/5ML SUS	$11.89	$11.89	12/27/02
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/16/02	12/16/02		0300800679160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/17/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/17/02	12/17/02		0300800679160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/17/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/18/02	12/18/02		0300800679160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/17/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/18/02	12/18/02		0302400909160600A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$12.80	$12.80	01/17/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	12/18/02	12/18/02		0322000209161000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$20.00	$20.00	01/31/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/19/02	12/19/02		0300800679160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$15.96	$15.96	08/15/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/30/02	12/30/02		0300800622160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/17/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/31/02	12/31/02		0300800622160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/17/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/02/03	01/02/03		0300800622160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/17/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/03/03	01/03/03		0300800622160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/17/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/06/03	01/06/03		0306500315160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/17/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/07/03	01/07/03		0306500315160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/14/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/08/03	01/08/03		0306500315160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/14/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/09/03	01/09/03		0306500315160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/14/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	01/09/03	01/09/03		0302400910160600A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$10.00	$10.00	01/31/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/09/03	01/09/03		0322000328161200A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.95	$15.95	08/15/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/10/03	01/10/03		0306500315160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/14/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/13/03	01/13/03		0311400968160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/14/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/14/03	01/14/03		0311400988160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/02/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	01/14/03	01/14/03		0303000108161000A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$52.00	$26.00	02/07/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/14/03	01/14/03		0322000328161200A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/15/03	01/15/03		0311400988160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/02/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	01/15/03	01/15/03		0303000107161000A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	02/07/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/15/03	01/15/03		0322000328161200A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/16/03	01/16/03		0306500316160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	01/16/03	01/16/03		0303000108161000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	02/07/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/16/03	01/16/03		0322000328161200A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/17/03	01/17/03		0306500316160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
	LAWRENCE B MAULDIN MD	S C NEUROLOGICAL CLINIC PA	01/20/03	01/20/03		0305010439021200A	20	11	34500	Gen Nancy Ep wo Inir Ep	95819	EEG, INCL RECORDING AWAKE AND	$233.00	$69.25	03/28/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/21/03	01/21/03		0306500316160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/21/03	01/21/03		0304500229160200A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$52.00	$26.00	02/21/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	01/21/03	01/21/03		0322000328161200A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/22/03	01/22/03		0306500316160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/22/03	01/22/03		0303700462160100A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	02/14/03

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	01/22/03	01/22/03		03220003281612000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/23/03	01/23/03		03065003161601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/24/03	01/24/03		03065003161601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/27/03	01/27/03		03065003161601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/28/03	01/28/03		03065003171601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	01/28/03	01/28/03		03045002291602000A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$52.00	$26.00	02/21/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/28/03	01/28/03		03220003281612000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/29/03	01/29/03		03065003171601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	01/29/03	01/29/03		03037004821601000A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	02/14/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/29/03	01/29/03		03220003281612000A	22	34	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	08/15/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/30/03	01/30/03		03065003171601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/31/03	01/31/03		03065003171601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
IC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	01/31/03	01/31/03		03041002745009000A	10	99	317	Mild Mental Retardation	S1234	DDSN TARGETED CASE MANAGEMENT	$235.00	$235.00	02/14/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/03/03	02/03/03		03065003171601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/04/03	02/04/03		03065003171601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/04/03	02/04/03		03045002291602000A	22	99	3439	Cerebral Palsy NOS	S2036	GROUP SPEECH THERAPY	$52.00	$26.00	02/21/03
IC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	02/04/03	02/04/03		03298008918101000A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	10/31/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/05/03	02/05/03		03065003171601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/06/03	02/06/03		03065003171601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/07/03	02/07/03		03065003181601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/07/03	02/07/03		03169021710024000A	10	12	317	Mild Mental Retardation	S9322	VEHICLE MODIFICATIONS	$4,000.00	$4,000.00	00/27/03
RUG	CVS PHARMACY #4281	CVS PHARMACY #4281	02/09/03			03043009894127000	70	1				ZITHROMAX 250MG Z-PAK TAB	$52.99	$44.98	02/21/03
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/10/03	02/10/03		03065003181601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/11/03	02/11/03		03065003181601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/12/03	02/12/03		03065003181601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
C	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	02/12/03	02/12/03		03065003181602000A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	03/14/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/13/03	02/13/03		03298008918101000A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	10/31/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/13/03	02/13/03		03065003181601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
C	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	02/13/03	02/13/03		03073002031603000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	03/21/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/14/03	02/14/03		03298008918101000A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	10/31/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/20/03	02/20/03		03065003181601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/03
C	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	02/20/03	02/20/03		03073002031603000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	03/21/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/24/03	02/24/03		03298008918101000A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	10/31/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/25/03	02/25/03		03070009031601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/25/03	02/25/03		03070009031601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	02/25/03	02/25/03		03086005781604000A	22	99	3439	Cerebral Palsy NOS	S2003	INDIVIDUAL SPEECH THERAPY	$80.00	$40.00	04/04/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/26/03	02/26/03		03298008918101000A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	10/31/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/27/03	02/27/03		03070009031601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/27/03	02/27/03		03070009031601000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	02/27/03	02/27/03		03071002671602000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$10.00	$10.00	03/21/03
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	02/28/03	02/28/03		03298008918101000A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	10/31/03
NTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	03/03/03	03/03/03		03072002535014000A	10	99	317	Mild Mental Retardation	S1234	DDSN TARGETED CASE MANAGEMENT	$235.00	$235.00	03/21/03
NTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	03/03/03	03/03/03		03064096980201000B	30	11	V722	Dental Examination	D0120	PERIODIC ORAL EVALUATION	$25.00	$22.00	03/14/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/03/03	03/03/03		03064096980201000B	30	11	V722	Dental Examination	D1110	PROPHYLAXIS-ADULT	$51.00	$35.00	03/14/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/04/03	03/04/03		03070009961600300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/05/03	03/05/03		03070009961600300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/06/03	03/06/03		03070009961600300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/07/03	03/07/03		03070009961600300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/10/03	03/10/03		03079002731603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/11/03	03/11/03		03079002731603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/28/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/12/03	03/12/03		03079002731603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/28/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/13/03	03/13/03		03079002731603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/28/03
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/13/03	03/13/03		03132002261609000A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$10.00	$10.00	05/16/03
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/14/03	03/14/03		03079002731603000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/28/03

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/17/03	03/17/03		0308600414160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/18/03	03/18/03		0308600414160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/19/03	03/19/03		0308600414160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/19/03	03/19/03		0308600579160400A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	04/04/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/20/03	03/20/03		0308600414160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/20/03	03/20/03		0313200226160900A	22	99	3438	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	05/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/21/03	03/21/03		0308600414160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/04/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/24/03	03/24/03		0309200961160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/25/03	03/25/03		0309200961160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/26/03	03/26/03		0309200961160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/0
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/26/03	03/26/03		0310100083160500A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	04/18/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/28/03	03/28/03		0309200961160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/31/03	03/31/03		0310600733160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/01/03	04/01/03		0310600694160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/03/03	04/03/03		0310600694160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/03/03	04/03/03		0313200226160900A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$30.00	$30.00	05/16/0
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	04/03/03	04/03/03		0335400249810200A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	12/26/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/04/03	04/04/03		0310600694160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/07/03	04/07/03		0310600351160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/08/03	04/08/03		0310600351160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/09/03	04/09/03		0310600351160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/09/03	04/09/03		0313200225160900A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	05/16/0
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	04/09/03	04/09/03		0335400249810200A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	12/26/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/10/03	04/10/03		0310600351160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/11/03	04/11/03		0310600351160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	04/25/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/21/03	04/21/03		0312000065160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/09/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/23/03	04/23/03		0312000065160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/09/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/24/03	04/24/03		0312000065160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/09/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/24/03	04/24/03		0313200226160900A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	05/16/0
HIC	SC DEPARTMENT OF EDUCATION	SC DEPARTMENT OF EDUCATION	04/24/03	04/24/03		0335400249810200A	22	3	3180	Mod Mental Retardation	T2002	NON-EMERGENCY TRANSPORTATION;	$15.96	$15.96	12/26/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/25/03	04/25/03		0312000065160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/09/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/28/03	04/28/03		0312800626160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/29/03	04/29/03		0312800626160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/30/03	04/30/03		0312800626160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/16/0
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	04/30/03	04/30/03		0315501627003800A	76	12	7420	Encephalocele	K0043	FOOTREST, LOWER EXTENSION TUBE	$31.50	$31.50	06/27/0
	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	04/30/03	04/30/03		0315501627003800A	76	12	7420	Encephalocele	K0052	SWINGAWAY, DETACHABLE FOOTREST	$152.26	$149.88	06/27/0
	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	04/30/03	04/30/03		0315501627003800A	76	12	7420	Encephalocele	E1340	REPAIR/NONROUTN SVC DME EQU RE	$30.00	$24.44	06/27/0
	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	04/30/03	04/30/03		0315501627003800A	76	12	7420	Encephalocele	K0040	ADJUSTABLE ANGLE FOOTPLATE, EA	$121.80	$121.08	06/27/0
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/30/03	04/30/03		0313200225160900A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	05/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/01/03	05/01/03		0312800107160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/02/03	05/02/03		0312800107160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/05/03	05/05/03		0313600197160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/06/03	05/06/03		0313600197160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/07/03	05/07/03		0313600197160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/23/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/07/03	05/07/03		0313900535160300A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	05/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/08/03	05/08/03		0313600197160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/09/03	05/09/03		0313600197160700A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/12/03	05/12/03		0314100493160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/30/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/12/03	05/12/03		0315500427160300A	22	99	29900	Autistic Disord-Current	X2060	APPLIED BEHAVIOR THERAPY SERVI	$8.00	$8.00	06/13/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/13/03	05/13/03		0314100493160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/30/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/14/03	05/14/03		0314100493160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/30/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/14/03	05/14/03		0313900535160300A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$20.00	$20.00	05/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/15/03	05/15/03		0314100493160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/30/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/16/03	05/16/03		0314100493160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	05/30/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/19/03	05/19/03		0314900937160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/06/0

South Carolina Department of Health and Human Services
Detailed Claims Report

'OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DO[redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/20/03	05/20/03		0314900937160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/05/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/21/03	05/21/03		0314900937160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/06/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/22/03	05/22/03		0314900937160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/06/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/23/03	05/23/03		0314900937160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/06/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/27/03	05/27/03		0315500757161300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/13/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/28/03	05/28/03		0315500757161300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	06/13/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/29/03	05/29/03		0315500757161300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/13/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/30/03	05/30/03		0315500757161300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/13/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/02/03	06/02/03		0316200270160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/20/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/03/03	06/03/03		0316200270160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/20/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/04/03	06/04/03		0316200270160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/20/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/05/03	06/05/03		0316200270160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/20/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/06/03	06/06/03		0316200270160400A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/20/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/09/03	06/09/03		0317100310160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/20/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/10/03	06/10/03		0317100310160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/20/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/11/03	06/11/03		0317100310160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/27/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/12/03	06/12/03		0317100310160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/27/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/13/03	06/13/03		0317100310160300A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/27/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/23/03	06/23/03		0318300688160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/27/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/24/03	06/24/03		0318300688160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	06/27/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/25/03	06/25/03		0318300688160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/11/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/26/03	06/26/03		0318300688160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/11/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/27/03	06/27/03		0318300688160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/11/03
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	06/30/03	06/30/03		0319000781161100A	81	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/11/03
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	06/30/03	06/30/03		0326601085001200A	76	12	7420	Encephalocele	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/11/03
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	06/30/03	06/30/03		0326601085001200A	76	12	7420	Encephalocele	K0035	HEEL LOOP WITH ANKLE STRAP, EA	$38.40	$38.40	07/18/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/30/03	06/30/03		0326601085001200A	76	12	7420	Encephalocele	E1340	REPAIR/NONROUTN SVC DME EQU RE	$42.00	$42.00	10/03/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/01/03	07/01/03		0319000832161100A	61	12	-	-Missing	S1966	ABDUCTOR PADS, FLIP DOWN	$30.00	$24.44	10/03/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/02/03	07/02/03		0319000832161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$31.50	$31.50	10/03/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/03/03	07/03/03		0319000832161100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$51.20	$51.20	07/18/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/07/03	07/07/03		0319800835160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/18/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/08/03	07/08/03		0319800835160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/18/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/09/03	07/09/03		0319800835160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/25/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/10/03	07/10/03		0319800835160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/25/03
MARK DOUGLAS LOCKE	THE MOORE ORTHOPAEDIC CL P	07/11/03	07/11/03		0319800835160600A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	07/25/03
MARK DOUGLAS LOCKE	THE MOORE ORTHOPAEDIC CL P	07/11/03	07/11/03		0323211389024400A	20	11	3439	Cerebral Palsy NOS	99213	E/M OFFICE/OP SERV EST PATIENT	$38.40	$38.40	07/25/03
CTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/21/03	07/21/03		0323211389024400A	20	11	3439	Cerebral Palsy NOS	72170	RADIOLOGIC EXAM PELVIS; 1 OR 2	$58.00	$1.34	08/29/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/22/03	07/22/03		0321100075160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$60.00	$0.45	08/29/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/23/03	07/23/03		0321100075160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	08/08/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/24/03	07/24/03		0321100075160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	08/08/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/25/03	07/25/03		0321100075160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	08/08/03
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	07/30/03	07/30/03		0332309975015100A	76	12	7420	Encephalocele	S6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	08/08/03
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	07/30/03	07/30/03		0332309975015100A	76	12	7420	Encephalocele	E1340	REPAIR/NONROUTN SVC DME EQU RE	$38.40	$38.40	08/08/03
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	07/31/03	07/31/03		0322300266500500A	10	99	317	Mild Mental Retardation	S1966	ABDUCTOR PADS, FLIP DOWN	$105.00	$97.76	01/02/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/05/03	08/05/03		0323200213160900A	61	12	-	-Missing	S1234	DDSN TARGETED CASE MANAGEMENT	$199.50	$199.50	01/02/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/06/03	08/06/03		0323200213160900A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$235.00	$235.00	08/22/03
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/07/03	08/07/03		0323200213160900A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/29/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/07/03	08/07/03		0326500259160200A	22	99	3439	Cerebral Palsy NOS	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/29/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/08/03	08/08/03		0323200213160900A	61	12	-	-Missing	S1470	INDIVIDUAL PHYSICAL THERAPY	$12.80	$12.80	08/29/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/11/03	08/11/03		0323200213160900A	61	12	-	-Missing	S1470	INDIVIDUAL PHYSICAL THERAPY	$10.00	$10.00	09/26/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/12/03	08/12/03		0323200212161200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/29/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/13/03	08/13/03		0323200212161200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/29/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/14/03	08/14/03		0323200212161200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/29/03
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/15/03	08/15/03		0323200212161200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/29/03

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/15/03	08/15/03		0328200247160200A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$40.00	$40.00	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/18/03	08/18/03		0323900564160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/05/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/19/03	08/19/03		0323900564160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/05/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/19/03	08/19/03		0326500259160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/20/03	08/20/03		0323900564160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/05/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/21/03	08/21/03		0323900564160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/05/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/22/03	08/22/03		0323900564160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/05/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/22/03	08/22/03		0328200247160200A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	10/17/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/25/03	08/25/03		0324600849160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/12/
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/25/03	08/25/03		0326500259160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$10.00	$10.00	09/26/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/26/03	08/26/03		0324600849160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/12/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/27/03	08/27/03		0324600849160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/12/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/28/03	08/28/03		0324600849160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/12/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/29/03	08/29/03		0324600849160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/12/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/29/03	08/29/03		0328200247160200A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/02/03	09/02/03		0326100420160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/03/03	09/03/03		0326100420160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/04/03	09/04/03		0326100420160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/05/03	09/05/03		0326100420160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/05/03	09/05/03		0328200247160200A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/08/03	09/08/03		0326100420160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/08/03	09/08/03		0326500259160200A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$10.00	$10.00	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/09/03	09/09/03		0326100420160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/10/03	09/10/03		0326100420160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/11/03	09/11/03		0326100420160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/12/03	09/12/03		0326100421160100A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	09/26/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/12/03	09/12/03		0328200247160200A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/15/03	09/15/03		0326700172160500A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/03/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/15/03	09/15/03		0327200304160300A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$20.00	$20.00	10/03/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/16/03	09/16/03		0326700172160500A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/03/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/17/03	09/17/03		0326700172160500A	61	12	-	oMissing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/03/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/18/03	09/18/03		0326700172160500A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/03/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/03	09/19/03		0326700172160500A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/03/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/19/03	09/19/03		0328200247160200A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	10/17/
DENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	09/22/03	09/22/03		0326704953007100B	30	11	V722	Dental Examination	D0110	PROPHYLAXIS-ADULT	$51.00	$35.00	10/03/
L	KENNETH WELCH CARSON	KENNETH WELCH CARSON	09/22/03	09/22/03		0326704953007100B	30	11	V722	Dental Examination	D0120	PERIODIC ORAL EVALUATION	$25.00	$22.00	10/03/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/22/03	09/22/03		0327400437160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/10/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/23/03	09/23/03		0327400437160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/10/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/25/03	09/25/03		0327400437160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/10/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/03	09/26/03		0327400437160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/10/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/26/03	09/26/03		0328200247160200A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/29/03	09/29/03		0328100481160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/17/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/29/03	09/29/03		0326500865160400A	22	99	3439	Cerebral Palsy NOS	S1470	INDIVIDUAL PHYSICAL THERAPY	$10.00	$10.00	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/30/03	09/30/03		0328100481160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/01/03	10/01/03		0328200503160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/02/03	10/02/03		0328200503160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/03	10/03/03		0328200503160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/17/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/03/03	10/03/03		0328200247160200A	22	99	3432	Congenital Quadriplegia	S1471	INDIVIDUAL OCCUPATIONAL THERAP	$30.00	$30.00	10/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/05/03	10/05/03		0329200569160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/06/03	10/06/03		0329200569160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/07/03	10/07/03		0329200569160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/08/03	10/08/03		0329200569160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/09/03	10/09/03		0329200569160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/10/03	10/10/03		0329200569160000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	10/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/13/03	10/13/03		0330300623160200A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/07/

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/14/03	10/14/03		03303006231602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/07/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/15/03	10/15/03		03303006231602000A	61	12	-	-Missing	S6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/07/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/16/03	10/16/03		03303000281600000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/07/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/17/03	10/17/03		03303000281600000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/07/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/17/03	10/17/03		04014005116103000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	01/23/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/19/03	10/19/03		03303005731603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/07/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/20/03	10/20/03		03303005731603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/07/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/21/03	10/21/03		03303005731603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/07/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/22/03	10/22/03		03303005731603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/07/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/23/03	10/23/03		03303005731603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/07/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/24/03	10/24/03		03303005731603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/07/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/24/03	10/24/03		04092000698105000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	04/09/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/26/03	10/26/03		03309008101602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/14/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/27/03	10/27/03		03309008101602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/14/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/27/03	10/27/03		04009004248100000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	01/16/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/28/03	10/28/03		03309008101602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/14/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/29/03	10/29/03		03309008101602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/14/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/30/03	10/30/03		03309008101602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/14/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/31/03	10/31/03		03309008101602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/14/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/02/03	11/02/03		03317002961602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/21/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/03/03	11/03/03		03317002961602000A	61	12	-	-Missing	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	01/16/04
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/03/03	11/03/03		04009004198100000A	22	3	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/21/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/04/03	11/04/03		03317002961602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/21/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/05/03	11/05/03		03317002961602000A	61	12	-	-Missing	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	01/16/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/06/03	11/06/03		03317002961602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/21/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/03	11/07/03		03317002961602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/21/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/09/03	11/09/03		03324001971606000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	11/21/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/10/03	11/10/03		03324001971606000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/21/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/10/03	11/10/03		03324901971606000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/28/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/10/03	11/10/03		04014005116103000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$19.20	$12.80	11/28/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/11/03	11/11/03		03324901971606000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/28/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/11/03	11/11/03		03324001971606000A	61	12	-	-Missing	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	01/23/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/12/03	11/12/03		03324001971606000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/28/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/13/03	11/13/03		03324901971606000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	11/28/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/13/03	11/13/03		03324001971606000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/28/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/14/03	11/14/03		03324001971606000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/28/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/16/03	11/16/03		03339000641604000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	11/28/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/17/03	11/17/03		03339000641604000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	11/28/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/17/03	11/17/03		04014005116103000A	22	3	3432	Congenital Quadriplegia	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/12/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/18/03	11/18/03		03339000641604000A	61	12	-	-Missing	97110	THERAPEUTIC EXER 1 OR MORE ARE	$40.00	$40.00	01/23/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/19/03	11/19/03		03339000641604000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/12/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/20/03	11/20/03		03339000641604000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/12/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/21/03	11/21/03		03339000641604000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/12/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/23/03	11/23/03		03339006361603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/12/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/24/03	11/24/03		03339006361603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/12/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/24/03	11/24/03		04014005116103000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	01/23/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/24/03	11/24/03		04009004248100000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	01/16/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/25/03	11/25/03		03339006361603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/12/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/26/03	11/26/03		03339006361603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/12/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/28/03	11/28/03		03339006361603000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/12/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/30/03	11/30/03		03344003311602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/12/03
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/01/03	12/01/03		03344003131602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/19/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/01/03	12/01/03		04014005116103000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$19.20	$19.20	12/19/03
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/02/03	12/02/03		03344003131602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$30.00	$30.00	01/23/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/03/03	12/03/03		03344003131602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/19/03
											X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/19/03

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID [redacted] DOB [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/04/03	12/04/03		03344003131602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/19/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/05/03	12/05/03		03344003131602000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/19/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/07/03	12/07/03		03350009841601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/08/03	12/08/03		03350009841601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/26/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/08/03	12/08/03		04014005111810300A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	01/23/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/09/03	12/09/03		03350009841601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/10/03	12/10/03		03350009841601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	12/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/11/03	12/11/03		03350009841601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/26/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/12/03	12/12/03		03350009841601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	12/26/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/14/03	12/14/03		04009006191601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/16/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/15/03	12/15/03		04009006191601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/16/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/16/03	12/16/03		04009006191601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$25.60	$25.60	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/17/03	12/17/03		04009006191601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$32.00	$32.00	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/18/03	12/18/03		04009006191601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/19/03	12/19/03		04009006191601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/21/03	12/21/03		04009006191601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/22/03	12/22/03		04009006191601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/23/03	12/23/03		04009006201601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$57.60	$57.60	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/24/03	12/24/03		04009006201601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/26/03	12/26/03		04009006201601000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$51.20	$51.20	01/16/
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	12/31/03	12/31/03		04015004481622000A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$38.40	$38.40	01/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/02/04	01/02/04		04014006398105000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$235.00	$235.00	01/23/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/03/04	01/03/04		04075198890485000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	01/23/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/04/04	01/04/04		04075198890485000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/05/04	01/05/04		04075198890485000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/06/04	01/06/04		04075198890485000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/08/04	01/08/04		04015003108105000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/11/04	01/11/04		04026003088100000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$102.40	$102.40	01/23/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/12/04	01/12/04		04077128600246004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	01/30/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/12/04	01/12/04		04106065460126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	03/26/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/12/04	01/12/04		04092000898105000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$6.40	$6.40	04/30/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/13/04	01/13/04		04077128600246004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$30.00	$30.00	04/09/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/13/04	01/13/04		04106065460126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	03/26/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/14/04	01/14/04		04077128600246004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$6.40	$6.40	04/30/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/14/04	01/14/04		04106065460126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	03/26/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/15/04	01/15/04		04077128600246004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$6.40	$6.40	04/30/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/15/04	01/15/04		04106065460126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	03/26/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/16/04	01/16/04		04026003088100000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$6.40	$6.40	04/30/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/16/04	01/16/04		04106065450126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$224.00	$224.00	01/30/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/18/04	01/18/04		04028009498102000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	08/13/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/19/04	01/19/04		04028009498102000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	02/06/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/19/04	01/19/04		04106065450126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$32.00	$32.00	02/06/
HIC	LAWRENCE B MAULDIN MD	S C NEUROLOGICAL CLINIC PA	01/19/04	01/19/04		04042070240126004A	20	11	34500	Gen Nonoy Ep wo Intr Ep	99213	E/M OFFICE/OP SERV EST PATIENT	$70.00	$53.00	02/27/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/20/04	01/20/04		04028009498102000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/06/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/20/04	01/20/04		04106065450126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	08/13/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/21/04	01/21/04		04028009498102000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	08/13/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/21/04	01/21/04		04106065450126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$51.20	$51.20	02/06/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/22/04	01/22/04		04028009498102000A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	08/13/
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	01/22/04	01/22/04		04097021220043000A	76	12	7420	Encephalocele	K0040	ADJUSTABLE ANGLE FOOTPLATE, EA	$121.80	$121.08	05/07/
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	01/22/04	01/22/04		04097021220043000A	76	12	7420	Encephalocele	K0052	SWINGAWAY, DETACHABLE FOOTREST	$152.25	$149.88	05/07/
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	01/22/04	01/22/04		04097021220043000A	76	12	7420	Encephalocele	K0036	TOE LOOP, EACH	$30.45	$30.45	05/07/
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	01/22/04	01/22/04		04097021220043000A	76	12	7420	Encephalocele	K0043	FOOTREST, LOWER EXTENSION TUBE	$31.50	$31.50	05/07/
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	01/22/04	01/22/04		04097021220043000A	76	12	7420	Encephalocele	E1340	REPAIR/NONROUTN SVC DME EQU RE	$30.00	$24.44	05/07/
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	01/22/04	01/22/04		04097021220043000A	76	12	7420	Encephalocele	E0951	WHEELCHAIR HEEL LOOP EACH	$30.45	$30.45	05/07/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/22/04	01/22/04		04106065450126004A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$57.60	$51.20	08/13/0

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TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/23/04	01/23/04		0402800949810200A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/06/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/23/04	01/23/04		0407712859024600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/06/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/24/04	01/25/04		0404300863160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$153.60	$12.80	04/23/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/27/04	01/27/04		0410606544012600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	02/20/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/28/04	01/28/04		0404300863160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	04/30/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/28/04	01/28/04		0404300863160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/20/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/28/04	01/28/04		0428500058000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/20/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/29/04	01/29/04		0404300863160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$35.20	$35.20	10/22/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/29/04	01/29/04		0428500056000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/20/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/30/04	01/30/04		0404300863160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$59.52	$59.52	10/22/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/30/04	01/30/04		0407712859024600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/20/0
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	01/31/04	01/31/04		0404300703161000A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$176.64	$12.80	04/23/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/01/04	02/01/04		0404300744160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$235.00	$235.00	02/20/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/02/04	02/02/04		0404300744160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	02/20/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/02/04	02/02/04		0423600007811100A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$44.80	$44.80	02/20/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/03/04	02/03/04		0404300744160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$20.00	$20.00	09/03/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/03/04	02/03/04		0428500056000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/20/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/04/04	02/04/04		0410606543012600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	10/22/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/05/04	02/05/04		0404300744160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$64.00	$64.00	04/30/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/05/04	02/05/04		0428500056000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/20/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/06/04	02/06/04		0404300744160200A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$64.00	$64.00	10/22/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/06/04	02/06/04		0428500056000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/20/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/07/04	02/07/04		0407712859024600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	10/22/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/07/04	02/07/04		0428500056000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$262.40	$12.80	04/23/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/08/04	02/08/04		0404900132160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$25.60	$25.60	10/22/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/09/04	02/09/04		0404900132160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	02/27/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/09/04	02/09/04		0414700873810700A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$44.80	$44.80	02/27/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/10/04	02/10/04		0404900132160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$30.00	$30.00	06/04/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/11/04	02/11/04		0404900132160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	02/27/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/11/04	02/11/04		0430900908812000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$38.40	$38.40	02/27/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/12/04	02/12/04		0404900132160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$40.00	$40.00	11/12/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/13/04	02/13/04		0404900132160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	02/27/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/13/04	02/13/04		0407712858024600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$288.00	$12.80	04/23/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/15/04	02/15/04		0405600495160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/05/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/16/04	02/16/04		0405600495160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/05/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/16/04	02/16/04		0428500057000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$64.00	$64.00	10/22/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/18/04	02/16/04		0410606542012600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$38.40	08/13/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/17/04	02/17/04		0405600495160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$57.60	$57.60	03/05/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/17/04	02/17/04		0410606542012600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$12.80	08/13/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/17/04	02/17/04		0428500057000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$19.20	$19.20	10/22/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/18/04	02/18/04		0405600495160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/05/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/18/04	02/18/04		0428500057000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$51.20	$51.20	10/22/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/18/04	02/18/04		0410606542012600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$51.20	$51.20	08/13/04
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/18/04	02/18/04		0430900908312000A	22	3	3439	Cerebral Palsy NOS	G5007	COORDINATED CARE FEE, SCHEDULE	$30.00	$30.00	11/12/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/19/04	02/19/04		0405600495160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/05/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/19/04	02/19/04		0428500057000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$59.52	$59.52	10/22/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/19/04	02/19/04		0410606542012600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	08/13/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/20/04	02/20/04		0405600495160300A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/05/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/20/04	02/20/04		0407712857024600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$230.40	$12.80	04/23/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/20/04	02/20/04		0428500056000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$48.00	$48.00	10/22/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/22/04	02/22/04		0406300497150100A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$12.80	$12.80	03/12/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/22/04	02/22/04		0428500058000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$59.52	$59.52	10/22/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/23/04	02/23/04		0406300497150100A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/12/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/23/04	02/23/04		0410606542012600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$51.20	$51.20	08/13/04
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/23/04	02/23/04		0422400480810410A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/20/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/24/04	02/24/04		0406300497150100A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/12/04

South Carolina Department of Health and Human Services
Detailed Claims Report

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/24/04	02/24/04		0428S00057000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$38.40	$38.40	10/22/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/25/04	02/25/04		0406300497160100A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/12/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/25/04	02/25/04		0428S00057000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$51.20	$51.20	10/22/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/26/04	02/26/04		0406300497160100A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/12/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/26/04	02/26/04		0407712857024600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	03/12/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/26/04	02/26/04		0428S00058000600A	61	12	-	-Missing	X6977	MR/RD WAIVER PERSONAL CARE AID	$204.80	$12.80	04/23/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/27/04	02/27/04		0406300497160100A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$44.80	$44.80	10/22/04
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	02/28/04	02/28/04		0407100052161000A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	03/19/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/29/04	02/29/04		0408200618160700A	61	12	3439	Cerebral Palsy NOS	X6977	MR/RD WAIVER PERSONAL CARE AID	$57.60	$57.60	03/26/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/01/04	03/01/04		0408200498160700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/01/04	03/01/04		0410606550012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/01/04	03/01/04		0422400480810410A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/20/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/02/04	03/02/04		0408200498160700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/02/04	03/02/04		0410606550012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/03/04	03/03/04		0408200498160700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/03/04	03/03/04		0410606550012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/04/04	03/04/04		0408200498160700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	03/04/04	03/04/04		0413905661009700A	76	12	7420	Encephalocele	E0621	SLING OR SEAT, PATIENT LIFT, C	$66.15	$66.15	09/03/04
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	03/04/04	03/04/04		0409212552029400A	76	12	7420	Encephalocele	E0630	PATIENT LIFT HYDRAULIC W/SEAT	$725.55	$725.38	05/14/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/04/04	03/04/04		0410606541012600A	61	12	-	-Missing	E0700	SAFETY EQUIPMENT, BELT, HARNES	$109.20	$109.41	05/14/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/05/04	03/05/04		0408200498160700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/05/04	03/05/04		0410606541012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/05/04	03/05/04		0407712856024600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/07/04	03/07/04		0407800620160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.00	$3.20	08/20/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/08/04	03/08/04		0407800620160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	03/26/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/08/04	03/08/04		0410606541012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/09/04	03/09/04		0407800620160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/09/04	03/09/04		0410606541012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/08/04	03/08/04		0407712856024600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/10/04	03/10/04		0407800620160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$3.20	08/20/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/10/04	03/10/04		0410606541012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/11/04	03/11/04		0407800620160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/11/04	03/11/04		0410606541012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/12/04	03/12/04		0407800620160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/12/04	03/12/04		0410606549012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/26/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/12/04	03/12/04		0407712856024600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/14/04	03/14/04		0408S00141162300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.00	$3.20	08/20/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/15/04	03/15/04		0408S00141162300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	04/02/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/15/04	03/15/04		0410606549012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/02/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/16/04	03/16/04		0407712856024600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/15/04	03/15/04		0423800007611100A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$19.20	$3.20	08/20/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/16/04	03/16/04		0410606549012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	09/03/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/16/04	03/16/04		0409616181041600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/17/04	03/17/04		0408S00141162300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$3.20	08/13/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/17/04	03/17/04		0410606549012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/02/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/17/04	03/17/04		0409616181041600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/18/04	03/18/04		0408S00141162300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$3.20	08/13/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/18/04	03/18/04		0410606549012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/02/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/18/04	03/18/04		0409616181041600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$51.20	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/19/04	03/19/04		0408S00141162300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$3.20	08/13/04
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/19/04	03/19/04		0410606549012600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/02/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/21/04	03/21/04		0411408018014400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/21/04	03/21/04		0409300797165000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$9.60	$9.60	05/07/04
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/22/04	03/22/04		0411408018014400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$3.20	$3.20	04/09/04
										T1019	PERSONAL CARE SERVICES, PER 15	$33.60	$33.60	05/07/04

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/22/04	03/22/04		04093007971650000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$11.20	$11.20	04/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/22/04	03/22/04		04105065400126000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/22/04	03/22/04		04096161810416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$3.20	08/13/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/22/04	03/22/04		04224004808104100A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/20/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/23/04	03/23/04		04114080180144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$33.60	$33.60	05/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/23/04	03/23/04		04093007971650000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$11.20	$11.20	04/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/23/04	03/23/04		04105065480126000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$51.20	04/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/23/04	03/23/04		04096161810416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$3.20	08/13/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/24/04	03/24/04		04114080180144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$33.60	$33.60	05/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/24/04	03/24/04		04093007971650000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$11.20	$11.20	04/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/24/04	03/24/04		04105065480126000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/24/04	03/24/04		04096161810416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$3.20	08/13/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/25/04	03/25/04		04114080180144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$33.60	$33.60	05/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/25/04	03/25/04		04093007971650000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$11.20	$11.20	04/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/25/04	03/25/04		04105065480126000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$51.20	04/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/25/04	03/25/04		04096161820416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$3.20	08/13/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/25/04	03/25/04		04245003378105000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	08/10/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/26/04	03/26/04		04114080180144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$33.60	$33.60	05/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/26/04	03/26/04		04093007971650000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$11.20	$11.20	04/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/26/04	03/26/04		04105065480126000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/26/04	03/26/04		04096161820416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$3.20	08/13/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/27/04	03/27/04		04096161820416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	05/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/28/04	03/28/04		04114080190144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	04/16/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/28/04	03/28/04		04093800945160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$3.20	08/13/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/28/04	03/28/04		04096161820416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	05/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/29/04	03/29/04		04114080190144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	04/16/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/29/04	03/29/04		04093800945160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$23.52	$23.52	05/07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/29/04	03/29/04		04096161820416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$7.84	$6.40	04/16/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/29/04	03/29/04		04238000078111000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	09/03/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/30/04	03/30/04		04114080190144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$33.12	$33.12	05/07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/30/04	03/30/04		04093800945160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$11.04	$9.60	04/16/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/30/04	03/30/04		04105065470126000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/30/04	03/30/04		04096161820416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$3.20	08/13/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/31/04	03/31/04		04105065470126000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$51.20	04/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/31/04	03/31/04		04096161830416000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$3.20	08/13/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/31/04	03/31/04		04211000448107000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$40.00	$40.00	08/06/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/01/04	04/01/04		04114080040144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$33.12	$33.12	05/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/01/04	04/01/04		04100000511602000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$11.04	$9.60	04/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/02/04	04/02/04		04114080040144000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$33.12	$33.12	05/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/02/04	04/02/04		04100000511602000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$11.04	$9.60	04/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/11/04	04/11/04		04112001681602000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	04/30/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/12/04	04/12/04		04238000078111000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$32.00	$32.00	04/30/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/13/04	04/13/04		04112001681602000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	09/03/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/14/04	04/14/04		04112001681602000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/30/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/14/04	04/14/04		04211000448107000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$32.00	$32.00	04/30/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/15/04	04/15/04		04112001681602000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	08/06/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/16/04	04/16/04		04112001681602000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/16/04	04/16/04		04126162190269000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/30/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/18/04	04/18/04		04119001591604000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/19/04	04/19/04		04119001591604000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/19/04	04/19/04		04119001591604000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	05/07/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/19/04	04/19/04		04126162180269000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/20/04	04/20/04		04224004808104100A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/20/0
						04119001591604000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/07/0

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/20/04	04/20/04		04126162190289O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/21/04	04/21/04		04119001591604O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	05/07
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/21/04	04/21/04		04126162190289O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/22/04	04/22/04		04119001591604O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/14
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/22/04	04/22/04		04126162190289O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/07
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/23/04	04/23/04		04119001591604O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/14
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/23/04	04/23/04		04126162190289O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/07
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/25/04	04/25/04		04126001821601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/26/04	04/26/04		04126001821601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/14
[illegible]	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/26/04	04/26/04		04126161850285O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	05/14
[illegible]	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/26/04	04/26/04		04224004808104O0A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/20/
[illegible]	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/27/04	04/27/04		04126001821601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/14/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/27/04	04/27/04		04126161850285O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/21/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/28/04	04/28/04		04126001821601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	05/14/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/28/04	04/28/04		04126161850285O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/21/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/29/04	04/29/04		04126001821601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/14/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/29/04	04/29/04		04126161850285O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	05/21/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/30/04	04/30/04		04126001821601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/14/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/30/04	04/30/04		04126161850285O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/21/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/30/04	04/30/04		04211000448107O0A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$40.00	$40.00	08/06/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/02/04	05/02/04		04134005031625O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/21/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/03/04	05/03/04		04134005031625O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/21/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/03/04	05/03/04		04162053510108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/25/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/03/04	05/03/04		04224004808104O0A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/04/04	05/04/04		04134005031625O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/21/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/04/04	05/04/04		04162053510108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/25/
DENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	05/05/04	05/05/04		04128091510183O0B	30	11	V722	Dental Examination	D1110	PROPHYLAXIS-ADULT	$51.00	$35.00	05/21/
DENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	05/05/04	05/05/04		04128091510183O0B	30	11	V722	Dental Examination	D0120	PERIODIC ORAL EVALUATION	$25.00	$22.00	05/21/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/05/04	05/05/04		04162053510108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$51.20	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/06/04	05/06/04		04134005031625O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/21/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/06/04	05/06/04		04162053510108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/07/04	05/07/04		04134005031625O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/21/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/07/04	05/07/04		04162053510108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/25/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/07/04	05/07/04		04211000448107O0A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$40.00	$40.00	08/06/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/09/04	05/09/04		04141007781601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/28/
[illegible]	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/10/04	05/10/04		04141007781601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/28/
[illegible]	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/10/04	05/10/04		04162053510108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/25/
[illegible]	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/11/04	05/11/04		04141007781601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/28/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/11/04	05/11/04		04162053520108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/25/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/12/04	05/12/04		04162053520108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/13/04	05/13/04		04141007781601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/28/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/13/04	05/13/04		04162053520108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$51.20	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/14/04	05/14/04		04141007781601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/28/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/14/04	05/14/04		04162053520108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/16/04	05/16/04		04148003391601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	06/04/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/17/04	05/17/04		04148003391601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/04/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/17/04	05/17/04		04162053520108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/18/04	05/18/04		04148003391601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/04/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/18/04	05/18/04		04162053520108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/19/04	05/19/04		04148003391601O0A	61	12	3438	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/04/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/19/04	05/19/04		04162053530108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/25/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/19/04	05/19/04		04211000448107O0A	22	3	3439	Cerebral Palsy NOS	G9007	COORDINATED CARE FEE, SCHEDULE	$60.00	$60.00	08/06/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/19/04	05/19/04		04224004808104O0A	22	3	3432	Congenital Quadriplegia	G9007	COORDINATED CARE FEE, SCHEDULE	$60.00	$60.00	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/20/04	05/20/04		04148003391601O0A	61	12	3438	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/04/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/20/04	05/20/04		04162053530108O0A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	06/25/

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/21/04	05/21/04		04148003391601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/04/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/21/04	05/21/04		04162053530108000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/24/04	05/24/04		04155000161600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/11/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/24/04	05/24/04		04162053530108000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/25/04	05/25/04		04155000161600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/11/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/25/04	05/25/04		04162053530108000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/26/04	05/26/04		04155000161600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/11/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/27/04	05/27/04		04155000161600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/11/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/27/04	05/27/04		04162053530108000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/11/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/28/04	05/28/04		04155000161600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	06/25/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/28/04	05/28/04		04162053540108000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/11/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/01/04	06/01/04		04162005891601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	06/25/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/01/04	06/01/04		04189039600112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/02/04	06/02/04		04162005891601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/02/04	06/02/04		04189039600112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/03/04	06/03/04		04162005891601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/03/04	06/03/04		04189039600112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/04/04	06/04/04		04162005891601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/04/04	06/04/04		04189039600112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/07/04	06/07/04		04168003781607000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/07/04	06/07/04		04189039600112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/08/04	06/08/04		04168003781607000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$76.80	$76.80	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/08/04	06/08/04		04189039600112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/09/04	06/09/04		04168003781607000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/09/04	06/09/04		04189039610112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/10/04	06/10/04		04168003781607000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/10/04	06/10/04		04189039610112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/11/04	06/11/04		04168003781607000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/11/04	06/11/04		04189039610112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/14/04	06/14/04		04176009371600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/14/04	06/14/04		04189039610112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/02/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/15/04	06/15/04		04176009371600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	07/16/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/15/04	06/15/04		04189039610112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/02/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/16/04	06/16/04		04189039610112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/17/04	06/17/04		04176009371600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/17/04	06/17/04		04189039620112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/02/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/18/04	06/18/04		04176009371600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	07/16/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/28/04	06/28/04		04189039620112000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/02/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/30/04	06/30/04		04223100600193000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	07/16/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/06/04	07/06/04		04196000641600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/06/04	07/06/04		04223084650146000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/23/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/07/04	07/07/04		04196000641600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/07/04	07/07/04		04223084650146000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/23/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/08/04	07/08/04		04196000641600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/08/04	07/08/04		04223084650146000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/23/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/09/04	07/09/04		04196000641600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/09/04	07/09/04		04223084650146000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	07/23/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/12/04	07/12/04		04223084650146000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/13/04	07/13/04		04205002051606000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$51.20	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/13/04	07/13/04		04223084650146000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/30/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/14/04	07/14/04		04205002051606000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/14/04	07/14/04		04223084650146000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/30/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/15/04	07/15/04		04205002051606000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	09/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/15/04	07/15/04		04223084650146000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/30/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/16/04	07/16/04		04205002051606000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/20/
													$44.80	$44.80	07/30/

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/16/04	07/16/04		0422308466014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/19/04	07/19/04		0421000316160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/06/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/19/04	07/19/04		0422308466014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/20/04	07/20/04		0421000316160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/06/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/20/04	07/20/04		0422308466014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/21/04	07/21/04		0421000316160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/06/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/21/04	07/21/04		0422308466014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/22/04	07/22/04		0421000316160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/06/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/22/04	07/22/04		0422308467014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/23/04	07/23/04		0421000316160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/06/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/23/04	07/23/04		0422308467014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/26/04	07/26/04		0421700491160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/13/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/26/04	07/26/04		0422308467014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/27/04	07/27/04		0421700491160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/13/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/27/04	07/27/04		0422308467014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/28/04	07/28/04		0421700491160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/13/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/28/04	07/28/04		0422308467014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/29/04	07/29/04		0421700491160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/13/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/29/04	07/29/04		0422308467014600A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/30/04	07/30/04		0422310060019300A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	08/20/
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	07/31/04	07/31/04		0422900767810300A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	08/20/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/31/04	07/31/04		0507500990815420A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/01/04	08/01/04		0507500990815410A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/02/04	08/02/04		0507500990815410A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/03/04	08/03/04		0507500990815410A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/04/04	08/04/04		0507500990815410A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/05/04	08/05/04		0507500990815410A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/06/04	08/06/04		0507500990815410A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/07/04	08/07/04		0507500990815410A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/08/04	08/08/04		0507500990815410A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/25/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/09/04	08/09/04		0423100699160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/10/04	08/10/04		0423100699160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/11/04	08/11/04		0423100699160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/12/04	08/12/04		0423100699160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/13/04	08/13/04		0423100699160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/27/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/15/04	08/15/04		0423900824160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/27/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/16/04	08/16/04		0423900824160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	09/03/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/16/04	08/16/04		0425719338046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/03/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/17/04	08/17/04		0423900824160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/17/04	08/17/04		0425719338046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/03/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/17/04	08/17/04		0423600767810400A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/18/04	08/18/04		0423900824160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/03/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/18/04	08/18/04		0425719338046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/19/04	08/19/04		0423900824160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/03/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/19/04	08/19/04		0425719338046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/20/04	08/20/04		0423900824160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/03/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/20/04	08/20/04		0425719338046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/20/04	08/20/04		0505400931816700A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$20.00	$20.00	03/04/05
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/23/04	08/23/04		0425719338046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/24/04	08/24/04		0425719339046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/24/04	08/24/04		0427800164812000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$10.00	$10.00	10/08/04
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/25/04	08/25/04		0425719339046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/25/04	08/25/04		0505400931816700A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$20.00	$20.00	03/04/05
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/26/04	08/26/04		0425719339046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/27/04	08/27/04		0425719339046900A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/27/04	08/27/04		0505400831818700A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$20.00	$20.00	03/04/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/29/04	08/29/04		0425300493160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	09/17/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/30/04	08/30/04		0425300493160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/17/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/30/04	08/30/04		0425719339046800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	09/24/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/31/04	08/31/04		0425300493160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/17/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/31/04	08/31/04		0426002719009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/0
IC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	08/31/04	08/31/04		0425700979810600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	09/17/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/01/04	09/01/04		0426000844160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/24/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/01/04	09/01/04		0426002726009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/02/04	09/02/04		0426000844160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/24/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/02/04	09/02/04		0426002726009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/03/04	09/03/04		0426000844160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/24/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/03/04	09/03/04		0426002726009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/03/04	09/03/04		0505400931816700A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$20.00	$20.00	03/04/05
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/03/04	09/03/04		0434800583811300A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	12/17/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/07/04	09/07/04		0426000844160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/24/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/07/04	09/07/04		0426002726009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/08/04	09/08/04		0426000844160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/24/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/08/04	09/08/04		0426002726009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/08/04	09/08/04		0505400931816700A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$20.00	$20.00	03/04/05
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/09/04	09/09/04		0426000844160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/24/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/09/04	09/09/04		0426002726009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/10/04	09/10/04		0426000844160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/24/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/10/04	09/10/04		0426002726009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/10/04	09/10/04		0505400931816700A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/24/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/13/04	09/13/04		0426800917160200A	61	12	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$44.80	$44.80	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/13/04	09/13/04		0428002727009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$20.00	$20.00	03/04/05
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/14/04	09/14/04		0426800917160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/01/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/14/04	09/14/04		0428002727009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/15/04	09/15/04		0428002727009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/01/04
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/15/04	09/15/04		0435000686815100A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/16/04	09/16/04		0428002727009000A	61	12	-	-Missing	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$19.20	$19.20	10/15/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/17/04	09/17/04		0426800917160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$20.00	$20.00	12/24/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/17/04	09/17/04		0428002727009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/15/04
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/17/04	09/17/04		0435000686815100A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/01/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/04	09/19/04		0427300686216060A	61	12	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$44.80	$44.80	10/15/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/20/04	09/20/04		0427300862160600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$20.00	$20.00	12/24/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/20/04	09/20/04		0428002718009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	10/08/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/21/04	09/21/04		0427300862160600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/08/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/21/04	09/21/04		0428002718009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	10/15/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/22/04	09/22/04		0427300862160600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/08/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/22/04	09/22/04		0428002718009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	10/15/04
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/22/04	09/22/04		0435000686815100A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/08/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/23/04	09/23/04		0427300862160600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/23/04	09/23/04		0428002718009000A	61	12	-	-Missing	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$20.00	$20.00	12/24/04
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/23/04	09/23/04		0434800583811300A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/08/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/24/04	09/24/04		0427300862160600A	61	12	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$19.20	$19.20	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/24/04	09/24/04		0428002718009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$20.00	$20.00	12/17/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/04	09/26/04		0428100943160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/08/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/27/04	09/27/04		0428100943160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/27/04	09/27/04		0428100943160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	10/15/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/27/04	09/27/04		0428002718009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/28/04	09/28/04		0428100943160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/28/04	09/28/04		0428002719009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/29/04	09/29/04		0428100943160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15/04
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/29/04	09/29/04		0428002719009000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/15/04
											T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	10/15/04

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/30/04	09/30/04		04281000431601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/15
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/30/04	09/30/04		04280027190090 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	10/15
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	09/30/04	09/30/04		04285003158107 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	10/15
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/01/04	10/01/04		04287000981600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/22
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/01/04	10/01/04		04320215400477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	12/17
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/04	10/03/04		04287000981600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	10/22
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/04/04	10/04/04		04287000981600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/22
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/04/04	10/04/04		04320215400477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	12/17
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/04/04	10/04/04		05213003378127 00A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$20.00	$20.00	08/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/05/04	10/05/04		04287000981600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/22
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/05/04	10/05/04		04320215400477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	12/17
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/06/04	10/06/04		04287000981600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/22
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/06/04	10/06/04		04320215400477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	12/17
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/06/04	10/06/04		04302004238122 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$10.00	$10.00	11/05
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/07/04	10/07/04		04287000981600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/22
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/07/04	10/07/04		04320215400477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	12/17
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/08/04	10/08/04		04287000981600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/22
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/08/04	10/08/04		04320215400477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	12/17
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/08/04	10/08/04		05213003378127 00A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$13.00	$13.00	08/05
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/04	10/10/04		04320215410477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	11/26
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/04	10/10/04		04336111070257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	01/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/11/04	10/11/04		04295000971600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/29
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/11/04	10/11/04		04336111070257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/11/04	10/11/04		05213003378127 00A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$20.00	$20.00	08/05
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/12/04	10/12/04		04295000971600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/29
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/12/04	10/12/04		04336111070257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/12/04	10/12/04		05076005428120 00A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	03/25
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/13/04	10/13/04		04295000971600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/29
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/13/04	10/13/04		04336111070257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/14/04	10/14/04		04295000971600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/29
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/14/04	10/14/04		04336111070257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/14
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/15/04	10/15/04		04320215410477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	11/26
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/15/04	10/15/04		04336111070257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	01/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/17/04	10/17/04		04303001121602 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	11/05
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/17/04	10/17/04		04336111090257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	01/14
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/18/04	10/18/04		04336111090257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/14
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/18/04	10/18/04		04320215420477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/26
H	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/19/04	10/19/04		04303001121602 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/05
H	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/19/04	10/19/04		04336111090257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/14
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/19/04	10/19/04		05209004698123 00A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/05
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/20/04	10/20/04		04303001121602 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/05
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/20/04	10/20/04		04336111090257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/21/04	10/21/04		04303001121602 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/05
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/21/04	10/21/04		04336111090257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/22/04	10/22/04		04303001121602 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/05
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/22/04	10/22/04		04336111090257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/25/04	10/25/04		04306007461600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/12
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/25/04	10/25/04		04336111090257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/26/04	10/26/04		04306007461600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/12
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/26/04	10/26/04		04336111100257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/27/04	10/27/04		04306007461600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/12
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/28/04	10/28/04		04306007461600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/12
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/28/04	10/28/04		04336111100257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	01/14
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/29/04	10/29/04		04320215430477 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	11/26
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/29/04	10/29/04		04336111100257 00A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	01/14

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770

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

aim pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/31/04	10/31/04		0431500293160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	11/19/04
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/01/04	11/01/04		0431500052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/19/04
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/01/04	11/01/04		0434206431012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/19/04
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/01/04	11/01/04		0521500736814200A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$19.20	$19.20	01/14/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/02/04	11/02/04		0431500052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$13.00	$13.00	08/12/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/02/04	11/02/04		0434206431012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/19/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/03/04	11/03/04		0431500052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	01/14/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/03/04	11/03/04		0434206431012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/19/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/04/04	11/04/04		0431500052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/04/04	11/04/04		0434206431012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/19/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/05/04	11/05/04		0431500052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	01/14/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/05/04	11/05/04		0434206431012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/19/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/04	11/07/04		0432300782160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/08/04	11/08/04		0432300782160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	11/26/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/08/04	11/08/04		0434206431012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/26/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/09/04	11/09/04		0432300782160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	01/14/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/09/04	11/09/04		0434206432012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/26/04
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/09/04	11/09/04		0507800457812000A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$15.20	$19.20	01/14/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/10/04	11/10/04		0432300782160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	03/25/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/10/04	11/10/04		0434206432012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/26/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/11/04	11/11/04		0432300782160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/11/04	11/11/04		0434206432012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/26/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/12/04	11/12/04		0432300782160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/12/04	11/12/04		0434206432012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/26/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/13/04	11/13/04		0434206434012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/15/04	11/15/04		0432800123160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/17/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/16/04	11/16/04		0434206432012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/03/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/16/04	11/16/04		0432800123160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	01/14/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/16/04	11/16/04		0434206432012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/03/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/17/04	11/17/04		0432800123160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/14/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/17/04	11/17/04		0513105457013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/03/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/18/04	11/18/04		0432800123160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/20/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/18/04	11/18/04		0513105457013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/03/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/19/04	11/19/04		0432800123160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/20/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/19/04	11/19/04		0513105457013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/03/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/21/04	11/21/04		0433600250160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/20/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/22/04	11/22/04		0433600250160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	12/10/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/22/04	11/22/04		0513105457013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/10/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/23/04	11/23/04		0433600250160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/20/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/23/04	11/23/04		0513105457013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/10/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/24/04	11/24/04		0433600250160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/20/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/24/04	11/24/04		0434206435012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	12/10/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/26/04	11/26/04		0433600250160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	02/04/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/26/04	11/26/04		0434206435012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	12/10/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/29/04	11/29/04		0434400067160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/04/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/30/04	11/30/04		0434206435012800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/17/04
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/04	11/30/04		0434400067160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	02/04/05
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/30/04	11/30/04		0434600955814300A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$44.80	$44.80	12/17/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/01/04	12/01/04		0520900469812300A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$235.00	$235.00	12/17/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/01/04	12/01/04		0435000247160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$20.00	$20.00	08/05/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/02/04	12/02/04		0504115252029000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/24/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/02/04	12/02/04		0435000247160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	03/18/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/03/04	12/03/04		0504115252029000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	12/24/04
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/03/04	12/03/04		0435000247160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	03/18/05
						0504115252029000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/24/04
													$19.20	$19.20	03/18/05

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/05/04	12/05/04		0435000247160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	12/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/06/04	12/06/04		0435000247160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/24/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/06/04	12/06/04		0504115252029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	03/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/07/04	12/07/04		0435000247160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/24/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/07/04	12/07/04		0504115252029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	03/18/
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/07/04	12/07/04		0506800213812000A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$13.00	$13.00	03/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/08/04	12/08/04		0435000247160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/24/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/08/04	12/08/04		0504115252029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	03/18/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/09/04	12/09/04		0501203709011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/18/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/09/04	12/09/04		0504115253029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	02/25/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/10/04	12/10/04		0435000247160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/24/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/10/04	12/10/04		0501203709011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	03/18/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/12/04	12/12/04		0501203709011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	03/18/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/12/04	12/12/04		0504115253029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	02/25/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/13/04	12/13/04		0501203709011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/18/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/13/04	12/13/04		0504115253029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	02/25/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/14/04	12/14/04		0501203709011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/18/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/14/04	12/14/04		0504115253029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	02/25/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/15/04	12/15/04		0501203709011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	03/18/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/15/04	12/15/04		0504115253029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	02/25/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/16/04	12/16/04		0501203710011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$115.20	$115.20	03/18/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/16/04	12/16/04		0504115254029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$115.20	$115.20	02/25/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/17/04	12/17/04		0501203710011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$76.80	$76.80	03/18/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/17/04	12/17/04		0504115254029000A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$76.80	$76.80	02/25/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/20/04	12/20/04		0436400338160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/07/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/20/04	12/20/04		0501203710011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$25.60	03/18/
DENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	12/21/04	12/21/04		0436331830065900B	30	11	V722	Dental Examination	D1110	PROPHYLAXIS-ADULT	$54.00	$35.00	01/07/
DENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	12/21/04	12/21/04		0436331830065900B	30	11	V722	Dental Examination	D0120	PERIODIC ORAL EVALUATION	$28.00	$22.00	01/07/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/21/04	12/21/04		0436400338160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/07/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/21/04	12/21/04		0501203710011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$25.60	03/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/22/04	12/22/04		0436400338160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/07/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/22/04	12/22/04		0501203710011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$25.60	03/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/30/04	12/30/04		0500500182160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/14/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/30/04	12/30/04		0501203710011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$25.60	03/18/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/31/04	12/31/04		0500500182160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/14/
H	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/31/04	12/31/04		0501203711011800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/18/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/02/05	01/02/05		0501900184160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	01/28/
D	KENNETH WELCH CARSON	KENNETH WELCH CARSON	01/03/05	01/03/05		0500620920072008	30	11	V722	Dental Examination	D2391	RESIN-BASE COMPOSITE-1 SURFAC	$95.00	$58.00	01/21/
HI	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/03/05	01/03/05		0501900184160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/28/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/03/05	01/03/05		0513105459013600A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/20/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/04/05	01/04/05		0508803281006500A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$140.80	$140.80	04/15/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/05/05	01/05/05		0508803281006500A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$70.40	$70.40	04/15/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/06/05	01/06/05		0508803281006500A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$89.60	$89.60	04/15/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/07/05	01/07/05		0508803281006500A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$70.40	$70.40	04/15/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/09/05	01/09/05		0501900360160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	01/28/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/10/05	01/10/05		0501900360160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/28/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/10/05	01/10/05		0513105459013800A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.60	$19.20	05/20/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/11/05	01/11/05		0501900360160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/28/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/11/05	01/11/05		0508803282006500A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/13/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/11/05	01/11/05		0533200462810200A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	12/02/0
U692	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	01/11/05	01/27/05	0	0513700295001300Z	2	22	V571	Physical Therapy NEC			$627.00	$189.00	07/01/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/12/05	01/12/05		0501900360160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/28/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/12/05	01/12/05		0508803282006500A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/13/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/13/05	01/13/05		0501900360160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/28/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/13/05	01/13/05		0508803282006500A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/13/0

FOGSOILL, RICHARD HENRY Medicaid ID: [redacted] , DOB [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/14/05	01/14/05		0501900360160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/28/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/14/05	01/14/05		0508803282006500A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	05/13/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/14/05	01/14/05		0510400143811800A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	04/22/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/16/05	01/16/05		0502600259160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	02/04/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/16/05	01/16/05		0508803282006500A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/13/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/17/05	01/17/05		0502600259160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/04/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/17/05	01/17/05		0508803282006500A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	05/13/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/18/05	01/18/05		0502600259160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/04/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/18/05	01/18/05		0513105459013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/04/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/18/05	01/18/05		0533200462810200A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$25.60	$25.60	05/20/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/19/05	01/19/05		0502600259160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$20.00	$20.00	12/02/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/20/05	01/20/05		0502600259160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/04/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/21/05	01/21/05		0502600259160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/04/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/21/05	01/21/05		0507600406812000A	22	3	7580	Downs Syndrome	97110	THERAPEUTIC EXER 1 OR MORE ARE	$44.80	$44.80	02/04/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/23/05	01/23/05		0508803283006500A	01	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$20.00	$20.00	03/25/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/24/05	01/24/05		0503400120160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	04/15/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/25/05	01/25/05		0503400120160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/11/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/25/05	01/25/05		0513105459013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/11/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/25/05	01/25/05		0520900468812300A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$22.40	$22.40	05/20/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/26/05	01/26/05		0503400120160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	08/05/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/26/05	01/26/05		0513105459013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/11/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/28/05	01/28/05		0503400120160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	05/20/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/28/05	01/28/05		0507600406812000A	22	3	7580	Downs Syndrome	97110	THERAPEUTIC EXER 1 OR MORE ARE	$44.80	$44.80	02/11/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/30/05	01/30/05		0504100107160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$20.00	$20.00	03/25/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/31/05	01/31/05		0504100107160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	02/18/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/01/05	02/01/05		0504100209160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/18/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/01/05	02/01/05		0507319276056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/18/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/02/05	02/02/05		0600400844810100A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$19.20	$19.20	04/22/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/02/05	02/02/05		0504100209160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	01/13/06
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/03/05	02/03/05		0507319276056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/18/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/03/05	02/03/05		0504100209160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/22/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/04/05	02/04/05		0507319276056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/18/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/04/05	02/04/05		0504100209160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/22/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/07/05	02/07/05		0507319276056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/18/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/07/05	02/07/05		0504900077160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/22/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/08/05	02/08/05		0507319276056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/25/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/08/05	02/08/05		0504900077160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/22/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/08/05	02/08/05		0507319276056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/25/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/09/05	02/09/05		0600400844810100A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$44.80	$44.80	04/22/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/09/05	02/09/05		0504900077160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	01/13/06
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/10/05	02/10/05		0507319273056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/25/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/10/05	02/10/05		0504900077160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/22/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/11/05	02/11/05		0507319273056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/25/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/11/05	02/11/05		0504900077160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/22/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/11/05	02/11/05		0507319273056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/25/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/11/05	02/11/05		0520900430812300A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/22/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/14/05	02/14/05		0506600258160100A	61	12	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/05/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/14/05	02/14/05		0507319273056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/15/05	02/15/05		0506600258160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	04/22/05
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/15/05	02/15/05		0507319273056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/05
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/15/05	02/15/05		0504900914816700A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$19.20	$19.20	04/22/05
C	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	02/16/05	02/16/05		0506600258160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	03/04/05
C	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	02/16/05	02/16/05		0511104955007900A	76	12	3439	Cerebral Palsy NOS	E1399	DURABLE MEDICAL EQUIPMENT, MIS	$44.80	$44.80	03/11/05
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/16/05	02/16/05		0507612859023400A	76	12	3439	Cerebral Palsy NOS	K0108	WHEEL CHAIR COMPONENT OR ACCES	$68.25	$61.43	06/17/05
			02/16/05	02/16/05		0507319273056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$225.75	$144.00	04/22/05
													$19.20	$19.20	04/22/05

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

aim /pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/17/05	02/17/05		0506600258160100A	61	12	3438	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/17/05	02/17/05		0513105460013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	05/20/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/18/05	02/18/05		0506600258160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/18/05	02/18/05		0513105460013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$51.20	05/20/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/20/05	02/20/05		0507319274056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	03/25/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/21/05	02/21/05		0506600553160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/21/05	02/21/05		0513105460013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/20/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/22/05	02/22/05		0506600553160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/22/05	02/22/05		0513105460013600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/20/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/23/05	02/23/05		0506600553160100A	61	12	3438	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/23/05	02/23/05		0507319275056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$89.60	$89.60	04/22/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/24/05	02/24/05		0506600553160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/24/05	02/24/05		0507319275056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$89.60	$89.60	04/22/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/24/05	02/24/05		0520900430812300A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$30.00	08/05/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/25/05	02/25/05		0506600553160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/11/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/25/05	02/25/05		0507319275056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$89.60	$89.60	04/22/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/27/05	02/27/05		0507300432160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	03/18/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/27/05	02/27/05		0507319275056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	04/22/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/28/05	02/28/05		0507300432160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/18/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/28/05	02/28/05		0507319275056300A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$89.60	$89.60	04/22/0
IIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	02/28/05	02/28/05		0506900506811600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$235.00	$235.00	03/18/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/01/05	03/01/05		0507300459160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/18/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/01/05	03/01/05		0509807420026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.00	$96.00	05/20/0
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/01/05	03/01/05		0520900469812300A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/05/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/02/05	03/02/05		0507300459160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/18/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/02/05	03/02/05		0509807420026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.00	$96.00	05/20/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/03/05	03/03/05		0507300459160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/18/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/03/05	03/03/05		0509807420026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.00	$96.00	05/20/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/04/05	03/04/05		0507300459160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/18/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/04/05	03/04/05		0509807420026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.00	$96.00	05/20/0
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/04/05	03/04/05		0520900430812300A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	08/05/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/04/05	03/04/05		0512200134810400A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	05/06/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/05/05	03/05/05		0512200134810400A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	05/06/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/06/05	03/06/05		0512200134810400A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	05/06/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/07/05	03/07/05		0507700955160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/25/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/07/05	03/07/05		0509807420026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.00	$96.00	05/20/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/08/05	03/08/05		0507700955160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/25/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/08/05	03/08/05		0509807420026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$115.20	$115.20	05/20/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/09/05	03/09/05		0507700955160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/09/05	03/09/05		0509807419026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$140.80	$140.80	05/20/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/10/05	03/10/05		0507700955160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/10/05	03/10/05		0509807419026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$89.60	$89.60	05/20/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/11/05	03/11/05		0507700955160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/11/05	03/11/05		0509807419026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$140.80	$140.80	05/20/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/13/05	03/13/05		0509100631160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	04/08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/13/05	03/13/05		0509807419026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/20/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/14/05	03/14/05		0509100631160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/14/05	03/14/05		0509807419026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.50	$83.20	05/20/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/15/05	03/15/05		0509100631160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/15/05	03/15/05		0509807419026800A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/20/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/15/05	03/15/05		0520800722813700A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	08/05/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/16/05	03/16/05		0509100631160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/17/05	03/17/05		0509100631160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/18/05	03/18/05		0509100631160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/18/05	03/18/05		0521500797814200A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$40.00	$40.00	08/12/0

IGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

m e	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/20/05	03/20/05		0509807422026800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	04/22/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/21/05	03/21/05		0509100231160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/05
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/21/05	03/21/05		0515000943810600A	22	3	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$40.00	$40.00	06/03/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/22/05	03/22/05		0509100231160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/05
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/22/05	03/22/05		0520800722813700A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	06/05/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/23/05	03/23/05		0509100231160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/23/05	03/23/05		0513105463013600A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/24/05	03/24/05		0509100231160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/20/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/24/05	03/24/05		0513105463013600A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/08/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/25/05	03/25/05		0509807423026800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/20/05
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/25/05	03/31/05		0512200134810400A	10	12	317	Mild Mental Retardation	X5980	MR/RD WAIVER NON-FACILITY RESP	$98.00	$98.00	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/26/05	03/26/05		0509807423026800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$350.00	$350.00	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/27/05	03/27/05		0509807423026800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/28/05	03/28/05		0509807423026800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/29/05	03/29/05		0509807421026800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/30/05	03/30/05		0509807421026800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/31/05	03/31/05		0509807421026800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	04/22/05
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	03/31/05	03/31/05		0510100981811200A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	04/15/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/01/05	04/01/05		0510500987162400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/01/05	04/01/05		0516806456010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.00	$96.00	09/02/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/03/05	04/03/05		0511605920013100A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/06/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/04/05	04/04/05		0510500987162400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/04/05	04/04/05		0516806456010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	09/02/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/05/05	04/05/05		0510500987162400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/05/05	04/05/05		0516806456010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/06/05	04/06/05		0510500987162400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/06/05	04/06/05		0516806456010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/07/05	04/07/05		0510500987162400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/22/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/07/05	04/07/05		0518806456010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$166.40	$166.40	09/02/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/08/05	04/08/05		0511605921013100A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$128.00	$128.00	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/08/05	04/08/05		0516806456010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	09/02/05
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/08/05	04/08/05		0600400798810100A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	01/13/06
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/10/05	04/10/05		0511605921013100A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/11/05	04/11/05		0511605921013100A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/12/05	04/12/05		0511605921013100A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/06/05
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/12/05	04/12/05		0520900468812300A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	06/05/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/13/05	04/13/05		0511605921013100A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/14/05	04/14/05		0511605921013100A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/15/05	04/15/05		0511605921013100A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$134.40	$134.40	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/16/05	04/16/05		0514609473016800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$19.20	$19.20	06/10/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/17/05	04/17/05		0514609473016800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$32.00	$32.00	06/10/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/18/05	04/18/05		0511700500160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/06/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/19/05	04/19/05		0511700500160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/19/05	04/19/05		0516806457010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$137.60	$137.60	08/05/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/20/05	04/20/05		0511700500160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/20/05	04/20/05		0516806457010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$76.80	$76.80	08/05/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/21/05	04/21/05		0511700500160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/21/05	04/21/05		0516806457010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$76.80	$76.80	08/05/05
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/21/05	04/21/05		0520900468812300A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$10.00	$10.00	06/05/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/22/05	04/22/05		0511700500160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/06/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/22/05	04/22/05		0516806457010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/05/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/23/05	04/23/05		0514609474016800A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	06/10/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/24/05	04/24/05		0512600889160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	05/13/05
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/24/05	04/24/05		0516806457010500A	61	12	-	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	08/05/05
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/25/05	04/25/05		0512600889160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/13/05

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

laim ype	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/25/05	04/25/05		05168064570I0500A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/05/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/26/05	04/26/05		05126008891603O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/13/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/26/05	04/26/05		05168064580105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/27/05	04/27/05		05126008891603O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/13/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/27/05	04/27/05		05168064580105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/28/05	04/28/05		05146094770168O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$179.20	$179.20	06/10/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/29/05	04/29/05		05126008891603O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/13/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/29/05	04/29/05		05168064580105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	04/30/05	04/30/05		05345006038101O0A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	12/16/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/01/05	05/01/05		05146094770168O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	06/10/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/02/05	05/02/05		05139000461600O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/27/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/02/05	05/02/05		05168064580105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	09/02/0
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/02/05	05/02/05		05150009788106O0A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	06/03/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/03/05	05/03/05		05139000461600O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/27/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/03/05	05/03/05		05168064580105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$128.00	$128.00	09/02/0
B92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	05/03/05	05/31/05	0	05244033610047002	2	22	V571	Physical Therapy NEC			$888.00	$252.00	10/21/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/04/05	05/04/05		05146094770168O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	06/10/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/05/05	05/05/05		05146094750168O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	06/10/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/06/05	05/06/05		05139000461600O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/27/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/06/05	05/06/05		05168064580105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/08/05	05/08/05		05147005891608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	06/03/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/09/05	05/09/05		05147005891608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/09/05	05/09/05		05168064590105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/05/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/10/05	05/10/05		05147005891608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/10/05	05/10/05		05168064590105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/05/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/11/05	05/11/05		05147005891608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/11/05	05/11/05		05168064590105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$140.80	$140.80	08/05/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/12/05			06130008234077000	70	1				PLEXION CLEANSING CLOTHS	$116.19	$80.45	05/19/06
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/12/05	05/12/05		05147005891608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/12/05	05/12/05		05168064590105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	08/05/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/13/05	05/13/05		05147005891608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/13/05	05/13/05		05168064590105O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	08/05/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/14/05	05/14/05		05146094760168O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$38.40	$38.40	06/10/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/15/05	05/15/05		05146094760168O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	06/10/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/16/05	05/16/05		05147005891608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/16/05	05/16/05		06081007438123I0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.20	$38.40	03/31/06
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/17/05	05/17/05		05147005891608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/17/05	05/17/05		06081007438123I0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/31/06
I.	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/17/05	05/17/05		05150000088107O0A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$20.00	$20.00	06/03/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/18/05	05/18/05		05147005901608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/18/05	05/18/05		06081007438123I0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/31/06
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/19/05			06130007274042000	70	1				DIFFERIN 0.1 GEL	$122.88	$106.03	05/19/06
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/19/05	05/19/05		05147005901608O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/03/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/19/05	05/19/05		06081007438123I0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/31/06
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/20/05	05/20/05		05171073590124O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$128.00	$128.00	07/01/05
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/22/05	05/22/05		05171073590124O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	07/01/05
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/23/05			06130006844077000	70	1				DYNACIN 100 MG TABLET	$258.50	$41.18	05/19/06
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/23/05	05/23/05		05171073600124O0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/01/05
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/24/05	05/24/05		05154001221601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/10/05
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/24/05	05/24/05		06081007438123I0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/31/06
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/25/05	05/25/05		05154001221601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/10/05
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/25/05	05/25/05		06081007438123I0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/31/06
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/26/05	05/26/05		05154001221601O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/10/05
IIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	05/26/05	05/26/05		05160036510098O0A	76	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$120.00	$97.76	07/15/05
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/26/05	05/26/05		06081007438123I0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.30	$83.20	03/31/06

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/26/05	05/26/05		0515000979810600A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$30.00	$30.00	06/03/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/27/05	05/27/05		0517107360012400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$140.80	$140.80	07/01/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/29/05	05/29/05		0517107360012400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$70.40	$70.40	07/01/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/30/05	05/30/05		0516100812160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/17/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/30/05	05/30/05		0517107360012400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	08/05/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/31/05	05/31/05		0516100812160200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/17/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/31/05	05/31/05		0517107360012400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$76.80	$76.80	08/05/
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	05/31/05	05/31/05		0516100584811700A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	06/17/
P	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/01/05			0613000043407700D	70	1				BACLOFEN 10 MG TABLET	$86.61	$68.42	05/19/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/01/05	06/01/05		0518100312160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/01/05	06/01/05		0608100743812320A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/01/05	06/01/05		0523800583810910A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	09/02/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/02/05	06/02/05		0519921485058900A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	07/29/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/02/05	06/02/05		0608100743812320A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/03/05	06/03/05		0518100312160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/03/05	06/03/05		0608100743812320A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/
UB92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	06/03/05	06/28/05	0	0534001720005000Z	2	22	V571	Physical Therapy NEC			$863.00	$273.00	01/13/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/04/05	06/04/05		0608100743812320A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/04/05	06/04/05		0523800583810910A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	09/02/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/06/05	06/06/05		0518100312160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/06/05	06/06/05		0608100743812320A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/06/05	06/06/05		0523800583810910A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	09/02/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/07/05	06/07/05		0518100312160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/07/05	06/07/05		0608100743812320A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/07/05	06/07/05		0523800583810910A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$46.88	$46.87	09/02/
DENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	06/08/05	06/08/05		0521301380030000B	30	11	V722	Dental Examination	D0120	PERIODIC ORAL EVALUATION	$28.00	$22.00	08/12/
DENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	06/08/05	06/08/05		0521301380030000B	30	11	V722	Dental Examination	D1110	PROPHYLAXIS-ADULT	$54.00	$35.00	08/12/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/08/05	06/08/05		0518100312160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/08/05	06/08/05		0519915009053400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/26/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/08/05	06/08/05		0523800583810910A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$23.44	$23.43	09/02/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/09/05	06/09/05		0518100312160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/09/05	06/09/05		0519915009053400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/26/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/09/05	06/09/05		0523800583810910A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	09/02/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/10/05	06/10/05		0518100312160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/10/05	06/10/05		0519915009053400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/26/
H	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/10/05	06/10/05		0523800583810910A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	09/02/
H	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/12/05	06/12/05		0523800583810910A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	09/02/
H	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/13/05	06/13/05		0518100354160400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/0
H.	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/13/05	06/13/05		0519915009053400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/26/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/13/05	06/13/05		0523800583810920A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/14/05	06/14/05		0518100354160400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/14/05	06/14/05		0519915009053400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/26/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/14/05	06/14/05		0523800583810920A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/15/05	06/15/05		0518100354160400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/15/05	06/15/05		0519915009053400A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/26/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/15/05	06/15/05		0523800583810920A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	09/02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/16/05	06/16/05		0518100354160400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/16/05	06/16/05		0608100743812320A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/16/05	06/16/05		0523800583810920A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	09/02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/17/05	06/17/05		0518100354160400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/17/05	06/17/05		0608100743812320A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/17/05	06/17/05		0523800583810920A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/18/05	06/18/05		0523800583810920A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	09/02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/19/05	06/19/05		0523800583810920A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	09/02/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/20/05	06/20/05		0519921491058900A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	07/29/0

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/20/05	06/20/05		0608100743812330A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/20/05	06/20/05		0523800583810920A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	09/02/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/21/05	06/21/05		0519921491058900A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	07/29/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/21/05	06/21/05		0608100743812330A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/21/05	06/21/05		0523800583810930A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	09/02/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/22/05	06/22/05		0519921491058900A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	07/29/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/22/05	06/22/05		0608100743812330A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/22/05	06/22/05		0523800583810930A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	09/02/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/23/05	06/23/05		0519921491058900A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	07/29/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/23/05	06/23/05		0608100743812330A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/23/05	06/23/05		0523800583810930A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	09/02/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/24/05	06/24/05		0519921492058900A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	07/29/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/24/05	06/24/05		0608100743812330A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/24/05	06/24/05		0523800583810930A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	09/02/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/25/05	06/25/05		0523800583810930A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	09/02/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/26/05	06/26/05		0523800583810930A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/27/05	06/27/05		0519400473160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/27/05	06/27/05		0608100743812330A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/27/05	06/27/05		0523800583810930A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/28/05	06/28/05		0519400473160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/28/05	06/28/05		0608100743812330A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/28/05	06/28/05		0523800583810930A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/29/05	06/29/05		0519400473160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/29/05	06/29/05		0608100743812330A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/30/05			0613000300407600D	70	1				BACLOFEN 10 MG TABLET	$86.61	$66.42	05/19/06
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/30/05	06/30/05		0519400473160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/30/05	06/30/05		0608100743812340A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/30/05	06/30/05		0523800583810940A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$46.88	$46.87	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/01/05	07/01/05		0519400538160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/01/05	07/01/05		0522013846043600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	09/23/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/01/05	07/01/05		0523800583810940A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$37.50	$37.50	09/02/05
KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	07/01/05	07/29/05	0	0534001721005000Z	12	22	V571	Physical Therapy NEC			$1,040.00	$336.00	01/13/06
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/05/05	07/05/05		0519400538160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/05/05	07/05/05		0522013846043600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	09/23/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/05/05	07/05/05		0523800583810940A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/06/05	07/06/05		0519400538160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/06/05	07/06/05		0522013846043600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	09/23/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/06/05	07/06/05		0523800583810940A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/07/05	07/07/05		0519400538160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/07/05	07/07/05		0522013846043600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	09/23/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/07/05	07/07/05		0523800583810940A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$26.56	$26.56	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/08/05	07/08/05		0519400538160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/22/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/08/05	07/08/05		0522013846043600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	09/23/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/08/05	07/08/05		0523800583810940A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$32.81	$32.81	09/02/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/10/05	07/10/05		0523800583810960A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/11/05	07/11/05		0520300725160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/29/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/11/05	07/11/05		0522013846043600A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	09/23/05
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/11/05	07/11/05		0523800583810940A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/12/05	07/12/05		0520300725160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/29/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/12/05	07/12/05		0608100743812340A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/12/05	07/12/05		0523800583810940A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/13/05	07/13/05		0520300725160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/29/05
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/13/05	07/13/05		0608100743812340A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/06
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/13/05	07/13/05		0523800583810950A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/05
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/14/05	07/14/05		0520300725160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/29/05

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

laim ype	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	07/14/05	07/14/05		05230035530050000A	76	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$60.00	$48.86	09/02/0
IC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	07/14/05	07/14/05		05230035530050000A	76	12	3439	Cerebral Palsy NOS	K0093	REAR WHEEL OTHR THAN ZERO PRES	$347.68	$273.42	09/02/0
IC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	07/14/05	07/14/05		05230035530050000A	76	12	3439	Cerebral Palsy NOS	K0090	REAR WHEEL TIRE FOR POWER WHEE	$174.90	$137.34	09/02/0
IC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	07/14/05	07/14/05		05230035530050000A	76	12	3439	Cerebral Palsy NOS	E0710	RESTRAINTS, ANY TYPE (BODY,CH,	$233.20	$182.70	09/02/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/14/05	07/14/05		06081007438123400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/0
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/14/05	07/14/05		05238005838109500A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	09/02/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/15/05	07/15/05		05203007251603000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/29/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/21/05	07/21/05		05278007111600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/21/05	07/21/05		05220138450436000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/19/0
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/21/05	07/21/05		05238005838109500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/02/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/22/05	07/22/05		05278007111600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/22/05	07/22/05		05220138450436000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/19/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/22/05	07/22/05		05238005838109500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	09/02/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/24/05	07/24/05		05238005838109600A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$8.25	$8.25	09/02/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/25/05			06130001994076000D	70	1				BACLOFEN 10 MG TABLET	$66.61	$66.42	05/19/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/25/05	07/25/05		05223001041601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/19/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/25/05	07/25/05		06081007438123400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/25/05	07/25/05		05238005838109500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$37.50	$37.50	09/02/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/26/05	07/26/05		05223001041601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/19/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/26/05	07/26/05		06081007438123400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/26/05	07/26/05		05238005838109500A	10	12	317	Mild Mental Retardation	X5985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/27/05			06130001174076000D	70	1				PLEXION CLEANSING CLOTHS	$116.19	$90.45	05/19/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/27/05	07/27/05		05223001041601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/19/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/27/05	07/27/05		06081007438123400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/27/05	07/27/05		05238005838109500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/28/05	07/28/05		05220138470436000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	08/19/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/28/05	07/28/05		05238005838109500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	09/02/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/29/05	07/29/05		05223001041601000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	08/19/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/29/05	07/29/05		06081007438123400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	03/31/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/29/05	07/29/05		05238005838109600A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	09/02/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/30/05	07/30/05		05238005838109600A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	09/02/0
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	07/31/05	07/31/05		05257008478103000A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	09/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/01/05	08/01/05		05236009498137100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/01/05	08/07/05		05292004948130000A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$350.00	$350.00	10/28/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/02/05	08/02/05		05236009498137100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
[illegible]	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/03/05	08/03/05		05236009498137100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
[illegible]	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/04/05	08/04/05		05236009498137100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
[illegible]	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/05/05	08/05/05		05236009498137100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
H.	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/07/05	08/07/05		05265004818119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	10/21/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/08/05	08/08/05		05276007941600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/08/05	08/08/05		06081007438123500A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$64.00	$64.00	05/05/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/08/05	08/08/05		05236009498137100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$128.00	$128.00	09/02/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/08/05	08/08/05		06030007638124000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	02/03/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/09/05	08/09/05		05276007941600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/09/05	08/09/05		05236009498137100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
UB92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	08/09/05	08/23/05	0	05527611290228002	2	22	V571	Physical Therapy NEC			$300.00	$84.00	11/18/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/10/05	08/10/05		05276007941600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/10/05	08/10/05		06081007438123500A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/05/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/10/05	08/10/05		05236009498137100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/10/05	08/10/05		05346001648119000A	22	11	3439	Cerebral Palsy NOS	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	12/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/11/05	08/11/05		05276007941600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/11/05	08/11/05		05236009498137200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/11/05	08/11/05		06081007438123500A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/05/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/12/05	08/12/05		05276007941600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/12/05	08/12/05		05236009498137200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0

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TOGSDILL, RICHARD HENRY . Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/12/05	08/12/05		0608100743612350A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/05/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/14/05	08/14/05		0529200494613000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	10/28/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/15/05	08/15/05		0523600949613720A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/02/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/15/05	08/15/05		0610803489006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$3.20	04/28/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/16/05	08/16/05		0524300040160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/17/05	08/17/05		0524300040160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/17/05	08/17/05		0610803489006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$3.20	04/28/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/18/05	08/18/05		0524300040160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/18/05	08/18/05		0530503607006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/19/05			0613000390405100D	70	1				TOBRADEX EYE DROPS	$63.24	$63.62	05/19/0
	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/19/05			0613000440405100D	70	1				ACETAMINOPHEN/COD ELIXIR	$9.49	$5.11	05/19/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/19/05	08/19/05		0524300040160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/19/05	08/19/05		0530503607006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/22/05	08/22/05		0524300166160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/22/05	08/22/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/23/05	08/23/05		0524300166160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/23/05	08/23/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/24/05	08/24/05		0524300166160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/24/05	08/24/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/25/05	08/25/05		0524300166160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/25/05	08/25/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/25/05	08/25/05		0600400215812600A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	01/13/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/26/05	08/26/05		0524300166160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/26/05	08/26/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/26/05	08/26/05		0604100013812900A	22	3	7845	Speech Disturbance NEC	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$115.16	$115.16	02/17/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/29/05	08/29/05		0525900420160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/29/05	08/29/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/30/05	08/30/05		0525900420160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/30/05	08/30/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/31/05	08/31/05		0525900420160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/31/05	08/31/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	08/31/05	08/31/05		0525700847810300A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	09/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/01/05	09/01/05		0525900717160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$128.00	$128.00	11/11/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/01/05	09/01/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/02/05	09/02/05		0525900717160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/02/05	09/02/05		0530503606006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/02/05	09/02/05		0604100013812900A	22	3	7845	Speech Disturbance NEC	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	02/17/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/05/05	09/05/05		0525900717160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	09/23/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/05/05	09/05/05		0530503607006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/06/05			0613000352405100D	70	1				PREDNISOLONE AC 1 EYE DROP	$32.10	$19.30	05/19/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/06/05	09/06/05		0525900717160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/06/05	09/06/05		0610803488006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/0
UB92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	09/06/05	09/21/05	0	0533215913042700Z	2	22	V571	Physical Therapy NEC			$804.00	$252.00	01/13/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/07/05	09/07/05		0525900717160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	09/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/07/05	09/07/05		0530503607006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/08/05	09/08/05		0530503607006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/12/05	09/12/05		0528500163160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/12/05	09/12/05		0526500481611940A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/13/05	09/13/05		0530503610006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/11/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/13/05	09/13/05		0526500481611940A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/30/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/14/05	09/14/05		0528500163160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/14/05	09/14/05		0526500481611940A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/15/05	09/15/05		0526500481611940A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/15/05	09/15/05		0530503609006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/15/05	09/15/05		0600400215812600A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	01/13/0

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag. Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/15/05	09/15/05		05300003978110001A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	11/04/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/16/05	09/16/05		05285001631600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/09/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/16/05	09/16/05		05305036090064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/17/05	09/17/05		05300003978110001A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	11/04/0
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/18/05	09/18/05		05300003978110001A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	11/04/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/19/05			06130006824050000	70	1				BACLOFEN 10 MG TABLET	$86.61	$66.42	05/19/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/05	09/19/05		05285001051600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/19/05	09/19/05		05305036090064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
[illegible]	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/20/05	09/20/05		05285001051600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/20/05	09/20/05		05305036090064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/21/05	09/21/05		05285001051600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/21/05	09/21/05		05305036090064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/21/05	09/21/05		06030007638124001A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	02/03/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/22/05	09/22/05		05285001051600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$25.60	$25.60	10/21/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/22/05	09/22/05		05305036090064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/22/05	09/22/05		05300003978110001A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	11/04/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/23/05	09/23/05		05285001051600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/23/05	09/23/05		05305036080064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/25/05	09/25/05		05300003978110001A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.02	11/04/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/05	09/26/05		05285000531600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/27/05	09/27/05		05285000531600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/27/05	09/27/05		05305036100064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/28/05	09/28/05		05285000531600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/28/05	09/28/05		05305036100064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/29/05	09/29/05		05285000531600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/29/05	09/29/05		05305036100064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/29/05	09/29/05		06004002158126001A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	01/13/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/30/05	09/30/05		05285000531600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/21/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/30/05	09/30/05		05305036100064001A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/11/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/05	10/03/05		05292008151600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/28/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/03/05	10/03/05		05300002378127101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/04/05	10/04/05		05292008151600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/28/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/04/05	10/04/05		05300002378127101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
JB92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	10/04/05	10/26/05	0	05353069390413002Z	2	22	V571	Physical Therapy NEC			$854.00	$252.00	01/27/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/05/05	10/05/05		05292008151600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/28/0
[illegible]	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/05/05	10/05/05		05300002378127101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
[illegible]	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/06/05			06130006124043000	70	1				ZITHROMAX 250 MG TABLET	$114.91	$97.46	05/19/0
[illegible]	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/06/05			06130003244051000	70	1				CLINAC BPO 7 GEL	$47.68	$38.14	05/19/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/06/05	10/06/05		05292008151600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/28/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/06/05	10/06/05		05300002378127101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/07/05	10/07/05		05292008151600001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/28/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/07/05	10/07/05		05300002378127101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/05	10/10/05		05300002378127101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/11/05	10/11/05		05300002378127101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/12/05	10/12/05		05300002378127101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/13/05	10/13/05		05300002378127201A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/04/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/14/05	10/14/05		05300002378127201A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/04/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/16/05	10/16/05		05348001098149001A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/23/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/17/05	10/17/05		05305000335000001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/11/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/17/05	10/17/05		05314001158115101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/16/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/17/05	10/17/05		05348001098149001A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	12/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/18/05	10/18/05		05305000335000001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/11/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/18/05	10/18/05		05314001158115101A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/16/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/19/05			06130008334045000	70	1				BACLOFEN 10 MG TABLET	$69.52	$66.42	05/19/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/19/05	10/19/05		05305000335000001A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/11/0

South Carolina Department of Health and Human Services
Detailed Claims Report

:TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/19/05	10/19/05		0531400115811510A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/20/05	10/20/05		0530500033500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/11/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/20/05	10/20/05		0531400115811510A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/16/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/20/05	10/20/05		0600400215812600A	22	3	3432	Congenital Quadriplegia	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	01/13/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/20/05	10/20/05		0534800109814900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/21/05	10/21/05		0531400115811510A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/16/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/23/05	10/23/05		0534800109814900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/24/05	10/24/05		0531400115811510A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/16/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/25/05	10/25/05		0531400115811510A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/16/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/26/05	10/26/05		0531400115811510A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/16/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/26/05	10/26/05		0534800109814900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	12/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/27/05	10/27/05		0531800117500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/27/05	10/27/05		0531400115811520A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/18/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/28/05	10/28/05		0531800117500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/28/05	10/28/05		0531400115811520A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/18/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/29/05	10/29/05		0534800109814900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/23/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/30/05	10/30/05		0534800109814900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/31/05	10/31/05		0531800055500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/31/05	10/31/05		0531400115811520A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/18/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/01/05	11/01/05		0531800104500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/01/05	11/01/05		0532000226811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/23/0
UB92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	11/01/05	11/30/05	0	0615205808016100Z	2	22	V571	Physical Therapy NEC			$1,104.00	$336.00	07/07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/02/05	11/02/05		0531800104500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/02/05	11/02/05		0532000226811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/23/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/03/05			0613000446404300D	70	11				ZITHROMAX 250 MG TABLET	$114.91	$97.46	05/19/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/03/05	11/03/05		0531800104500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/03/05	11/03/05		0532000226811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/04/05	11/04/05		0531800104500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/18/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/04/05	11/04/05		0532000226811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/23/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/06/05	11/06/05		0603300771810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/10/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/05	11/07/05		0532200060500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/07/05	11/07/05		0532000226811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/08/05	11/08/05		0532200060500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/08/05	11/08/05		0532000226811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/23/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/09/05	11/09/05		0532200060500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/09/05	11/09/05		0532000226811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/23/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/09/05	11/09/05		0603300771810820A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	02/10/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/10/05	11/10/05		0532200060500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	11/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/10/05	11/10/05		0532000226811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/23/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/10/05	11/10/05		0603300771810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$9.38	$9.37	02/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/11/05	11/11/05		0532000226811620A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/11/05	11/11/05		0603300771810830A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	02/10/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/13/05	11/13/05		0603300771810830A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/14/05	11/14/05		0532200055812100A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/15/05	11/15/05		0532200055812100A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/16/05	11/16/05		0532200055812100A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/25/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/17/05	11/17/05		0532200055812100A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/17/05	11/17/05		0603300771810830A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$46.88	$46.87	02/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/18/05	11/18/05		0532200055812100A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	11/25/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/20/05	11/20/05		0603300771810830A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/10/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/21/05			0613000747404500D	70	11				BACLOFEN 10 MG TABLET	$86.61	$66.42	05/19/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/21/05	11/21/05		0534000051500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/20/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/21/05	11/21/05		0533600184812700A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/22/05	11/22/05		0534000051500000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/20/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/22/05	11/22/05		0533600184812700A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0

ITOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/23/05	11/23/05		05340000515000000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/20/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/23/05	11/23/05		05336001848127000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/25/05	11/25/05		05340000515000000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/20/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/25/05	11/25/05		05336001848127000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/27/05	11/27/05		06033007718108 30A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/10/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/28/05	11/28/05		05346000575000000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/20/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/28/05	11/28/05		05336001848127000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/29/05	11/29/05		05346000575000000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/20/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/29/05	11/29/05		05336001848127000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/30/05	11/30/05		05346000575000000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/20/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/30/05	11/30/05		05336001848127000A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/09/0
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/05	11/30/05		05345006038101000A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	12/16/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/01/05	12/01/05		05350004111600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/01/05	12/01/05		05356003728147 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/27/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/02/05			06130004004043 00D	70	1				ZITHROMAX 250 MG TABLET	$114.91	$97.46	05/19/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/02/05	12/02/05		05356003728147 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/27/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/04/05	12/04/05		06033007718108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/10/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/05/05	12/05/05		05350004111600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/05/05	12/05/05		05356003728147 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/27/0
JB92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	12/05/05	12/28/05	0	06045025000048002	2	22	V571	Physical Therapy NEC			$708.00	$210.00	03/24/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/06/05	12/06/05		05350004111600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/06/05	12/06/05		05356003728147 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/07/05	12/07/05		05350004111600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/07/05	12/07/05		05356003728147 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/08/05	12/08/05		05350004111600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	12/08/05	12/08/05		06023141880231 00A	76	12	3439	Cerebral Palsy NOS	E2370	POWER W/CHAIR,MOTOR & GEAR BOX	$768.50	$722.56	02/24/0
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	12/08/05	12/08/05		06023141880231 00A	76	12	3439	Cerebral Palsy NOS	K0019	ARM PAD, EACH	$38.16	$30.78	02/24/0
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	12/08/05	12/08/05		06023141880231 00A	76	12	3439	Cerebral Palsy NOS	K0070	REAR WHEEL ASSY,COMP W PNEUMAT	$180.20	$164.97	02/24/0
HIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	12/08/05	12/08/05		06023141880231 00A	76	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$120.00	$97.76	02/24/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/08/05	12/08/05		05356003728147 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/09/05	12/09/05		05350004111600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	12/23/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/09/05	12/09/05		05356003728147 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/27/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/12/05	12/12/05		05356003728147 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	01/27/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/13/05	12/13/05		05362003461601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/03/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/13/05	12/13/05		05356003728147 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/30/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/14/05	12/14/05		05362003461601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/03/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/14/05	12/14/05		05356003728147 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/30/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/15/05	12/15/05		05362003461601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/03/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/15/05	12/15/05		05356003728147 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	12/30/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/16/05	12/16/05		06011008898117 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/18/05	12/18/05		06033007718108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/10/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/19/05	12/19/05		05363001201600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/06/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/19/05	12/19/05		06011008898117 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/19/05	12/19/05		06033007718108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/10/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/20/05			06130001494051 00D	70	1				DIFFERIN 0.1 GEL	$122.88	$106.03	05/19/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/20/05	12/20/05		05363001201600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/06/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/20/05	12/20/05		06011008898117 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/20/05	12/20/05		06033007718108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/10/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/21/05			06130003174043 00D	70	1				BACLOFEN 10 MG TABLET	$66.61	$66.42	05/19/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/21/05	12/21/05		05363001201600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/06/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/21/05	12/21/05		06011008898117 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/21/05	12/21/05		06033007718108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/10/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/22/05	12/22/05		05363001201600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/06/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/22/05	12/22/05		06011008898117 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/22/05	12/22/05		06033007718108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/10/0

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/23/05	12/23/05		05383001201600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/0E
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/23/05	12/23/05		06011008898117 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/23/05	12/23/05		06033007718108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/1C
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/24/05	12/24/05		06033007718108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	02/1C
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/26/05	12/26/05		06006004271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/13
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/26/05	12/26/05		06011008898117 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/27/05	12/27/05		06006004271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/13
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/27/05	12/27/05		06033007718108 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/10
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/28/05	12/28/05		06006004271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/13
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/28/05	12/28/05		06011008898117 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/28/05	12/28/05		06033007718108 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/10
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/28/05	12/28/05		06006004271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/13
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/29/05	12/29/05		06011008898117 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/29/05	12/29/05		06033007718108 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/10
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/30/05			06130000784051 00D	70	1		AZITHROMYCIN 250 MG TABLET			$86.83	$86.83	05/19/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/30/05	12/30/05		06006004271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/13/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/30/05	12/30/05		06011008898117 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/30/05	12/30/05		06033007718108 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/10/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/31/05	12/31/05		06033007718108 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$9.38	$9.37	02/10/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/02/06	01/02/06		06017001091600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/02/06	01/02/06		06019002028122 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/03/06	01/03/06		06017001091600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/03/06	01/03/06		06019002028122 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/04/06	01/04/06		06017001091600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/04/06	01/04/06		06019002028122 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
U892	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	01/04/06	01/31/06	0	06156212680536002	2	22	V571	Physical Therapy NEC			$1,458.00	$441.00	08/04/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/05/06	01/05/06		06017001091600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/05/06	01/05/06		06019002028122 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/06/06	01/06/06		06017001091600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/06/06	01/06/06		06019002028122 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/08/06	01/08/06		06053002318130 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/03/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/09/06	01/09/06		06018002991600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/09/06	01/09/06		06019002028122 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/10/06	01/10/06		06018002991600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/10/06	01/10/06		06011008898117 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/11/06	01/11/06		06018002991600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$57.60	$57.60	01/27/
[illegible]	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/11/06	01/11/06		06019002028122 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
[illegible]	KENNETH WELCH CARSON	KENNETH WELCH CARSON	01/12/06	01/12/06		06016001603000 00B	30	11	~	~Missing	D0120	PERIODIC ORAL EVALUATION	$29.00	$22.00	01/27/
DE [illegible]	KENNETH WELCH CARSON	KENNETH WELCH CARSON	01/12/06	01/12/06		06016001603000 00B	30	11	~	~Missing	D1110	PROPHYLAXIS-ADULT	$58.00	$35.00	01/27/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/12/06	01/12/06		06018002991600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/12/06	01/12/06		06019002028122 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/13/06	01/13/06		06018002991600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	01/27/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/13/06	01/13/06		06019002028122 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	02/24/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/15/06	01/15/06		06053002318130 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/03/
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	01/16/06			06130008914005 00D	70	1		BACLOFEN 10 MG TABLET			$86.61	$67.29	05/19/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/16/06	01/16/06		06034002191601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/16/06	01/16/06		06039002578141 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/17/06	01/17/06		06034002191601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/17/06	01/17/06		06039002578141 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/18/06	01/18/06		06034002191601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/18/06	01/18/06		06039002578141 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/18/06	01/18/06		06053002318130 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	03/03/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/19/06	01/19/06		06034002191601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/19/06	01/19/06		06039002578141 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/20/06	01/20/06		06034002191601 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/20/06	01/20/06		0603900257814110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/20/06	01/22/06		0605300231813000A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$150.00	$150.00	03/03/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/21/06	01/21/06		0603900257814110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/23/06	01/23/06		0603400279160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/24/06	01/24/06		0603400279160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/24/06	01/24/06		0603900257814110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/25/06	01/25/06		0603400279160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/25/06	01/25/06		0603900257814110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/26/06	01/26/06		0603400279160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/10/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/26/06	01/26/06		0603900257814120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/27/06	01/27/06		0603900257814120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/29/06	01/29/06		0605300231813000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	03/03/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/30/06	01/30/06		0604100289160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/17/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/30/06	01/30/06		0603900257814120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/31/06	01/31/06		0604100289160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/17/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/31/06	01/31/06		0603900257814120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/01/06	02/01/06		0604100240160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/17/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/01/06	02/01/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/02/06	02/02/06		0604100240160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/17/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/02/06	02/02/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/14/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/02/06	02/02/06		0610200091813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$40.63	$40.62	04/21/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/03/06	02/03/06		0604100240160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/17/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/03/06	02/03/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/14/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/05/06	02/05/06		0610200091813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	04/21/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/06/06	02/06/06		0605100052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/24/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/06/06	02/06/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/07/06	02/07/06		0605100052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/24/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/07/06	02/07/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/14/0
HIC	THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	02/07/06	02/07/06		0621912063020300A	20	11	3439	Cerebral Palsy NOS	85025	BL COUNT,COMPLETE CBC W/AUTO D	$22.00	$8.29	12/15/0
HIC	THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	02/07/06	02/07/06		0621912063020300A	20	11	3439	Cerebral Palsy NOS	99214	E/M OFFICE/OP SERV EST PATIENT	$70.00	$61.99	12/15/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/08/06	02/08/06		0605100052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/24/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/08/06	02/08/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/09/06	02/09/06		0605100052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/24/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/09/06	02/09/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$73.60	04/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/10/06	02/10/06		0605100052160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	02/24/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/10/06	02/10/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$73.60	04/14/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/12/06	02/12/06		0610200091813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	04/21/0
H	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/13/06	02/13/06		0606100135160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/13/06	02/13/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$73.60	04/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/14/06	02/14/06		0606100135160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/14/06	02/14/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$73.60	04/14/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/14/06	02/14/06		0610200091813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$46.88	$46.87	04/21/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/15/06	02/15/06		0606100135160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/15/06	02/15/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$73.60	04/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/16/06	02/16/06		0606100135160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/16/06	02/16/06		0606111215522100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$73.60	04/14/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/17/06	02/17/06		0606100135160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/17/06	02/17/06		0606800868812110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/21/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/17/06	02/17/06		0610200091813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	04/21/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/18/06	02/18/06		0610200091813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	04/21/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/19/06	02/19/06		0610200091813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	04/21/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/20/06	02/20/06		0606100135160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/20/06	02/20/06		0606800868812110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/21/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/20/06	02/20/06		0610200091813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	04/21/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/21/06	02/21/06		0606800868812110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$128.00	$128.00	04/21/0

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

aim pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/21/06	02/21/06		0610200091813220A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$40.63	$40.62	04/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/22/06	02/22/06		0606100135160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/22/06	02/22/06		0606800868812110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/23/06	02/23/06		0606100135160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/23/06	02/23/06		0606800868812110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/24/06	02/24/06		0606100136160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/10/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/24/06	02/24/06		0606800868812110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/21/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/24/06	02/24/06		0610200091813220A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$9.38	$9.37	04/21/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/26/06	02/26/06		0610200091813220A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	04/21/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER										BACLOFEN 10 MG TABLET	$86.61	$67.29	05/19/
-IG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	02/27/06			0613000872400B000	70	1							
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/27/06	02/27/06		0606800868812110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/21/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/28/06	02/28/06		0607200055161600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/21/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/28/06	02/28/06		0606800868812120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/17/
IC	HOME REMEDIES ADULT CARE S	KERSHAW CO DSN BOARD	02/28/06	02/28/06		0606800298811400A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	03/17/
IC	KERSHAW CO DSN BOARD	MIDLANDS HCB WAIVER	02/28/06	02/28/06		0610200091813220A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$40.63	$40.62	04/21/
IC	MIDLANDS HCB WAIVER	ACTIVE NURSING SVC COLUMB	03/01/06	03/01/06		0607200106161600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/17/
IC	ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	03/01/06	03/01/06		0610803482006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/01/06	03/01/06		0608100568814410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
B92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	03/01/06	03/29/06	0	0615621266053500Z	2	22	V571	Physical Therapy NEC			$1,344.00	$420.00	08/04/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/02/06	03/02/06		0607200106161600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/17/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/02/06	03/02/06		0610803482006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/02/06	03/02/06		0608100568814410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/03/06	03/03/06		0607200106161600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/17/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/03/06	03/03/06		0608100568814410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/03/06	03/03/06		0610803482006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/06/06	03/06/06		0608300160160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/31/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/06/06	03/06/06		0610803482006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/07/06	03/07/06		0608300160160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/31/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/07/06	03/07/06		0610803482006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/08/06	03/08/06		0608300160160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/31/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/08/06	03/08/06		0610803482006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/09/06	03/09/06		0608300160160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/31/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/09/06	03/09/06		0610803481006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/10/06	03/10/06		0608300160160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	03/31/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/10/06	03/10/06		0610803481006400A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	04/28/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/13/06	03/13/06		0608900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/19/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/13/06	03/13/06		0608100568814420A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/31/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/14/06	03/14/06		0608900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/19/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/14/06	03/14/06		0608100568814420A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/31/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/15/06	03/15/06		0608900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/19/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/15/06	03/15/06		0608100568814420A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	03/31/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/16/06	03/16/06		0610000344811510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/17/06	03/17/06		0610000344811510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/20/06	03/20/06		0609600580160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/20/06	03/20/06		0610000344811510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/21/06	03/21/06		0609600580160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/21/06	03/21/06		0610000344811510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/22/06	03/22/06		0609600580160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/22/06	03/22/06		0610000344811510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/23/06	03/23/06		0609600580160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/23/06	03/23/06		0610000344811510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/24/06	03/24/06		0609600580160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/24/06	03/24/06		0610000344811510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12/
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	03/27/06			0613000854400500D	70	1				BACLOFEN 10 MG TABLET	$86.61	$67.29	05/19/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/27/06	03/27/06		0609600634160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14/

TOGSDILL, RICHARD HENRY Medicaid ID [redacted] DOB [redacted] Gender: Male

aim pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/27/06	03/27/06		0610000344811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/28/06	03/28/06		0609800634160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/28/06	03/28/06		0610000344811520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/29/06	03/29/06		0609600634160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/29/06	03/29/06		0610000344811520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/30/06	03/30/06		0609600634160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/30/06	03/30/06		0610000344811520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/31/06	03/31/06		0609600634160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/31/06	03/31/06		0610000344811520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12
	HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	04/03/06	04/03/06		0611000361160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/14
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/03/06	04/03/06		0611800555812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/12
192	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	04/04/06	04/04/06		0611800555812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/20
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/04/06	04/25/06	0	0615621267053500Z	2	22	V571	Physical Therapy NEC			$83.20	$83.20	05/26
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/05/06	04/05/06		0611000361160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$708.00	$210.00	08/04/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/05/06	04/05/06		0611800555812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/28/
C	HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	04/06/06	04/06/06		0611000361160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/26/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/06/06	04/06/06		0611800555812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/06/06	04/06/06		0615800714813300A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$83.20	$83.20	05/26/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/07/06	04/07/06		0611000361160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$21.88	$21.87	06/16/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/07/06	04/07/06		0611800555812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	04/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/08/06	04/16/06		0615800714813300A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$83.20	$83.20	05/26/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/10/06	04/10/06		0611800555812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$450.00	$450.00	06/16/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/11/06	04/11/06		0611800555812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/26/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/12/06	04/12/06		0611800555812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/26/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/13/06	04/13/06		0611800555812720A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/26/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/14/06	04/14/06		0611800555812720A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/05/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/17/06	04/17/06		0612500242160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	05/05/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/17/06	04/17/06		0613700100816510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/17/06	04/17/06		0619400438810810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$83.20	$83.20	06/23/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/18/06	04/18/06		0612500242160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$9.38	$9.37	07/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/18/06	04/18/06		0613700100816510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/19/06	04/19/06		0612500242160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	06/23/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/19/06	04/19/06		0613700100816510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/20/06	04/20/06		0612500242160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/23/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/20/06	04/20/06		0613700100816510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/20/06	04/20/06		0619400438810810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$83.20	$83.20	06/23/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/21/06	04/21/06		0612500242160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$31.25	$31.25	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/21/06	04/21/06		0613700100816510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/21/06	04/21/06		0619400438810810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$83.20	$83.20	06/23/0
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/23/06	04/23/06		0619400438810810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/24/06			0613000141400700D	70	1				BACLOFEN 10 MG TABLET	$18.75	$18.75	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/24/06	04/24/06		0612500242160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$69.52	$67.29	05/19/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/24/06	04/24/06		0613700100816510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/25/06	04/25/06		0612500242160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	06/23/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/25/06	04/25/06		0613700100816510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/26/06	04/26/06		0612500242160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	06/23/0
C	MIDLANDS HCB WAIVER	HOME REMEDIES ADULT CARE S	04/26/06	04/26/06		0613700100816510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/0
C	ACTIVE NURSING SVC COLUMB	MIDLANDS HCB WAIVER	04/26/06	04/26/06		0619400438810810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$83.20	$83.20	06/23/0
C	HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	04/27/06	04/27/06		0612500243160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$28.13	$28.12	07/21/0
C	ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	04/27/06	04/27/06		0613700100816520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/0
C	HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	04/28/06	04/28/06		0612500243160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	06/23/0
C	MIDLANDS HCB WAIVER	HOME REMEDIES ADULT CARE S	04/28/06	04/28/06		0613700100816520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	05/12/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/28/06	04/28/06		0619400438810810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$83.20	$83.20	06/23/0
C	KERSHAW CO DSN BOARD	MIDLANDS HCB WAIVER	04/29/06	04/29/06		0619400438810810A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	07/21/0
		KERSHAW CO DSN BOARD	04/30/06	04/30/06		0616300214910500A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$235.00	$235.00	06/16/0

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/30/06	04/30/06		0619400438810810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/01/06	05/01/06		0615600990160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/01/06	05/01/06		0616500754814620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/02/06	05/02/06		0615600990160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/02/06	05/02/06		0616500754814620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/03/06	05/03/06		0615600990160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/03/06	05/03/06		0616500754814620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/04/06			0613000727400800D	70	1				AMNESTEEM 40 MG CAPSULE	$307.31	$188.87	05/19/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/04/06	05/04/06		0615600990160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/04/06	05/04/06		0616500754814620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/05/06	05/05/06		0615600990160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/05/06	05/05/06		0616500754814620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/07/06	05/07/06		0619400438810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/08/06	05/08/06		0615600990160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/08/06	05/08/06		0616500754814620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/09/06	05/09/06		0615600990160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/09/06	05/09/06		0616500754814630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/09/06	05/09/06		0619400438810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$37.50	$37.50	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/10/06	05/10/06		0615600990160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/10/06	05/10/06		0616500754814630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/11/06	05/11/06		0615600991160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/11/06	05/11/06		0616500754814630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/12/06	05/12/06		0615600991160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/12/06	05/12/06		0616500754814630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/14/06	05/14/06		0619400438810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/15/06	05/15/06		0615600991160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/15/06	05/15/06		0616500754814630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/16/06	05/16/06		0615600991160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/16/06	05/16/06		0616500754814630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/16/06	05/16/06		0619400438810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$40.63	$40.62	07/21/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/17/06			0614400743412400D	70	1				BACLOFEN 10 MG TABLET	$86.61	$67.29	06/02/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/17/06	05/17/06		0615600991160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/17/06	05/17/06		0616500754814630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/18/06			0614400351402600D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$4.35	06/02/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/18/06	05/18/06		0615600991160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
	WILSON G MCWILLIAMS MD	COLUMBIA EYE CLINIC PA	05/18/06	05/18/06		0708208766016100A	20	11	37824	Intermit Atrn Exotropia	99214	E/M OFFICE/OP SERV EST PATIENT	$116.00	$3.59	07/13/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/18/06	05/18/06		0616500754814630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/19/06	05/19/06		0615600991160300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	06/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/19/06	05/19/06		0616500754814640A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/20/06	05/20/06		0619400438810820A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	07/21/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/21/06	05/21/06		0619400438810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/22/06	05/22/06		0616500754814640A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/23/06	05/23/06		0616500754814640A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/24/06	05/24/06		0616500754814640A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/24/06	05/24/06		0619400438810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/25/06	05/25/06		0616500754814640A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/25/06	05/25/06		0619400438810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/26/06	05/26/06		0616500754814640A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/26/06	05/26/06		0619400438810830A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/29/06	05/29/06		0616500754814640A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/30/06	05/30/06		0616500754814640A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/30/06	05/30/06		0619400438810830A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/21/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/31/06	05/31/06		0625500007160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$12.80	$12.80	11/03/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/31/06	05/31/06		0616500754814650A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	06/23/0
C	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	05/31/06	05/31/06		0616300214810600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT: PER	$235.00	$235.00	06/16/0

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

laim ype	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/31/06	05/31/06		0619400438810830A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/21/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/01/06	06/01/06		0623700217160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/01/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/01/06	06/01/06		0619400699812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/01/06	06/01/06		0621900052810510A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	08/11/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/02/06			0615800026407300D	70	1				AMNESTEEM 40 MG CAPSULE	$307.31	$188.87	06/16/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/02/06	06/02/06		0623700217160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/01/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/02/06	06/02/06		0619400699812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/02/06	06/02/06		0621900052810510A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/04/06	06/04/06		0621900052810510A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	08/11/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/05/06	06/05/06		0623700217160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/01/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/05/06	06/05/06		0619400699812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/05/06	06/05/06		0621900052810510A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/06/06	06/06/06		0623700217160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/01/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/06/06	06/06/06		0619400699812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/06/06	06/06/06		0621900052810510A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/07/06	06/07/06		0623700217160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/01/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/07/06	06/07/06		0619400699812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/07/06	06/07/06		0621900052810510A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/08/06	06/08/06		0623700217160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/01/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/08/06	06/08/06		0619400699812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/08/06	06/08/06		0621900052810510A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/09/06	06/09/06		0623700217160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	09/01/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/09/06	06/09/06		0619400699812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/09/06	06/09/06		0621900052810510A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/11/06	06/11/06		0621900052810520A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	08/11/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/12/06	06/12/06		0618000235160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/07/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/12/06	06/12/06		0619400699812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/12/06	06/12/06		0621900052810520A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/13/06	06/13/06		0618000235160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/07/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/13/06	06/13/06		0619400699812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/13/06	06/13/06		0621900052810520A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/14/06			0617200907401600D	70	1				BACLOFEN 10 MG TABLET	$86.61	$67.29	06/30/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/14/06			0617200314414100D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$4.35	06/30/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/14/06	06/14/06		0618000235160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/07/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/14/06	06/14/06		0619400699812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	06/14/06	06/14/06		0619400939812500A	22	03	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	07/21/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/14/06	06/14/06		0621900052810520A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	08/11/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/15/06	06/15/06		0618000235160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/07/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/15/06	06/15/06		0619400699812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/15/06	06/15/06		0621900052810520A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/16/06	06/16/06		0618000235160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	07/07/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/16/06	06/16/06		0619400699812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/18/06	06/24/06		0621900052810520A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$350.00	$350.00	08/11/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/19/06	06/19/06		0619400699812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/20/06	06/20/06		0619400699812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/21/06	06/21/06		0619400699812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/22/06	06/22/06		0619400699812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	08/18/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/23/06	06/23/06		0619400699812630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/26/06	06/26/06		0625500005160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/20/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/26/06	06/26/06		0619400699812630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/26/06	06/26/06		0621900052810520A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/27/06	06/27/06		0625500005160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/20/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/27/06	06/27/06		0619400699812630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/27/06	06/27/06		0621900052810520A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/28/06			0618600224002000D	70	1				AMNESTEEM 40 MG CAPSULE	$307.31	$188.87	07/14/

OGSOILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

aim pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/28/06	06/28/06		0625500005160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/20/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/28/06	06/28/06		0619400699812630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	06/28/06	06/28/06		0619400939812500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	07/21/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/28/06	06/28/06		0621900052810530A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/11/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/29/06	06/29/06		0625500005160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/20/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/29/06	06/29/06		0619400699812630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/29/06	06/29/06		0625900552811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/30/06	06/30/06		0625500005160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.80	$44.80	10/20/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/30/06	06/30/06		0619400699812630A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/21/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/30/06	06/30/06		0625900552811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/03/06	07/03/06		0620500012812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/04/06	07/04/06		0620500012812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/05/06	07/05/06		0622600257160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/05/06	07/05/06		0620500012812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/05/06	07/05/06		0625900552811720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/06/06	07/06/06		0622600257160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/06/06	07/06/06		0620500012812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/06/06	07/06/06		0625900552811720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/07/06			0619300765407800D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$4.35	07/21/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/07/06			0619300944407800D	70	1				BACLOFEN 10 MG TABLET	$86.61	$67.29	07/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/07/06	07/07/06		0622600257160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/07/06	07/07/06		0620500012812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/07/06	07/07/06		0625900552811720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/10/06	07/10/06		0622600559160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/10/06	07/10/06		0620500012812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/10/06	07/10/06		0625900552811720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/11/06	07/11/06		0622600559160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/11/06	07/11/06		0620500012812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/11/06	07/11/06		0625900552811720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/12/06	07/12/06		0622600559160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/12/06	07/12/06		0620500012812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/12/06	07/12/06		0625900552811720A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	09/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/13/06	07/13/06		0622600559160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/13/06	07/13/06		0620500012812220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/13/06	07/13/06		0625900552811720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/14/06	07/14/06		0622600559160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/14/06	07/14/06		0620500012812220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	07/28/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/14/06	07/14/06		0625900552811720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	07/15/06	07/15/06		0628400704810100A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	10/20/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/16/06	07/16/06		0625900552811730A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	09/22/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/17/06	07/17/06		0622600608160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/18/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/17/06	07/17/06		0623500022814710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/17/06	07/17/06		0625900552811730A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/18/06	07/18/06		0622600608160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/18/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/18/06	07/18/06		0623500022814710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/18/06	07/18/06		0625900552811730A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/19/06	07/19/06		0622600608160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/18/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/19/06	07/19/06		0623500022814710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/19/06	07/19/06		0625900552811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
ENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/20/06	07/20/06		0620200250300000B	30	11	-	-Missing	D1110	PROPHYLAXIS-ADULT	$56.00	$35.00	07/28/
ENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/20/06	07/20/06		0620200250300000B	30	11	-	-Missing	D0120	PERIODIC ORAL EVALUATION	$29.00	$22.00	07/28/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/20/06	07/20/06		0622600608160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/18/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/20/06	07/20/06		0623500022814710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/20/06	07/20/06		0625900552811710A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	09/22/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/21/06	07/21/06		0622600608160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/18/

South Carolina Department of Health and Human Services
Detailed Claims Report

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/21/06	07/21/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/21/06	07/21/06		06259005528117 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/24/06	07/24/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/25/06	07/25/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/26/06	07/26/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/27/06	07/27/06		08215000881600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/11/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/27/06	07/27/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/27/06	07/27/06		06259005528117 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/28/06	07/28/06		08215000881600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/11/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/28/06	07/28/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/28/06	07/28/06		06259005528117 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	09/22/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/29/06	07/31/06		06259005528117 10A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$150.00	$150.00	09/22/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/31/06	07/31/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/01/06	08/01/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/01/06	08/08/06		06314007768110 00A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$400.00	$400.00	11/17/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/02/06	08/02/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/03/06	08/03/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/04/06	08/04/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/05/06			06228003514074 00D	70	1				AMNESTEEM 40 MG CAPSULE	$307.31	$188.87	08/25/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/07/06	08/07/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/08/06	08/08/06		06229005441600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/25/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/08/06	08/08/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/09/06	08/09/06		06229005441600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/25/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/09/06	08/09/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/10/06	08/10/06		06229005441600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/25/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/10/06	08/10/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/11/06	08/11/06		06229005441600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/25/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/11/06	08/11/06		06235002281471 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/13/06	08/13/06		06314007768110 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	11/17/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/14/06			06228007234091 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	08/25/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/14/06			06228007984091 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$4.35	08/25/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/14/06	08/14/06		06237003411600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/01/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/14/06	08/14/06		06235002281473 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/14/06	08/14/06		06314007768110 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$40.63	$40.62	11/17/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/15/06	08/15/06		06237003411600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/01/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/15/06	08/15/06		06235002281473 0A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$83.20	$83.20	09/29/
H	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/15/06	08/15/06		06314007768110 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	11/17/
I	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/16/06	08/16/06		06237003411600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/01/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/16/06	08/16/06		06270000198119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/16/06	08/16/06		07039002518115 00A	22	3	3439	Cerebral Palsy NOS	97001	PHYSICAL THERAPY EVALUATION	$71.75	$71.75	02/16/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/17/06	08/17/06		06237003411600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/01/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/17/06	08/17/06		06270000198119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/18/06	08/18/06		06237003411600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/01/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/18/06	08/18/06		06270000198119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/18/06	08/18/06		07050006468117 10A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/23/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/20/06	08/20/06		06314007768110 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	11/17/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/21/06	08/21/06		06242001501600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/08/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/21/06	08/21/06		06270000198119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/22/06	08/22/06		06242001501600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/08/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/22/06	08/22/06		06270000198119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/23/06	08/23/06		06242001501600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/08/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/23/06	08/23/06		06270000198119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/24/06	08/24/06		06242001501600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/08/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/24/06	08/24/06		06270000198119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/25/06	08/25/06		06242001501600 0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/08/

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/25/06	08/25/06		06270000198119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/25/06	08/25/06		07050006468117 20A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/23/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/27/06	08/27/06		06314007756110 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	11/17/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/28/06	08/28/06		06250005271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/15/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/28/06	08/28/06		06270000198119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/29/06	08/29/06		06250005271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/15/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/29/06	08/29/06		06270000198119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$98.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/30/06	08/30/06		06250005271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/15/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/30/06	08/30/06		06270000198119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/31/06	08/31/06		06250005271600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/15/
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	08/31/06	08/31/06		06292086200154 00A	76	12	3439	Cerebral Palsy NOS	E2609	CUSTM FABRICATE W/CHR SEAT CUS	$636.00	$540.00	01/19/
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	08/31/06	08/31/06		06277003658111 00A	76	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$60.00	$48.66	10/13/
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	08/31/06	08/31/06		06277003658111 00A	76	12	3439	Cerebral Palsy NOS	E0955	WHEELCHAIR ACCESSORY,HEADREST	$185.50	$185.50	10/13/
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	08/31/06	08/31/06		06277003658111 00A	76	12	3439	Cerebral Palsy NOS	E2361	PWR W/C,22NF SEALED LEAD ACID	$254.40	$251.04	10/13/
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	08/31/06	08/31/06		06277003658111 00A	76	12	3439	Cerebral Palsy NOS	E2366	PWR WHEELCHR,BATTERY CHARGER,S	$206.70	$201.67	10/13/
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	08/31/06	08/31/06		06277003658111 00A	76	12	3439	Cerebral Palsy NOS	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	09/22/
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	08/31/06	08/31/06		06257004060151 00A	10	99	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/22/
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	09/01/06	09/01/06		06257002591600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/01/06	09/01/06		06270000198119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/04/06	09/04/06		06270000198119 20A	61	12	-	-Missing	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22/
HOME REMEDIES ADULT CARE S	MIDLANDS HCB WAIVER	09/04/06	09/04/06		06349006788107 20A	10	12	317	Mild Mental Retardation		AMNESTEEM 40 MG CAPSULE	$307.31	$188.87	09/15/
MIDLANDS HCB WAIVER	HAWTHORNE CAMDEN PHARMACY	09/05/06			06249008724110 00D	70	1			T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/22/
HAWTHORNE CAMDEN PHARMACY	ACTIVE NURSING SVC COLUMB	09/05/06	09/05/06		06257002591600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	09/05/06	09/05/06		06270000198119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/22/
HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	09/06/06	09/06/06		06257002591600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	09/06/06	09/06/06		06270000198119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/22/
HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	09/07/06	09/07/06		06257002591600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	09/07/06	09/07/06		06270000198119 30A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/22/
HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	09/08/06	09/08/06		06257002591600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	09/08/06	09/08/06		06270000198119 30A	61	12	-	-Missing	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/23/
HOME REMEDIES ADULT CARE S	KERSHAW COUNTY SCHOOLS	09/08/06	09/08/06		07050006468117 20A	22	3	3439	Cerebral Palsy NOS	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.67	12/22/
KERSHAW COUNTY SCHOOLS	MIDLANDS HCB WAIVER	09/08/06	09/08/06		06349006788107 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/10/06	09/10/06		06349006788107 20A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06/
MIDLANDS HCB WAIVER	ACTIVE NURSING SVC COLUMB	09/11/06	09/11/06		06271001811600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	09/11/06	09/11/06		06270000198119 30A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$3.70	$3.70	10/06/
HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	09/12/06	09/12/06		06271001811600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	09/12/06	09/12/06		06270000198119 30A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06/
HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	09/13/06	09/13/06		06271001811600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	09/13/06	09/13/06		06270000198119 30A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06/
HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	09/14/06	09/14/06		06271001811600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
ACTIVE NURSING SVC COLUMB	HOME REMEDIES ADULT CARE S	09/14/06	09/14/06		06270000198119 30A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06/
HOME REMEDIES ADULT CARE S	HAWTHORNE CAMDEN PHARMACY	09/15/06			06263008354058 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	09/29/
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/15/06			06263006364151 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$4.35	09/29/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/15/06	09/15/06		06271001811600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/15/06	09/15/06		06270000198119 30A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/03/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/15/06	09/15/06		06349006788107 30A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$37.50	$37.50	12/22/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/17/06	09/17/06		06349006788107 30A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22/
KENNETH WELCH CARSON	KENNETH WELCH CARSON	09/18/06	09/18/06		06263002793000 00B	30	11	-	-Missing	D2391	RESIN-BASE COMPOSITE-1 SURFAC	$100.00	$58.00	09/29/
KENNETH WELCH CARSON	KENNETH WELCH CARSON	09/18/06	09/18/06		06263002793000 00B	30	11	-	-Missing	D2392	RESIN-BASE COMPOSITE-2 SURFAC	$137.00	$75.00	09/29/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/18/06	09/18/06		06271004891600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/19/06	09/19/06		06291000958101 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/06	09/19/06		06271004891600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/19/06	09/19/06		06291000958101 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/20/06	09/20/06		06271004891600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/20/06	09/20/06		06291000958101 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/20/06	09/20/06		06349006788107 30A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	12/22/

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/21/06	09/21/06		0627100489160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/06
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/21/06	09/21/06		0629100095810110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/22/06	09/22/06		0629100095810110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/22/06	09/22/06		0705000646811710A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/23
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/24/06	09/24/06		0634900678810730A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/25/06	09/25/06		0627700227160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/25/06	09/25/06		0629100095810110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/06	09/26/06		0627700227160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/26/06	09/26/06		0629100095810110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/27/06	09/27/06		0627700227160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/27/06	09/27/06		0629100095810110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/28/06	09/28/06		0627700227160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/28/06	09/28/06		0629100095810120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/29/06	09/29/06		0627700227160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/13
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/29/06	09/29/06		0629100095810120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	11/24
IC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	09/30/06	09/30/06		0631300586811200A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	11/17
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/01/06	10/01/06		0634900678810710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/02/06			0627700245405400D	70	1				AMNESTEEM 40 MG CAPSULE	$341.95	$188.87	10/13
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/02/06	10/02/06		0628600110160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/20
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/02/06	10/02/06		0630000938812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/03/06	10/03/06		0630000938812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/04/06	10/04/06		0628600110160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/20
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/04/06	10/04/06		0630000938812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/05/06	10/05/06		0628600110160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/20
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/05/06	10/05/06		0630000938812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/05/06	10/05/06		0712400144812200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	05/11
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/05/06	10/05/06		0634900678810710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	12/22
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/06/06	10/06/06		0628600110160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/20
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/06/06	10/06/06		0630000938812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/06/06	10/06/06		0705000646811710A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/23
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/07/06	10/07/06		0634900678810710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	12/22
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/08/06	10/08/06		0634900678810710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/09/06	10/09/06		0629200169160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/27
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/09/06	10/09/06		0630000938812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/10/06	10/10/06		0629200169160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/27
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/06	10/10/06		0630000938812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/10/06	10/10/06		0634900678810710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	12/22
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/11/06	10/11/06		0629200169160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/27
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/11/06	10/11/06		0630000938812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/11/06	10/11/06		0634900678810710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	12/22
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/12/06	10/12/06		0629200169160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/27
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/12/06	10/12/06		0630000938812420A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/12/06	10/12/06		0712400144812200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	05/11
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/12/06	10/12/06		0634900678810710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	12/22
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/13/06			0629100514405700D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	10/27
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/13/06			0629100498405700D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	10/27
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/13/06	10/13/06		0629200169160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/27
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/13/06	10/13/06		0630000938812420A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/01
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/15/06	10/15/06		0634900678810710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/16/06	10/16/06		0630000377160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/03
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/16/06	10/16/06		0631900686815310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/16/06	10/16/06		0634900678810720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	12/22
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/17/06	10/17/06		0630000377160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/03
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/17/06	10/17/06		0631900686815310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/18/06	10/18/06		0630000377160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/03

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/18/06	10/18/06		0631900686815310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/18/06	10/18/06		0712400144812200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	05/11
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/19/06	10/19/06		0633000377160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/03
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/19/06	10/19/06		0631900686815310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/19/06	10/19/06		0634900678810720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	12/22
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/20/06	10/20/06		0633000377160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/03
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/20/06	10/20/06		0631900686815310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/22/06	10/22/06		0634900678810720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/23/06	10/23/06		0633070009416000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/10
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/23/06	10/23/06		0631900686815310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/24/06	10/24/06		0633070009416000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/10
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/24/06	10/24/06		0631900686815310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/24/06	10/24/06		0634900678810720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$37.50	$37.50	12/22
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/25/06	10/25/06		0633070009416000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/10
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/25/06	10/25/06		0631900686815310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/26/06	10/26/06		0633070009416000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/10
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/26/06	10/26/06		0631900686815320A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/26/06	10/26/06		0712400144812200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	05/11
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/27/06	10/27/06		0633070009416000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/10
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/27/06	10/27/06		0631900686815320A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/27/06	10/27/06		0705000646811710A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/23
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/27/06	10/27/06		0703600634810320A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	02/16
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/28/06	10/28/06		0703600634810320A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	02/16
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/29/06	10/29/06		0705700817610300A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/02
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/29/06	10/29/06		0634900678810720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/22
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/30/06	10/30/06		0632100761160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/24
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/30/06	10/30/06		0631900686815320A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/31/06	10/31/06		0632100761160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/24
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/31/06	10/31/06		0631900686815320A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/15
IIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	10/31/06	10/31/06		0631300586011200A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	11/17
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	10/31/06	10/31/06		0712400144812200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	05/11
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/01/06	11/01/06		0632100749160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.40	$44.40	11/24
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/01/06	11/01/06		0633300765811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/05/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/02/06	11/02/06		0832100749160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/24/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/02/06	11/02/06		0633300765811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/03/06	11/03/06		0632100749160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/24/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/03/06	11/03/06		0633300765811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/05/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/04/06	11/06/06		0701900381810900A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$150.00	$150.00	01/26/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/06/06	11/06/06		0633300765811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/05/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/06	11/07/06		0632100749160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/24/
IIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	11/07/06	11/07/06		0634709818018100A	76	12	3439	Cerebral Palsy NOS	E2370	POWER W/CHAIR MOTOR & GEAR BOX	$768.50	$722.56	01/12/
IIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	11/07/06	11/07/06		0634709818018100A	76	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$60.00	$48.88	01/12/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/07/06	11/07/06		0633300765811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/05/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/07/06	11/07/06		0701900381810900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	01/26/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/08/06	11/08/06		0632100749160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/24/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/08/06	11/08/06		0633300765811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/05/
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/09/06			0631900536402500D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	11/24/
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/09/06			0631900481401100D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	11/24/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/09/06	11/09/06		0632100749160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/24/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/09/06	11/09/06		0633300765811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/05/
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/09/06	11/09/06		0703900251811500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	02/16/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/09/06	11/09/06		0701900381810900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	01/26/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/10/06	11/10/06		0832100749160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/24/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/10/06	11/10/06		0633300765811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/05/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/12/06	11/12/06		0701900381810900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	01/26/

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/13/06	11/13/06		0634200090160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/13/06	11/13/06		0633300765811620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/14/06	11/14/06		0634200090160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/14/06	11/14/06		0633300765811620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/15/06	11/15/06		0634200090160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/15/06	11/15/06		0633300765811620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/16/06	11/16/06		0634800240812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	12/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/16/06	11/16/06		0701900361810900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$98.20	$98.20	01/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/17/06	11/17/06		0634800240812210A	61	12	-	-Missing	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.60	$15.62	01/2
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/17/06	11/17/06		0705000646811710A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/19/06	11/19/06		0701900361810900A	10	12	317	Mild Mental Retardation	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/2
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/20/06	11/20/06		0633400070160000A	61	12	3439	Cerebral Palsy NOS	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/20/06	11/20/06		0634800240812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/20/06	11/20/06		0703300777811400A	22	3	3432	Congenital Quadriplegia	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/21/06	11/21/06		0633400070160000A	61	12	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	02/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/21/06	11/21/06		0634800240812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/22/06	11/22/06		0633400070160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/22/06	11/22/06		0634800240812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/24/06	11/24/06		0633400070160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/24/06	11/24/06		0634800240812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/25/06	11/25/06		0701900361810900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/27/06	11/27/06		0634800240812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$25.00	$25.00	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/28/06	11/28/06		0634800240812210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/29/06	11/29/06		0634800240812220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/30/06	11/30/06		0634200091160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/30/06	11/30/06		0634800240812220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/1
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/06	11/30/06		0634500816811500A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	12/1
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/30/06	11/30/06		0703900251811500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	02/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/30/06	11/30/06		0701900361810900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	01/2
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/01/06	12/01/06		0634900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/01/06	12/01/06		0636100363810910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/02/06	12/02/06		0703600634810310A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/03/06	12/03/06		0703600634810310A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/04/06	12/04/06		0634900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/04/06	12/04/06		0636100363810910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/05/06	12/05/06		0634900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/2
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/05/06	12/05/06		0636100363810910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/06/06			0634700539414000D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	12/2
	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/06/06			0634700560414000D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	12/2
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/06/06	12/06/06		0634900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/06/06	12/06/06		0636100363810910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/07/06	12/07/06		0634900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/07/06	12/07/06		0636100363810910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/08/06	12/08/06		0634900043160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/08/06	12/08/06		0636100363810910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/08/06	12/08/06		0705000646811710A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/2
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/10/06	12/10/06		0703600634810310A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/11/06	12/11/06		0636100055160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/11/06	12/11/06		0636100363810910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/12/06	12/12/06		0636100055160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/12/06	12/12/06		0636100363810910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/13/06	12/13/06		0636100055160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/13/06	12/13/06		0636100363810920A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/13/06	12/13/06		0708900940812500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	04/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/14/06	12/14/06		0636100055160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/0

:TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/14/06	12/14/06		0638100363810920A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/15/06	12/15/06		0638100363810920A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/15/06	12/15/06		0705000646811710A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/2
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/15/06	12/15/06		0703600634810310A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/17/06	12/17/06		0703600634810310A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/18/06	12/18/06		0700800056811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/18/06	12/18/06		0708900940812500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	04/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/18/06	12/18/06		0703600634810310A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/19/06	12/19/06		0636300319160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/19/06	12/19/06		0700800056811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
—	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/19/06	12/19/06		0703600634810310A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	02/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/20/06	12/20/06		0636300319160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/20/06	12/20/06		0700800056811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/20/06	12/20/06		0705000646811710A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	02/2
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/20/06	12/20/06		0703600634810310A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/21/06	12/21/06		0636300319160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/21/06	12/21/06		0700800056811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/21/06	12/21/06		0703600634810320A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/22/06	12/22/06		0636300319160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/22/06	12/22/06		0700800056811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/22/06	12/22/06		0703600634810320A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/23/06	12/24/06		0703600634810320A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$100.00	$100.00	02/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/25/06	12/25/06		0700800056811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/25/06	12/26/06		0703600634810320A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$100.00	$100.00	02/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/26/06	12/26/06		0700800056811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/27/06	12/27/06		0700800056811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/28/06	12/28/06		0700800250160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/28/06	12/28/06		0700800056811620A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/29/06	12/29/06		0700800056811620A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	01/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/02/07	01/02/07		0701200062160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/02/07	01/02/07		0702400202812110A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/02/07	01/02/07		0708000086813810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/3
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/03/07	01/03/07		0701200062160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/03/07	01/03/07		0702400202812110A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/03/07	01/03/07		0708000086813810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/3
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/04/07	01/04/07		0701200062160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/04/07	01/04/07		0702400202812110A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/04/07	01/04/07		0708000086813810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/3
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/05/07	01/05/07		0701200062160100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/05/07	01/05/07		0702400202812110A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/05/07	01/05/07		0716900295914310A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/2
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/07/07	01/07/07		0708000086813810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/3
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/08/07	01/08/07		0701900251160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/08/07	01/08/07		0702400202812110A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/09/07	01/09/07		0701900251160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/09/07	01/09/07		0702400202812110A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	01/10/07			0701700626415400D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	01/2
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	01/10/07			0701700975401900D	70	1				SOD FLUORIDE 0.9MG(1.1MG)T8	$9.49	$5.55	01/2
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/10/07	01/10/07		0701900251160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/10/07	01/10/07		0702400202812110A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/11/07	01/11/07		0701900251160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/11/07	01/11/07		0702400202812110A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/11/07	01/11/07		0708000086813810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	03/3
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/12/07	01/12/07		0701900251160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	01/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/12/07	01/12/07		0702400202812120A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/0

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

laim /pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/12/07	01/12/07		07169002958143 10A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/14/07	01/14/07		07080000868138 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/30
ENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	01/15/07	01/15/07		07017007053001008	30	11	~	~Missing	D1110	PROPHYLAXIS-ADULT	$58.00	$35.00	01/26
ENTAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	01/15/07	01/15/07		07017007053001008	30	11	~	~Missing	D0120	PERIODIC ORAL EVALUATION	$29.00	$22.00	01/26
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/15/07	01/15/07		07029006461604 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/02
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/15/07	01/15/07		07024002028121 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/02
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/15/07	01/15/07		07080000868138 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/30
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/16/07	01/16/07		07029006461604 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/02
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/16/07	01/16/07		07040000338129 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/17/07	01/17/07		07029006461604 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/02
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/17/07	01/17/07		07040000338129 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/18/07	01/18/07		07029006461604 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/02
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/18/07	01/18/07		07040000338129 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/18/07	01/18/07		07080000868138 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/18/07	01/19/07		07029006461604 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/02
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/19/07	01/19/07		07040000338129 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/19/07	01/19/07		07169002958143 10A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/21/07	01/21/07		07080000868138 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/22/07	01/22/07		07032000561600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/22/07	01/22/07		07040000338129 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/23/07	01/23/07		07032000561600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/23/07	01/23/07		07040000338129 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/24/07	01/24/07		07032000561600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.00	$51.80	02/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/24/07	01/24/07		07040000338129 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$98.20	05/04
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/25/07	01/25/07		07032000561600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/25/07	01/25/07		07040000338129 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/26/07	01/26/07		07032000561600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/26/07	01/26/07		07040000338129 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/26/07	01/26/07		07169002958143 20A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/28/07	01/28/07		07080000868138 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	03/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/29/07	01/29/07		07043000371600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/16
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/29/07	01/29/07		07040000338129 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/30/07	01/30/07		07043000371600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/16
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/30/07	01/30/07		07040000338129 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/31/07	01/31/07		07043000371600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/16
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/31/07	01/31/07		07040000338129 20A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	01/31/07	01/31/07		07088007378120 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$235.00	$235.00	03/16
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/31/07	01/31/07		07089009408125 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	04/06
-1..	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/31/07	01/31/07		07080000868138 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/30
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/01/07	02/01/07		07051000501600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/01/07	02/01/07		07054006938125 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30
HIC	THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	02/01/07	02/01/07		07190057402129 00A	20	11	V202	Routin Child Health Exam	86580	SKIN TEST TUBERCULOSIS IN TRAD	$15.00	$7.45	09/07
HIC	THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	02/01/07	02/01/07		07190057402129 00A	20	11	V202	Routin Child Health Exam	85025	BL COUNT COMPLETE CBC W/AUTO D	$22.00	$8.81	09/07
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/02/07	02/02/07		07051000501600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/02/07	02/02/07		07054006938125 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/02/07	02/02/07		07169002958143 10A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/04/07	02/04/07		07080000868138 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/30
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/05/07	02/05/07		07051000501600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/05/07	02/05/07		07054006938125 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	02/06/07			07038005534182 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	02/16
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	02/06/07			07038005384192 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	02/16
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/06/07	02/06/07		07051000501600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/06/07	02/06/07		07054006938125 10A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/06/07	02/06/07		07080000868138 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	03/30
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/07/07	02/07/07		07051000501600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/07/07	02/07/07		0705400693812510A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/3C
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/07/07	02/07/07		0712400144812200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	05/11
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/08/07	02/08/07		0705100050160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/08/07	02/08/07		0705400693812510A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/3C
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/09/07	02/09/07		0705100050160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/09/07	02/09/07		0705400693812510A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/3C
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/12/07	02/12/07		0705200071160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/12/07	02/12/07		0705400693812510A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/3C
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/13/07	02/13/07		0705400693812520A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	03/3C
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/13/07	02/13/07		0708000086813620A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	03/3C
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/14/07	02/14/07		0705200071160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/14/07	02/14/07		0705400693812520A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/3C
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/15/07	02/15/07		0705200071160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/15/07	02/15/07		0705400693812520A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/3C
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/16/07	02/16/07		0705200071160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/02
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/16/07	02/16/07		0706600979815210A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	04/06
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/16/07	02/16/07		0716900295814310A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/19/07	02/19/07		0706100241160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/19/07	02/19/07		0706600979815210A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	04/06
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/19/07	02/19/07		0708000086813620A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	03/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/20/07	02/20/07		0706100241160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/20/07	02/20/07		0706600979815210A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	04/06
JB92	KERSHAW COUNTY MEDICAL CEN	KERSHAW COUNTY MEDICAL CEN	02/20/07	02/20/07	0	0709919486051000Z	2	22	V571	Physical Therapy NEC			$110.00	$21.00	05/25
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/21/07	02/21/07		0706100241160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/21/07	02/21/07		0706600979815210A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	04/06
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/22/07	02/22/07		0706100241160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/22/07	02/22/07		0706600979815210A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	04/06
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/23/07	02/23/07		0706100241160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/09
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/23/07	02/23/07		0706600979815210A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	04/06
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/25/07	02/25/07		0708000086813620A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/30
IIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	02/26/07	02/26/07		0706100471612100A	76	12	3439	Cerebral Palsy NOS	E0945	TRACTION, EXTREMITY BELT/HARNE	$42.40	$39.89	03/3C
IIC	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	02/26/07	02/26/07		0706100471612100A	76	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$30.00	$24.44	03/3C
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/26/07	02/26/07		0706600979815210A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	04/06
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/27/07	02/27/07		0706600979815210A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	04/06
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/28/07	02/28/07		0902300058815300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/28/07	02/28/07		0706600979815220A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/16
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	02/28/07	02/28/07		0706800073812000A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	03/16
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/26/07	02/26/07		0712400144812200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	05/11
h	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/26/07	02/26/07		0712400144812200A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/23
h	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/01/07	03/01/07		0707500220160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/01/07	03/01/07		0708200570812810A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/23
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/02/07	03/02/07		0707500220160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/02/07	03/02/07		0708200570812810A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/02/07	03/02/07		0716900295814310A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/04/07	03/04/07		0712700280811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	05/11
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/05/07	03/05/07		0708200570812810A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/06/07	03/06/07		0707500220160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/23
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/06/07	03/06/07		0708200570812810A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/06/07	03/06/07		0712700280811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	05/11
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	03/07/07			0707300046400000D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	03/23
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	03/07/07			0707300056400000D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	03/23
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/07/07	03/07/07		0707500220160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/23
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/07/07	03/07/07		0708200570812810A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/08/07	03/08/07		0707500220160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/23
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/08/07	03/08/07		0708200570812810A	61	12	–	–Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/08/07	03/08/07		0712700280811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$9.38	$9.37	05/11

GSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

m a	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/09/07	03/09/07		0707500220160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/23/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/09/07	03/09/07		0708200570812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/0
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/09/07	03/09/07		0716900295814310A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/09/07	03/09/07		0712700280811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$0.38	$9.37	05/11/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/10/07	03/11/07		0712700280811710A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$100.00	$100.00	05/11/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/12/07	03/12/07		0708200570812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/12/07	03/12/07		0712700280811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	05/11/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/13/07	03/13/07		0802300072815310A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/13/07	03/13/07		0708200570812820A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/14/07	03/14/07		0802300072815310A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/14/07	03/14/07		0708200570812820A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/15/07	03/15/07		0802300072815310A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/15/07	03/15/07		0708200570812820A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/15/07	03/15/07		0712700280811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	05/11/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/16/07	03/16/07		0710100768812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/16/07	03/16/07		0716200808813500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	06/15/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/16/07	03/16/07		0712700280811710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	05/11/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/18/07	03/18/07		0712700280811720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	05/11/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/19/07	03/19/07		0710100768812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/20/07	03/20/07		0710100768812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/21/07	03/21/07		0710100768812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/22/07	03/22/07		0709500090160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/13/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/22/07	03/22/07		0710100768812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/23/07	03/23/07		0709500090160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/13/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/23/07	03/23/07		0710100768812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/23/07	03/23/07		0716900295814320A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/24/07	03/27/07		0712700280811720A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$200.00	$200.00	05/11/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/26/07	03/26/07		0710100768812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/27/07	03/27/07		0710100768812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/28/07	03/28/07		0709500090160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$14.80	$14.80	04/13/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/28/07	03/28/07		0710100768812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/28/07	03/28/07		0713800743810700A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	05/25/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/29/07	03/29/07		0709500090160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/13/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/29/07	03/29/07		0710100768812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/30/07	03/30/07		0709500090160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/13/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/30/07	03/30/07		0710100768812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	03/31/07	03/31/07		0716200521811600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$235.00	$235.00	06/15/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/02/07	04/02/07		0712600133160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/02/07	04/02/07		0711500288811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/02/07	04/02/07		0716900295814320A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/03/07	04/03/07		0712800133160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/03/07	04/03/07		0711500288811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/03/07	04/03/07		0718000165811810A	10	12	317	Mild Mental Retardation	X6905	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	07/06/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/04/07	04/04/07		0712800133160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/04/07	04/04/07		0711500288811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/04/07	04/04/07		0716200808813500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	06/15/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/05/07	04/05/07		0712800133160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/05/07	04/05/07		0711500288811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/06/07	04/06/07		0712800133160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/06/07	04/06/07		0711500288811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/06/07	04/06/07		0718000165811810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/06/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/08/07	04/08/07		0718000165811810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/06/07
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/09/07	04/09/07		0712800133160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/09/07	04/09/07		0711500288811610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/09/07	04/09/07		0718000165811810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/06/07

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/10/07	04/10/07		07128001331600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/10/07	04/10/07		07115002888116100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/10/07	04/10/07		07180001658116100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/11/07	04/11/07		07115002888116100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/11/07	04/11/07		07180001658116100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	07/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/12/07			07108008554011000	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	04/2
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/12/07			07108008644011000	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	04/2
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/12/07	04/12/07		07115002088116200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/12/07	04/12/07		07180001658116100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/13/07	04/13/07		07128001331600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/13/07	04/13/07		07115002888116200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/15/07	04/15/07		07180001658116100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/16/07	04/16/07		07128001341600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/16/07	04/16/07		07162008068135000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$106.16	$106.16	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/17/07	04/17/07		07130001788119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/18/07	04/18/07		07130001788119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/18/07	04/18/07		07180001658116200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/19/07	04/19/07		07130001788119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/20/07	04/20/07		07130001788119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/20/07	04/20/07		07169002958143200A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/2
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/20/07	04/20/07		07180001658116200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	07/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/22/07	04/22/07		07180001658118200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/23/07	04/23/07		07130001788119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/24/07	04/24/07		07130001788119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/25/07	04/25/07		07130001788119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/25/07	04/25/07		07180001658116200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/26/07	04/26/07		07130001788119200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/27/07	04/27/07		07130001788119200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/27/07	04/27/07		07169002958143200A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/2
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/29/07	04/29/07		07180001658118200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/30/07	04/30/07		07130001788119200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	04/30/07	04/30/07		07162005211611600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	06/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/30/07	04/30/07		07180001658118200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/01/07	05/01/07		07151001738105100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/02/07	05/02/07		07151001738105100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/02/07	05/02/07		07169002958143200A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/2
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/02/07	05/02/07		07206002849115000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	08/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/03/07	05/03/07		07151001738105100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/04/07	05/04/07		07151001738105100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/06/07	05/06/07		07206002849115000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/07/07	05/07/07		07151001738105100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/08/07	05/08/07		07151001738105100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/09/07	05/09/07		07151001736105100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/09/07	05/09/07		07206002849115000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	08/0
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/10/07			07136003204021000	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	05/2
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/10/07			07136003334021000	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	05/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/10/07	05/10/07		07151001738105100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/11/07	05/11/07		07151001738105200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/13/07	05/13/07		07206002849115100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	08/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/14/07	05/14/07		07151001738105200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/15/07	05/15/07		07151001738105200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/16/07	05/16/07		07158002668161100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/18/07	05/18/07		07162008068135000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/17/07	05/17/07		07158002668161100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/18/07	05/18/07		07158002668161100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$95.20	$96.20	06/1

OGSOILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

lim pe	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/18/07	05/18/07		07169002858143204	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/21/07	05/21/07		07158002668161104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/(
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/21/07	05/21/07		07169002958143204	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/22/07	05/22/07		07158002668161104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/23/07	05/23/07		07158002668161104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/24/07	05/24/07		07158002668161104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/(
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/24/07	05/24/07		07180001658116204	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	06/15/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/25/07	05/25/07		07158002668161104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$34.38	$34.37	07/06/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/28/07	05/28/07		07158002668161104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/29/07	05/29/07		07158002668161204	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/30/07	05/30/07		07158002668161204	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/31/07	05/31/07		07158002668161204	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/0
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	05/31/07	05/31/07		07162005218116004	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	06/15/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/01/07	06/01/07		07173002098132104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/01/07	06/01/07		07232008838102104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/0
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/04/07			07157001874086000	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	06/15/0
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/04/07			07157001744086000	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	06/15/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/04/07	06/04/07		07173002098132104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/04/07	06/04/07		07232008838102104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/05/07	06/05/07		07173002098132104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/05/07	06/05/07		07232008838102104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/06/07	06/06/07		07173002098132104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/06/07	06/06/07		07232008838102104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/07/07	06/07/07		07173002098132104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/07/07	06/07/07		07232008838102104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/08/07	06/08/07		07173002098132104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/08/07	06/08/07		07232008838102104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/11/07	06/11/07		07173002098132104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/11/07	06/11/07		07232008838102104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/12/07	06/12/07		07173002098132104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/12/07	06/12/07		07232008838102104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/13/07	06/13/07		07173002098132204	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/13/07	06/13/07		07232008838102204	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/31/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/14/07	06/14/07		07173002098132204	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/14/07	06/14/07		07232008838102204	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	08/31/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/15/07	06/15/07		07173002098132204	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/15/07	06/15/07		07232008838102204	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/31/07
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	06/30/07	06/30/07		07192007390142004	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	07/20/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/02/07	07/02/07		07206009668125004	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/02/07	07/02/07		07278060920132004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/03/07	07/03/07		07206009668125004	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/03/07	07/03/07		07278060920132004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/05/07			07192001184102004	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	07/20/07
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/05/07			07192001024102004	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	07/20/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/05/07	07/05/07		07206009668125004	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/05/07	07/05/07		07278060920132004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/06/07	07/06/07		07206009668125004	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/06/07	07/06/07		07278060920132004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/12/07	07/12/07		07206009668125004	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/12/07	07/12/07		07278060920132004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/13/07	07/13/07		07206009668125004	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/13/07	07/13/07		07278060920132004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/16/07	07/16/07		07221007028126204	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/16/07	07/16/07		07278060930132004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/17/07	07/17/07		07221007028126104	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/17/07	07/17/07		0727806093013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/18/07	07/18/07		0722100702812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/18/07	07/18/07		0727806093013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/19/07	07/19/07		0722100702812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/19/07	07/19/07		0727806093013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/20/07	07/20/07		0722100702812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$15.63	$15.62	10/19
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/21/07	07/21/07		0727806093013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	08/17
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/23/07	07/23/07		0722100702812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$28.13	$28.12	10/19
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/23/07	07/23/07		0727806093013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	08/17
IL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/24/07	07/24/07		0720700513300000B	30	11	-	-Missing	D1110	PROPHYLAXIS-ADULT	$21.88	$21.87	10/19
AL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/24/07	07/24/07		0720700513300000B	30	11	-	-Missing	D0120	PERIODIC ORAL EVALUATION	$61.00	$35.00	08/03
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/24/07	07/24/07		0722100702812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$30.00	$22.00	08/03
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/24/07	07/24/07		0727806094013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	08/17
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/25/07	07/25/07		0722100702812610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$21.88	$21.87	10/19
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/25/07	07/25/07		0727806094013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	08/17
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/26/07	07/26/07		0722100702812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$21.88	$21.87	10/19
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/26/07	07/26/07		0727806094013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	08/17
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/27/07	07/27/07		0722100702812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$21.88	$21.87	10/19
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/27/07	07/27/07		0727806094013200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	08/17
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/28/07	07/31/07		0727806094013200A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/30/07	07/30/07		0802300878815600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$200.00	$200.00	10/19
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/30/07	07/30/07		0722100702812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/31/07	07/31/07		0802300878815600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/31/07	07/31/07		0722100702812620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/01/07	08/01/07		0802300883815610A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/01/07	08/01/07		0723500150812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/01/07	08/01/07		0727806094013200A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$96.20	$96.20	08/31/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/01/07	08/10/07		0730307029018100A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	10/19/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/02/07	08/02/07		0802300883815610A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$500.00	$500.00	11/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/02/07	08/02/07		0723500150812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/03/07	08/03/07		0802300883815610A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/03/07	08/03/07		0723500150812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/06/07	08/06/07		0723500150812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/07/07	08/07/07		0723500150812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/08/07	08/08/07		0802300883815610A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/08/07	08/08/07		0723500150812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/09/07	08/09/07		0802300883815610A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/09/07	08/09/07		0723500150812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/10/07			0722700126406100D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	08/24/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/10/07			0722700898406000D	70	1				SOD FLUORIDE 0.5MG(1.1MG)T6	$9.49	$5.55	08/24/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/10/07	08/10/07		0802300883815610A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/10/07	08/10/07		0723500150812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/13/07	08/13/07		0802300883815610A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/13/07	08/13/07		0723500150812420A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/13/07	08/13/07		0730307030018100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	11/09/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/14/07	08/14/07		0802300883815610A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/14/07	08/14/07		0723500150812420A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/14/07	08/14/07		0730307030018100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	11/09/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/15/07	08/15/07		0802300883815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/15/07	08/15/07		0723500150812420A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/15/07	08/15/07		0730307029018100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	11/09/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/16/07	08/16/07		0802300883815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/16/07	08/16/07		0724800316813910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/16/07	08/16/07		0730307029018100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	11/09/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/17/07	08/17/07		0724800316813910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/17/07	08/17/07		0730307029018100A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	11/05
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/18/07	08/19/07		0730307029018100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	11/05
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/20/07	08/20/07		0802300085815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/20/07	08/20/07		0724800316813910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$98.20	$98.20	09/14
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/20/07	08/20/07		0730307029018100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	11/09
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/21/07	08/21/07		0802300085815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/21/07	08/21/07		0724800316813910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/22/07	08/22/07		0802300085815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/22/07	08/22/07		0724800316813910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/23/07	08/23/07		0802300085815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/23/07	08/23/07		0724800316813910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/24/07	08/24/07		0802300085815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/24/07	08/24/07		0724800316813910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/27/07	08/27/07		0802300863815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/27/07	08/27/07		0724800316813910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/28/07	08/28/07		0802300863815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/28/07	08/28/07		0724800316813920A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/29/07	08/29/07		0802300863815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/29/07	08/29/07		0726900339812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/30/07	08/30/07		0726900339812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/31/07	08/31/07		0802300863815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/31/07	08/31/07		0726900339812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/31/07	08/31/07		0733700214813800A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$96.20	$96.20	10/05/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/04/07	09/04/07		0802300108815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$79.62	$79.62	12/07/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/04/07	09/04/07		0726900339812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
IC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/04/07	09/04/07		0733700214813800A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/05/07			0725500490412900D	70	1			97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	12/07/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/05/07			0725500523412900D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	09/21/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/05/07	09/05/07		0802300108815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/05/07	09/05/07		0726900339812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/06/07	09/06/07		0802300108815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/06/07	09/06/07		0726900339812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/07/07	09/07/07		0802300108815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/07/07	09/07/07		0726900339812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/09/07	09/11/07		0734107739016900A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$150.00	$150.00	12/21/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/10/07	09/10/07		0802300112815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/10/07	09/10/07		0726900339812710A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/11/07	09/11/07		0802300112815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/11/07	09/11/07		0726900339812720A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/12/07	09/12/07		0802300112815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$59.20	$59.20	03/21/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/12/07	09/12/07		0726900339812720A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/13/07	09/13/07		0802300112815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/13/07	09/13/07		0726900339812720A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/13/07	09/13/07		0734107739016900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	12/21/
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/14/07	09/14/07		0802300112815700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/14/07	09/14/07		0726900339812720A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/0
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/16/07	09/16/07		0734107739016900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	12/21/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/17/07	09/17/07		0802300115815710A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/17/07	09/17/07		0728100045812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/18/07	09/18/07		0802300115815710A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/18/07	09/18/07		0728100045812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/07	09/19/07		0802300115815710A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/19/07	09/19/07		0728100045812410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/0
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/19/07	09/19/07		0734107739016900A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	12/21/0
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/20/07	09/20/07		0802300115815710A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/0

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/20/07	09/20/07		07281000458124 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/21/07	09/21/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/21/07	09/21/07		07281000458124 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/23/07	09/23/07		07341077390169 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/2
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/24/07	09/24/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/24/07	09/24/07		07281000458124 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/25/07	09/25/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/25/07	09/25/07		07281000458124 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/1
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/07	09/26/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/26/07	09/26/07		07281000458124 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/27/07	09/27/07		08023001158157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/27/07	09/27/07		07281000458124 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/28/07	09/28/07		07281000458124 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	10/1
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	09/30/07	09/30/07		08026008618154 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/30/07	09/30/07		07341077390169 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/2
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/01/07			07276000894093 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	10/1
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/01/07			07276001274093 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	10/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/01/07	10/01/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/01/07	10/01/07		07297001958151 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/02/07	10/02/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/02/07	10/02/07		07297001958151 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/07	10/03/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/03/07	10/03/07		07297001958151 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/04/07	10/04/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/04/07	10/04/07		07297001958151 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/05/07	10/05/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/05/07	10/05/07		07297001958151 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/08/07	10/08/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/08/07	10/08/07		07297001958151 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/09/07	10/09/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/09/07	10/09/07		07297001958151 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/10/07	10/10/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/07	10/10/07		07297001958151 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/11/07	10/11/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/11/07	10/11/07		07297001958151 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/12/07	10/12/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/12/07	10/12/07		07297001958151 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/15/07	10/15/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/15/07	10/15/07		07297001958151 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/16/07	10/16/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/16/07	10/16/07		07313005458112 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/17/07	10/17/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/17/07	10/17/07		07313005458112 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/1
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/18/07			07297002534026000	70	1				NYSTATIN 100,000 UNIT/GM CREA	$12.12	$6.09	11/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/18/07	10/18/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/18/07	10/18/07		07313005458112 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/16/07	10/18/07		08030003908164 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$46.88	$46.87	02/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/19/07	10/19/07		07313005458112 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/19/07	10/19/07		08030003908164 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/21/07	10/21/07		08030003908164 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/0
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/22/07	10/22/07		08023001268157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/22/07	10/22/07		07313005458112 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/23/07	10/23/07		08023001268157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/23/07	10/23/07		07313005458112 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/24/07	10/24/07		08023001268157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/24/07	10/24/07		07313005458112 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/1

South Carolina Department of Health and Human Services
Detailed Claims Report

*OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/25/07	10/25/07		08023001268157000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/25/07	10/25/07		07331300545811210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/25/07	10/25/07		08030003908616400A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	02/08/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/26/07	10/26/07		08023001268157000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/26/07	10/26/07		07331300545811220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/28/07	10/28/07		08030003908616400A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	02/08/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/29/07			07304002534051000	70	1				BACLOFEN 10 MG TABLET	$130.24	$88.95	11/09/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/29/07			07304002454051000	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.48	$5.55	11/09/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/29/07	10/29/07		08023001268157000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/29/07	10/29/07		07332009448123 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/30/07	10/30/07		08023001268157000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/30/07	10/30/07		07332009448123 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/31/07	10/31/07		08023001268157000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/31/07	10/31/07		07332009448123 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/01/07	11/01/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/01/07	11/01/07		07332009448123 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/01/07	11/01/07		08047002418108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	02/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/02/07	11/02/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/02/07	11/02/07		07332009448123 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/02/07	11/02/07		08047002418108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/04/07	11/04/07		08047002418108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/22/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/05/07	11/05/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/05/07	11/05/07		07332009448123 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/06/07	11/06/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/06/07	11/06/07		07332009448123 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/07/07	11/07/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/07	11/07/07		07332009448123 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/08/07	11/08/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/08/07	11/08/07		07332009448123 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/08/07	11/08/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/08/07	11/08/07		08047002418108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	02/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/09/07	11/09/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/09/07	11/09/07		07332009448123 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/12/07	11/12/07		08023001348110 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/12/07	11/12/07		07332009448123 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/13/07	11/13/07		07332009448123 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/13/07	11/13/07		08047002418108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	02/22/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/14/07	11/14/07		08023001348110 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/14/07	11/14/07		07332009448123 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/15/07	11/15/07		08023001348110 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/15/07	11/15/07		07332009448123 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/16/07	11/16/07		08023001348110 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/16/07	11/16/07		07344002558127 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/18/07	11/18/07		08047002418108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$46.88	$46.87	02/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/19/07	11/19/07		08023001348110 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/19/07	11/19/07		07344002558127 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/20/07	11/20/07		08023001348110 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/20/07	11/20/07		07344002558127 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/21/07	11/21/07		07344002558127 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/21/07	11/24/07		08047002418108 10A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$200.00	$200.00	02/22/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/22/07	11/22/07		07344002558127 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/23/07	11/23/07		07344002558127 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/25/07	11/25/07		08047002418108 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	02/22/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/26/07	11/26/07		08023001348110 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/26/07	11/26/07		07344002558127 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/27/07	11/27/07		08023001348110 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/27/07	11/27/07		0734400255812710A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/27/07	11/27/07		0814900560813100A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/27/07	11/27/07		0804700241810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	02/2
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/28/07			0733900004414800D	70	1				BACLOFEN 10 MG TABLET	$130.24	$88.95	12/1
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/28/07			0733900521413700D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	12/1
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/28/07	11/28/07		0802300134811020A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/28/07	11/28/07		0734400255812720A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/28/07	11/28/07		0804700241810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$9.38	$9.37	02/2
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/29/07	11/29/07		0802300134811030A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/29/07	11/29/07		0734400255812720A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/30/07	11/30/07		0802300134811030A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/30/07	11/30/07		0734400255812720A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
IIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/07	11/30/07		0802800861815400A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	02/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/02/07	12/02/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/03/07	12/03/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/03/07	12/03/07		0736000042810010A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/04/07	12/04/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/04/07	12/04/07		0736000042810010A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/05/07	12/05/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/05/07	12/05/07		0736000042810010A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/06/07	12/06/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$29.60	$29.60	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/06/07	12/06/07		0736000042810010A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/06/07	12/06/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$20.31	$20.00	03/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/07/07	12/07/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/07/07	12/07/07		0736000042810010A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/09/07	12/09/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	03/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/10/07	12/10/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/10/07	12/10/07		0736000042810010A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/11/07	12/11/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/11/07	12/11/07		0736000042810010A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/12/07	12/12/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/12/07	12/12/07		0736000042810010A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/13/07	12/13/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/13/07	12/13/07		0736000042810020A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/14/07	12/14/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/14/07	12/14/07		0736000042810020A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/14/07	12/14/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/2
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/15/07	12/15/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	03/2
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/16/07	12/16/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/17/07	12/17/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/17/07	12/17/07		0800900775813110A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/1
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/18/07	12/18/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/18/07	12/18/07		0800900775813110A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/1
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/18/07	12/18/07		0814900600813100A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	06/06
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/19/07	12/19/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/19/07	12/19/07		0800900775813110A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/1
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/19/07	12/19/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	03/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/20/07	12/20/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/20/07	12/20/07		0800900775813110A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/1
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/20/07	12/20/07		0801800978812100A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	01/25
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/20/07	12/20/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	03/20
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/21/07	12/21/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/21/07	12/21/07		0800900775813110A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/1
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/21/07	12/21/07		0808100581810620A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/24/07	12/24/07		0807300342811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$14.80	$14.80	03/2

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/21/08	04/21/08		0812800307815910A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1(
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/22/08	04/22/08		0812900982813000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1(
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/22/08	04/22/08		0812800307815910A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1(
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/22/08	04/22/08		0817700651815710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	07/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/23/08	04/23/08		0812900982813000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1(
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/23/08	04/23/08		0812800307815910A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1(
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/24/08	04/24/08		0812900982813000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/24/08	04/24/08		0812800307815910A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1(
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/24/08	04/24/08		0815700376814200A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	06/1:
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/25/08	04/25/08		0812900982813000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1(
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/25/08	04/25/08		0812800307815910A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1(
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/25/08	04/25/08		0815700375814200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	06/1:
IRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/28/08			0812100362403400D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	05/0(
IRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/28/08			0812100342403400D	70	1				BACLOFEN 10 MG TABLET	$130.24	$84.86	05/0(
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/28/08	04/28/08		0812900028813100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1(
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/28/08	04/28/08		0812800307815920A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1(
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/29/08	04/29/08		0812900028813100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1(
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/29/08	04/29/08		0812800307815920A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1(
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/30/08	04/30/08		0812900028813100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1(
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/30/08	04/30/08		0812800307815920A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1(
IIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	04/30/08	04/30/08		0817100464812200A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$250.00	$250.00	06/27
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/01/08	05/01/08		0813700197813300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23
IIC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	05/01/08	05/01/08		0816500645810300A	76	12	–	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	06/2(
IIC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	05/01/08	05/01/08		0816500645810300A	76	12	–	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.88	$45.00	06/2(
IIC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	05/01/08	05/01/08		0816890014881180DA	76	12	7812	Abnormality of Gait	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	07/11
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/01/08	05/01/08		0814400721811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/02/08	05/02/08		0813700197813300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/02/08	05/02/08		0814400721811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/06/08	05/06/08		0814000046818900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/06/08	05/06/08		0814400721811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/06/08	05/06/08		0815700435814200A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/07/08	05/07/08		0814000046818900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/07/08	05/07/08		0814400721811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/08/08	05/08/08		0814000046818900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/08/08	05/08/08		0814400721811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/08/08	05/08/08		0815700434814200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/13
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/09/08	05/09/08		0814000046818900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/09/08	05/09/08		0814400721811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/10/08	05/10/08		0814400721811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/12/08	05/12/08		0815400918812800A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/12/08	05/12/08		0814400721811610A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/13/08	05/13/08		0815400918812800A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/13/08	05/13/08		0814400721811620A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/14/08	05/14/08		0815400918812800A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/05
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/14/08	05/14/08		0814400721811620A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/15/08	05/15/08		0815400918812800A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/15/08	05/15/08		0814400721811620A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/15/08	05/15/08		0815700435814200A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/16/08	05/16/08		0815400918812800A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/16/08	05/16/08		0815900675810210A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/19/08	05/19/08		0815900675810210A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/20/08	05/20/08		0815900675810210A	61	12	–	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/20/08	05/20/08		0815700435814200A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/20/08	05/20/08		0815700434814200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/13
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/21/08	05/21/08		0816300068817000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20

South Carolina Department of Health and Human Services
Detailed Claims Report

OGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

im	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/21/08	05/21/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/22/08	05/22/08		08158006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/23/08			08149009964076000	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	06/06/
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/23/08			08149000074077000	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	06/06/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/23/08	05/23/08		08163000688170000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/20/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/23/08	05/23/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/26/08	05/26/08		08163000928170000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/26/08	05/26/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/27/08	05/27/08		08163000928170000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/20/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/27/08	05/27/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/27/08	05/27/08		08157004358142 00A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	05/13/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/28/08	05/28/08		08163000928170000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/28/08	05/28/08		08159006758102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/29/08	05/29/08		08163000928170000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/20/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/29/08	05/29/08		08159006758102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/30/08	05/30/08		08163000928170000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/30/08	05/30/08		08159006758102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/30/08	05/30/08		08157004358142 00A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	06/13/
	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	06/01/08	06/01/08		08207001848129000	76	12	3439	Cerebral Palsy NOS	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	08/01/0
	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	06/01/08	06/01/08		08186002958114 00A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	07/11/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/02/08	06/02/08		08249000718132000	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/03/08	06/03/08		08249000718132000	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/04/08	06/04/08		08249000718132000	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$50.00	09/12/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/05/08	06/05/08		08249000718132000	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$88.25	$40.62	09/12/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/06/08	06/06/08		08249000718132000	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/13/08	06/13/08		08249000718132000	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$10.50	$6.25	09/12/0
JG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/30/08	06/30/08		08200009108130000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/0
JG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/01/08			08191000504107000	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	07/18/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/01/08	07/01/08		08191000344032000	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	07/18/0
	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	07/01/08	07/01/08		08200009108130000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/01/08	07/01/08		08237008648122000	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	08/22/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/02/08	07/02/08		08297001678132100	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/0
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/02/08	07/02/08		08200009108130000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/03/08	07/03/08		08297001678132100	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$80.00	10/31/08
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/03/08	07/03/08		08200009108130000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/0
	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		08297001678132100	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		08191007793002000	30	11	-	-Missing	D1351	SEALANT -PER TOOTH	$38.00	$27.00	07/18/08
ITAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		08191007793002000	30	11	-	-Missing	D1351	SEALANT -PER TOOTH	$38.00	$27.00	07/18/08
ITAL	KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		08191007793002000	30	11	-	-Missing	D1110	PROPHYLAXIS-ADULT	$64.00	$35.00	07/18/08
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/07/08	07/07/08		08191007793002000	30	11	-	-Missing	D0120	PERIODIC ORAL EVALUATION	$32.00	$22.00	07/18/08
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/07/08	07/07/08		08205008958140000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/08/08	07/08/08		08297001678132200	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/08/08	07/08/08		08205008958140000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/08/08	07/08/08		08297001678132200	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/09/08	07/09/08		08205008958140000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/10/08	07/10/08		08297001678132100	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/10/08	07/10/08		08205008958140000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/11/08	07/11/08		08297001678132100	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/11/08	07/11/08		08205008958140000	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/14/08	07/14/08		08297001678132100	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/15/08	07/15/08		08297001678132100	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/16/08	07/16/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/17/08	07/17/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/18/08	07/18/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Pai Dat
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/21/08	07/21/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/22/08	07/22/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/23/08	07/23/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/24/08	07/24/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/25/08			08212001064070 00D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9 49	$5.80	08/
DRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/25/08			08212006564069 00D	70	1				BACLOFEN 10 MG TABLET	$130 24	$64.85	08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/25/08	07/25/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/28/08	07/28/08		08221005268102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/29/08	07/29/08		08221005268102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/30/08	07/30/08		08221005268102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
HIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	07/31/08	07/31/08		08221005268102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	08/
HIC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		08347004390159 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$104 00	$104 00	08/
HIC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		08265001798102 00A	76	12	-	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$250 00	$250.00	12/1
HIC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		08265001798102 00A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$45 86	$45 00	09/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/01/08	08/01/08		08272001048100 00A	76	12	-	-Missing	A4927	GLOVES, NON-STERILE PER BOX OF	$144 15	$144 15	09/2
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/01/08	08/01/08		08241005998119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$12 84	$12.00	10/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/04/08	08/04/08		08241005998119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/0
HIC	MIDLANDS HCB WAIVER	HOME REMEDIES ADULT CARE S	08/05/08	08/05/08		08241005998119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/0
HIC	HOME REMEDIES ADULT CARE S	MIDLANDS HCB WAIVER	08/05/08	08/05/08		08339007598137 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$104 00	$104 00	09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/06/08	08/06/08		08241005998119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$36 75	$36 75	12/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/07/08	08/07/08		08241005998119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/07/08	08/07/08		08339007598137 20A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/0
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/08/08	08/08/08		08241005998119 10A	61	12	-	-Missing	X6985	MR/RD WAIVER NON-FACILITY RESP	$73 50	$73 50	12/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/11/08	08/11/08		08241005998119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/0
HIC	MIDLANDS HCB WAIVER	HOME REMEDIES ADULT CARE S	08/12/08	08/12/08		08241005998119 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/0
HIC	HOME REMEDIES ADULT CARE S	MIDLANDS HCB WAIVER	08/12/08	08/12/08		08339007598137 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$104 00	$104 00	09/0
HIC	MIDLANDS HCB WAIVER	HOME REMEDIES ADULT CARE S	08/13/08	08/13/08		08241005998119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$73 50	$73 50	12/1
HIC	HOME REMEDIES ADULT CARE S	MIDLANDS HCB WAIVER	08/13/08	08/13/08		08339007598137 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$104 00	$104 00	09/0
HIC	MIDLANDS HCB WAIVER	HOME REMEDIES ADULT CARE S	08/14/08	08/14/08		08241005998119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$73 50	$73 50	12/1
HIC	HOME REMEDIES ADULT CARE S	MIDLANDS HCB WAIVER	08/14/08	08/14/08		08339007598137 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$104 00	$104 00	09/0
HIC	MIDLANDS HCB WAIVER	HOME REMEDIES ADULT CARE S	08/15/08	08/15/08		08241005998119 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$73 50	$73 50	12/1
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/15/08	08/15/08		08339007598137 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$104 00	$104 00	09/0
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/17/08	08/19/08		08339007598137 10A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$73 50	$73 50	12/1
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/18/08	08/18/08		08266002878139 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$240 00	$240 00	12/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/18/08	08/18/08		08249006998103 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51 80	$51 80	09/26/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/19/08	08/19/08		08266002878139 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/12/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/19/08	08/19/08		08249006998103 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51 80	$51 80	09/26/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/20/08	08/20/08		08266002878139 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/12/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/20/08	08/20/08		08249006998103 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51 80	$51 80	09/26/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/20/08	08/20/08		08339007598137 10A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/12/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/21/08	08/21/08		08266002878139 00A	61	12	3439	Cerebral Palsy NOS	X6985	MR/RD WAIVER NON-FACILITY RESP	$73 50	$73 50	12/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/21/08	08/21/08		08249006998103 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51 80	$51 80	09/26/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/21/08	08/21/08		08339007598137 10A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/12/
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/22/08			08240005884040 00D	70	1			X6985	MR/RD WAIVER NON-FACILITY RESP	$73 50	$73 50	12/1
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/22/08			08240005914040 00D	70	1				BACLOFEN 10 MG TABLET	$130 24	$64.85	09/05/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/22/08	08/22/08		08266002878139 00A	61	12	3439	Cerebral Palsy NOS		LURIDE LOZI-TABS 0.5 MG CHEW	$9 49	$5.80	09/05/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/22/08	08/22/08		08249006998103 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51 80	$51 80	09/26/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/22/08	08/22/08		08339007598137 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$104 00	$104 00	09/12/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/25/08	08/25/08		08266003018139 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$73 50	$73 50	12/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/25/08	08/25/08		08249006998103 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51 80	$51 80	09/26/
HIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/25/08	08/25/08		08339007598137 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$104 00	$104 00	09/12/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/26/08	08/26/08		08266003018139 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$73 50	$73 50	12/1
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/26/08	08/26/08		08249006998103 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51 80	$51 80	09/26/
HIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/27/08	08/27/08		08266003018139 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/12/
HIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/27/08	08/27/08		08249006998103 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51 80	$51 80	09/26/
											T1019	PERSONAL CARE SERVICES, PER 15	$104 00	$104 00	09/12/

South Carolina Department of Health and Human Services
Detailed Claims Report

OGSOILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/27/08	08/27/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6965	MR/RD WAIVER NON-FACILITY RESP	$36.75	$36.75	12/12/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/28/08	08/28/08		0826600301613900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/28/08	08/28/08		0824900899810320A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/28/08	08/28/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/29/08	08/29/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$80.00	12/12/
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	08/31/08	08/31/08		0833900739813600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	12/12/
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0826500179810200A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	09/26/
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0827200104810000A	76	12	-	-Missing	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	10/03/
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0826500179810200A	76	12	-	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.86	$45.00	09/26/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/02/08	09/02/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/03/08	09/03/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/04/08	09/04/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/05/08	09/05/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/08/08	09/08/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/08/08	09/08/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/09/08	09/09/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/09/08	09/09/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/10/08	09/10/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/10/08	09/10/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/11/08	09/11/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/11/08	09/11/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/12/08	09/12/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/12/08	09/12/08		0826200860812520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/15/08	09/15/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/15/08	09/15/08		0826200860812520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/16/08	09/16/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/16/08	09/16/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/17/08	09/17/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/17/08	09/17/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/18/08	09/18/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/18/08	09/18/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/08	09/19/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/19/08	09/19/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/22/08			0826800224124000D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	10/03/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/22/08			0826800369414800D	70	1				BACLOFEN 10 MG TABLET	$130.24	$84.86	10/03/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/22/08	09/22/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/22/08	09/22/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/23/08	09/23/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/23/08	09/23/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/24/08	09/24/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/24/08	09/24/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/25/08	09/25/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/25/08	09/25/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/08	09/26/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/26/08	09/26/08		0828200327813120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/29/08	09/29/08		0828200327813120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/30/08	09/30/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/30/08	09/30/08		0828200327813120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/01/08	10/01/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	10/01/08	10/01/08		0831500171815700A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$64.20	$64.20	11/21/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/01/08	10/01/08		0830300573815410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/02/08	10/02/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/02/08	10/02/08		0830300573815410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/08	10/03/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/03/08	10/03/08		0830300573815410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/04/08			08282008884166600D	70	1							
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/06/08	10/06/08		08297001338115500A	61	12	3439	Cerebral Palsy NOS	T1019	BENZACLIN GEL	$171.33	$153.75	10/17
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/06/08	10/06/08		08303005738154100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/07/08	10/07/08		08297001338115500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/07/08	10/07/08		08303005738154100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/08/08	10/08/08		08297001338115500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/08/08	10/08/08		08303005738154100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/09/08	10/09/08		08297001338115500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/09/08	10/09/08		08303005738154100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/10/08	10/10/08		08297001338115500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/08	10/10/08		08303005738154100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/13/08	10/13/08		08303002668107000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/14/08	10/14/08		08303002668107000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/07
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/15/08	10/15/08		08303005738154200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/07
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/20/08			08298002204075000D	70	1					$104.00	$104.00	11/07
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/20/08	10/20/08		08298001954151000D	70	1				LURIDE-LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	10/31
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/20/08	10/20/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS		BACLOFEN 10 MG TABLET	$130.24	$64.86	10/31
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/21/08	10/21/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/22/08	10/22/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/23/08	10/23/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/24/08	10/24/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/27/08	10/27/08		08317008088141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/28/08	10/28/08		08317008088141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/29/08	10/29/08		08317008088141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/30/08	10/30/08		08317008088141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	10/31/08	10/31/08		08347008958123000A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	12/19/
	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	11/03/08	11/03/08		08329006668124000A	76	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$60.00	$24.44	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/03/08	11/03/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/04/08	11/04/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/04/08	11/04/08		08333007328123000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/05/08	11/05/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/05/08	11/05/08		08333007328123000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/06/08	11/06/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/06/08	11/06/08		08333007328123000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/08	11/07/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/07/08	11/07/08		08333007328123000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/10/08	11/10/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/10/08	11/10/08		08333007328124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/11/08	11/11/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/11/08	11/11/08		08333007328124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/12/08	11/12/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/12/08	11/12/08		08333007328124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/13/08	11/13/08		08333007328119100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/13/08	11/13/08		08333007328124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/14/08	11/14/08		08333007328119200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/
UG	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/14/08	11/14/08		08333007328124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/17/08			08324006914120000D	70	1					$51.80	$51.80	12/05/
	ACTIVE NURSING SVC COLUMB	HAWTHORNE CAMDEN PHARMACY	11/17/08			08324003364075000D	70	1					$104.00	$104.00	12/05/
	HOME REMEDIES ADULT CARE S	ACTIVE NURSING SVC COLUMB	11/17/08	11/17/08		08343007688125000A	61	12	3439	Cerebral Palsy NOS		BACLOFEN 10 MG TABLET	$130.24	$17.88	11/28/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/17/08	11/17/08		08347003458176100A	61	12	-	-Missing		LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	11/28/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/18/08	11/18/08		08347003458176100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/19/08	11/19/08		08343007688125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/19/08	11/19/08		08347003458176100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/20/08	11/20/08		08343007688125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/20/08	11/20/08		08347003458176100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0

South Carolina Department of Health and Human Services
Detailed Claims Report

STOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/21/08	11/21/08		08343007688125O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/1
HC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/21/08	11/21/08		0834700345817610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
HC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/24/08	11/24/08		08343007688125O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/1
HC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/24/08	11/24/08		0834700345817610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
HC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/25/08	11/25/08		08343007688125O0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
HC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/25/08	11/25/08		0834700345817610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/1
HC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/26/08	11/26/08		0834700345817610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
HC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/27/08	11/27/08		0834700345817620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$160.00	$160.00	12/1
[illegible]	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/28/08	11/28/08		0834700345817620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/1
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/08	11/30/08		0834700439815900A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	12/1
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/16/08			0835200759412500D	70	1				BACLOFEN 10 MG TABLET	$130.24	$13.97	12/2
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/16/08			0835200199413900D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.48	$5.80	12/2

Claim Count:
752

Total Paid:
208,935.52

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Pai Dat
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/21/08	04/21/08		08128003078159 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/22/08	04/22/08		08129009828130 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/22/08	04/22/08		08128003078159 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/
IIC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/22/08	04/22/08		08177008516157 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	07/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/23/08	04/23/08		08128009828130 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/23/08	04/23/08		08128003078159 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/24/08	04/24/08		08129009828130 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/24/08	04/24/08		08128003078159 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/24/08	04/24/08		08157003768142 00A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$104.00	$104.00	05/
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/25/08	04/25/08		08129009828130 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$57.58	$57.58	06/
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/28/08	04/25/08		08128003078159 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/25/08	04/25/08		08157003758142 00A	22	3	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/
IRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/28/08			08121003624034 00D	70	1			97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	06/
IRUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/28/08			08121003424034 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	05/0
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/28/08	04/28/08		08129000288131 00A	61	12	3439	Cerebral Palsy NOS		BACLOFEN 10 MG TABLET	$130.24	$64.86	05/0
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/28/08	04/28/08		08128003078159 20A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/29/08	04/29/08		08129000288131 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/29/08	04/29/08		08128003078159 20A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/30/08	04/30/08		08129000288131 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/1
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/30/08	04/30/08		08128003078159 20A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/1
IIC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	04/30/08	04/30/08		08171004648122 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	06/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/01/08	05/01/08		08137001978133 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/2
IIC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	05/01/08	05/01/08		08165006458103 00A	76	12		-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	06/2
IIC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	05/01/08	05/01/08		08165006458103 00A	76	12		-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.86	$45.00	06/2
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/01/08	05/01/08		08188001488118 00A	76	12	7812	Abnormality of Gait	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	07/1
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/02/08	05/02/08		08144007216116 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/02/08	05/02/08		08137001978133 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/06/08	05/06/08		08144007216116 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/06/08	05/06/08		08140000468189 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/2
IIC	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/06/08	05/06/08		08144007216116 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/06/08	05/06/08		08157004358142 00A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/1
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/07/08	05/07/08		08140000468189 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/2
IIC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/07/08	05/07/08		08144007216116 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
IIC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/08/08	05/08/08		08140000468189 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/2
	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/08/08	05/08/08		08144007216116 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/08/08	05/08/08		08157004348142 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/09/08	05/09/08		08140000468189 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/2
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/09/08	05/09/08		08144007216116 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
IC	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/10/08	05/10/08		08144007216116 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/12/08	05/12/08		08154009186128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/12/08	05/12/08		08144007218116 20A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/13/08	05/13/08		08154009186128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/13/08	05/13/08		08144007218116 20A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/14/08	05/14/08		08154009186128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/14/08	05/14/08		08144007218116 20A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/15/08	05/15/08		08154009186128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/3
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/15/08	05/15/08		08144007218116 20A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/15/08	05/15/08		08157004358142 00A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	05/1
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/16/08	05/16/08		08154009186128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/16/08	05/16/08		08159006758102 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/1
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/19/08	05/19/08		08159006758102 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/1
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/20/08	05/20/08		08159006758102 10A	61	12		-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/1
C	KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/20/08	05/20/08		08157004358142 00A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/1
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/20/08	05/20/08		08157004348142 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/1
			05/21/08	05/21/08		08163000588170 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/2

South Carolina Department of Health and Human Services
Detailed Claims Report

OGSOILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/21/08	05/21/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/22/08	05/22/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/23/08			08149009664076000	70	1				SOD FLUORIDE 0.5MG(1.1MG)78	$9.49	$5.55	06/05
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/23/08			08149000074077000	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	06/06
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/23/08	05/23/08		08163000688170000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/23/08	05/23/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/26/08	05/26/08		08163000928170000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/26/08	05/26/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/27/08	05/27/08		08163000928170000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/27/08	05/27/08		08159006758102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/27/08	05/27/08		08157004358140200A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	06/13
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/28/08	05/28/08		08163000928170000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/28/08	05/28/08		08159006758102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/29/08	05/29/08		08163000928170000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/29/08	05/29/08		08159006758102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/30/08	05/30/08		08163000928170000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/30/08	05/30/08		08159006758102 20A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/30/08	05/30/08		08157004358140200A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	06/13
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	06/01/08	06/01/08		08207001846129000A	76	12	3439	Cerebral Palsy NOS	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	08/01/
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	06/01/08	06/01/08		08188002958114000A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	07/11/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/02/08	06/02/08		08249000718132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/03/08	06/03/08		08249000718132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/04/08	06/04/08		08249000718132000A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$50.00	09/12/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/05/08	06/05/08		08249000718132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$68.25	$40.62	09/12/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/06/08	06/06/08		08249000718132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/13/08	06/13/08		08249000718132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$10.50	$6.25	09/12/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/30/08	06/30/08		08200009108130000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/01/08			08191000504107000	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	07/18/
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/01/08			08191000344032000	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	07/18/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/01/08	07/01/08		08200009108130000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	07/01/08	07/01/08		08231008648122000A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	08/22/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/01/08	07/01/08		08297001678132100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/02/08	07/02/08		08200009108130000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/02/08	07/02/08		08297001678132100A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$80.00	10/31/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/03/08	07/03/08		08200009108130000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/03/08	07/03/08		08297001678132100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		08191007793002000B	30	11	-	-Missing	D1351	SEALANT -PER TOOTH	$38.00	$27.00	07/18/
KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		08191007793002000B	30	11	-	-Missing	D1351	SEALANT -PER TOOTH	$38.00	$27.00	07/18/
KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		08191007793002000B	30	11	-	-Missing	D1110	PROPHYLAXIS-ADULT	$84.00	$35.00	07/18/
KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		08191007793002000B	30	11	-	-Missing	D0120	PERIODIC ORAL EVALUATION	$32.00	$22.00	07/18/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/07/08	07/07/08		08205008958140000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/07/08	07/07/08		08297001678132200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/08/08	07/08/08		08205008958140000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/08/08	07/08/08		08297001678132200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/09/08	07/09/08		08205008958140000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/09/08	07/09/08		08297001678132100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/10/08	07/10/08		08205008958140000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/10/08	07/10/08		08297001678132100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/11/08	07/11/08		08205008958140000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/11/08	07/11/08		08297001678132100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/14/08	07/14/08		08297001678132100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/15/08	07/15/08		08297001678132100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/16/08	07/16/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/17/08	07/17/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/18/08	07/18/08		08221005268102 10A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/0

South Carolina Department of Health and Human Services
Detailed Claims Report

TOGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Claim Type	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/21/08	07/21/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/22/08	07/22/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/23/08	07/23/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/24/08	07/24/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/25/08			0821200106407000D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	08/0
RUG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/25/08			0821200656406900D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	08/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/25/08	07/25/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/26/08	07/26/08		0822100526810220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
5C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/29/08	07/29/08		0822100526810220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/30/08	07/30/08		0822100526810220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/31/08	07/31/08		0822100526810220A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/1
IC	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	07/31/08	07/31/08		0834700439815900A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	12/1
IC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		0826500179810200A	76	12	-	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.86	$45.00	09/2
IC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		0826500179810200A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	09/2
IC	HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		0827200104810000A	76	12	-	-Missing	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	10/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/01/08	08/01/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/04/08	08/04/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/05/08	08/05/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/05/08	08/05/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$36.75	$36.75	12/1
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/06/08	08/06/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/07/08	08/07/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
IC	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/07/08	08/07/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/08/08	08/08/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
IC	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/11/08	08/11/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/12/08	08/12/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/12/08	08/12/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/13/08	08/13/08		0824100599811920A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/13/08	08/13/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/14/08	08/14/08		0824100599811920A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/14/08	08/14/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/15/08	08/15/08		0824100599811920A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/15/08	08/15/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
C	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/17/08	08/19/08		0833900759813710A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/0
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/18/08	08/18/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
C	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/18/08	08/18/08		0824900699810310A	61	12	-	-Missing	X6980	MR/RD WAIVER NON-FACILITY RESP	$240.00	$240.00	12/1
C	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/19/08	08/19/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/2
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/19/08	08/19/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/1
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/20/08	08/20/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/2
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/20/08	08/20/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/1
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/20/08	08/20/08		0833900759813710A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/2
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/21/08	08/21/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/21/08	08/21/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/2
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/21/08	08/21/08		0833900759813710A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/1
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/22/08			0824000586404000D	70	1			X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
UG	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/22/08			0824000591404000D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	09/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/22/08	08/22/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS		LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	09/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/22/08	08/22/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/2
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/22/08	08/22/08		0833900759813710A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/1
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/25/08	08/25/08		0826600301813900A	61	12	3439	Cerebral Palsy NOS	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/25/08	08/25/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/2
	MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/25/08	08/25/08		0833900759813710A	10	12	317	Mild Mental Retardation	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/1
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/26/08	08/26/08		0826600301813900A	61	12	3439	Cerebral Palsy NOS	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/26/08	08/26/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/2
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/27/08	08/27/08		0826600301813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/1
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/27/08	08/27/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/2
											T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/1

South Carolina Department of Health and Human Services
Detailed Claims Report

SSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/27/08	08/27/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6965	MR/RD WAIVER NON-FACILITY RESP	$36.75	$36.75	12/12/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/28/08	08/28/08		0826600301813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/28/08	08/28/08		0824900699810320A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/0
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/28/08	08/28/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/0
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/29/08	08/29/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$80.00	12/12/0
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	08/31/08	08/31/08		0833900739813600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	12/12/0
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0826500179810200A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	09/26/0
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0827200104810000A	76	12	-	-Missing	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	10/03/0
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0826500179810200A	76	12	-	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.86	$45.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/02/08	09/02/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/03/08	09/03/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/04/08	09/04/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/05/08	09/05/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/08/08	09/08/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/08/08	09/08/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/09/08	09/09/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/09/08	09/09/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/10/08	09/10/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/10/08	09/10/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/11/08	09/11/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/11/08	09/11/08		0826200860812510A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/12/08	09/12/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/12/08	09/12/08		0826200860812520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/15/08	09/15/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/15/08	09/15/08		0826200860812520A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/16/08	09/16/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/16/08	09/16/08		0826200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/17/08	09/17/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/17/08	09/17/08		0826200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/18/08	09/18/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/18/08	09/18/08		0826200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/08	09/19/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/19/08	09/19/08		0826200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/22/08			0826600022412400D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	10/03/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/22/08			0826800369414800D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	10/03/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/22/08	09/22/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/22/08	09/22/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/23/08	09/23/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/23/08	09/23/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/24/08	09/24/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/24/08	09/24/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/25/08	09/25/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/25/08	09/25/08		0828200327813110A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/08	09/26/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/26/08	09/26/08		0828200327813120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/29/08	09/29/08		0828200327813120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/30/08	09/30/08		0826100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/30/08	09/30/08		0828200327813120A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/01/08	10/01/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/0
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	10/01/08	10/01/08		0831500171815700A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$64.20	$64.20	11/21/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/01/08	10/01/08		0830300573815410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/02/08	10/02/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/02/08	10/02/08		0830300573815410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/08	10/03/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/03/08	10/03/08		0830300573815410A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0

SSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
S	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/04/08			0829200888416600D	70	1				BENZACLIN GEL	$171.33	$153.75	10/17/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/06/08	10/06/08		0829700133811500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/06/08	10/06/08		0830300573815410A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/07/08	10/07/08		0829700133811500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/07/08	10/07/08		0830300573815410A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/08/08	10/08/08		0829700133811500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/08/08	10/08/08		0830300573815410A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/09/08	10/09/08		0829700133811500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/09/08	10/09/08		0830300573815410A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/10/08	10/10/08		0829700133811500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/08	10/10/08		0830300573815410A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/13/08	10/13/08		0830300266810700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/14/08	10/14/08		0830300266810700A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/07/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/15/08	10/15/08		0830300573815420A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/07/0
S	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/20/08			0829800220475500D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	10/31/0
S	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/20/08			0829600195415100D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	10/31/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/20/08	10/20/08		0831700795814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/21/08	10/21/08		0831700795814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/22/08	10/22/08		0831700795814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/23/08	10/23/08		0831700795814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/24/08	10/24/08		0831700795814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/27/08	10/27/08		0831700808814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/28/08	10/28/08		0831700808814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/29/08	10/29/08		0831700808814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/30/08	10/30/08		0831700808814100A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	10/31/08	10/31/08		0834700895812300A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$250.00	$250.00	12/19/0
	CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	11/03/08	11/03/08		0832900668612400A	76	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$60.00	$24.44	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/03/08	11/03/08		0833300732811910A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/04/08	11/04/08		0833300728812300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/04/08	11/04/08		0833300732811910A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/05/08	11/05/08		0833300728812300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/05/08	11/05/08		0833300732811910A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/06/08	11/06/08		0833300728812300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/06/08	11/06/08		0833300732811910A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/08	11/07/08		0833300728812300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/07/08	11/07/08		0833300732811910A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/10/08	11/10/08		0833300271812400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/10/08	11/10/08		0833300732811910A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/11/08	11/11/08		0833300271812400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/11/08	11/11/08		0833300732811910A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/12/08	11/12/08		0833300271812400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/12/08	11/12/08		0833300732811910A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/13/08	11/13/08		0833300271812400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/13/08	11/13/08		0833300732811920A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/14/08	11/14/08		0833300271812400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/14/08	11/14/08		0833300732811920A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/17/08			0832400891412000D	70	1				BACLOFEN 10 MG TABLET	$130.24	$17.88	11/28/0
	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/17/08			0832400336407500D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	11/28/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/17/08	11/17/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/17/08	11/17/08		0834700345817610A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/18/08	11/18/08		0834700345817610A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/19/08	11/19/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/19/08	11/19/08		0834700345817610A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/20/08	11/20/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/20/08	11/20/08		0834700345817610A	61	12	~	~Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0

South Carolina Department of Health and Human Services
Detailed Claims Report

'GSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

"	Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/21/08	11/21/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/21/08	11/21/08		0834700345817610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/(
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/24/08	11/24/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/24/08	11/24/08		0834700345817610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/(
	ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/25/08	11/25/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/25/08	11/25/08		0834700345817610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/26/08	11/26/08		0834700345817610A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/(
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/27/08	11/27/08		0834700345817620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$160.00	$160.00	12/19/0
	HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/28/08	11/28/08		0834700345817620A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
	KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/08	11/30/08		0834700439815900A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$160.00	$160.00	12/19/0
G	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/16/08			0835200759412500D	70	1				BACLOFEN 10 MG TABLET	$250.00	$250.00	12/19/0
G	HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/16/08			0835200198413900D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$130.24	$13.97	12/26/0
													$9.49	$5.80	12/26/0

n Count:

Paid:
,935.52

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

August 20, 2009

The South Carolina Commission on Disabilities and Special Needs met on Thursday, August 20, 2009, at 10:30 AM at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:
Kelly Hanson Floyd, Chairman
Rick Huntress, Vice Chairman
Otis Speight, Secretary
Bobby Harrell
Deborah McPherson
Nancy Banov
Susan Lait (via teleconference)

DDSN Administrative Staff
Dr. Eugene Laurent, State Director; Tom Waring, Acting Deputy State Director, David Goodell, Associate State Director, Operations; Kathi Lacy, Associate State Director, Policy; Kevin Yacobi, Director, Internal Audit; Daniel Davis, Director, Autism Division; Rufus Britt, Director, District II; Ann Dalton, Director, Quality Assurance; Lois Park Mole, Director, Government and Community Relations; Tana Vanderbilt, General Counsel; Janet Priest, Director, MR/RD Division; Dr. Graeme Johnson, Medical Consultant; Shondala Hall, Internal Audit; John King, Director, District I; Richard Wnek, Director, Cost Analysis; John Hitchman, District II

Guests
Dr. Charles L. McLafferty, Voices for the Voiceless; Linda Bodiford, Coastal Center/PADD; Jay Altman, Executive Director, Chester/Lancaster DSN Board; Carolyn Myers, Voices for the Voiceless; Fred Owens, Newberry County DSN Board; Kathleen Roberts, SC PADD and Whitten Center Parent's Club; Mildred Lilley, Parent; Joyce Davis, Executive Director, BIASC; Leanne Johnston; SCHSP; Thoyd Warren, Executive Director, Kershaw County DSN Board;

Beverly Brewer, Parent; Nancy McCormick, P & A, Thomas Parks, VV; Craig Stoxen, Executive Director, SC Autism Society; Diane Epperly, SC Spinal Cord Injury Association; Dean Redd, Executive Director, Colleton County DSN Board; Elaine Thena, Executive Director, Pickens County DSN Board; Gloria M. James, Executive Director, Bamberg County DSN Board; Ralph Courtney, Executive Director, Aiken County DSN Board; George Maky, DHHS; Jackie Robey, Arc SC; Janice Fields, Scott Center Parent; Faye Yarborough, Pee Dee Center; Marian Dunlap, PADD; Connie Gandy, Pee Dee Center; Jeff Ham, SCDMH; Bob Jones, Executive Director, Allendale Barnwell DSN Board; Jean E. Shirley, Whitten Center Parents' Club; Mary Mack, Executive Director, Lee County DSN Board; Rosemary Kiekow, Coastal Center/PADD; Jimmy Burton, Executive Director, Burton Center; Bob Drake, Burton Center; Betty-Routh Steele; Saleeby Center/PADD; Marlene D. Woods, Secretary, Whitten Center Parents' Club; Sharon W. Harley, Coastal Center; Judy Porter, Coastal Center; Suzanne Johnson, Coastal Center Parent; Richard Johnson, Coastal Center Parent; Donna H. Thompson, Babcock Center; Patricia Harrison

News Release of Meeting

Mrs. Kelly Floyd, Chairman, called the meeting to order. Dr. Otis Speight read a statement of announcement about the meeting that had been mailed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Invocation

Dr. Speight gave the invocation.

Public Input

Ms. Rosemary Kiekow representing the Coastal Center and SC Parents and Advocates for Developmental Disabilities and Mrs. Kathleen Roberts representing SC Parents and Advocates for Developmental Disabilities spoke at the Commission meeting.

Adoption of the Agenda

Mrs. Floyd requested to amend the agenda adding Item 6A to include the possibility of providing video conferencing at the Commission Meetings. On motion of Mrs. Nancy Banov, seconded by Mr. Bobby Harrell and passed, the Commission approved the agenda with Mrs. Floyd's amendment. (Attachment A)

Approval of the Minutes of the July 17, 2009 Meetings

Mrs. Susan Lait recused herself from voting on the minutes, as she had not attended the meeting. On motion of Mr. Harrell, seconded by Dr. Speight and passed, the Commission approved the July 17, 2009 meeting minutes.

Video Conferencing Commission Meetings

Dr. Laurent announced that video conferencing Commission Meetings can begin next month upon Commission approval. There will be no cost involved if we use existing DDSN capacity at the Regional Centers. Up to five remote sites can be connected. The York County Disabilities and Special Needs board is the only board with video conferencing capabilities at this time. Discussion followed concerning the cost to give all boards video conference capabilities. The department does not have the excess funds at this time to provide video conferencing to all boards. It was suggested that SCETV be approached for video conferencing capabilities in order for more people to be able to participate without traveling. Dr. Laurent stated he would look into this and also what the procedure would be to handle public input. On motion of Dr. Speight, seconded by Mr. Harrell and passed, the Commission approved video conferencing next month's Commission Meeting at the Whitten, Coastal and Pee Dee Regional Centers and York County DSN Board.

Search Committee Report

Mr. Rick Huntress took notice of the good representation of the Advisory Group at today's meeting. Mr. Huntress explained the reason the first meeting of August 18, 2009 with the Advisory Group was held as an Executive Session. He stated the Committee took into consideration the Group's suggestions and said they were very helpful in selecting the top tier candidates for the DDSN State Director position. Each candidate will be required to submit two writing samples. Copies of resumes and materials of candidates to be interviewed by telephone will be provided to the Advisory Group as stated in the Search Committee and Advisory Group Procedure for Selection of State Director previously provided to the Advisory Group.

Finance and Audit Committee Report

Mrs. Floyd announced Mrs. Deborah McPherson will become chairman of the Finance and Audit Committee effective after today's Committee meeting.

Mr. Huntress reported the Committee met on August 7, 2009 and voted to recommend Plan A, a 4% cut and Plan B, a 10% cut to the full Commission for consideration as the 2010 Budget Reduction plan. It is anticipated that the Budget and Control Board at its September meeting will approve a 4.5% to 5% across-the-board reduction to each state agency. Discussion followed. On

motion of Dr. Speight, seconded by Mr. Harrell and passed, the Commission approved Plan A and Plan B as presented. (Attachment B)

Mr. Tom Waring provided a summary of each item on the Budget Request FY 2010-2011. He stated the Committee reviewed and approved the request at their August 7, 2009 meeting and recommend to the full Commission for approval to submit to the State Budget Office in September. Discussion followed. On motion of Dr. Speight and seconded by Mr. Harrell and passed, the Commission approved the Budget Request FY 2010-2011 as presented. (Attachment C)

State Deficit Process

Dr. Laurent explained the deficit procedure as established in the SC Code of Laws Title 1 Chapter 11. He stated a deficit would be approved only if budget issues are beyond the agency's and the legislature's control and added that running a deficit is not a likely alternative. Dr. Laurent stated he is meeting with the Governor's office to discuss budget issues and to come up with other alternatives.

Commission Resolution: State Budget and Control Board

Mrs. Floyd asked Mrs. McPherson to read the draft resolution that was requested by Mrs. McPherson and unanimously approved at the August 7, 2009 Finance and Audit Committee meeting to recommend to the full Commission to submit to the SC State Budget and Control Board requesting their consideration of DDSN's budget. On motion of Mr. Harrell and seconded by Dr. Speight and passed, the Commission adopted the resolution to the SC State Budget and Control Board. (Attachment D)

Legislative Audit Council Audit Update

Dr. Lacy provided an update on the LAC audit. Discussion took place on several items which included fingerprinting and solicitors choosing not to prosecute certain abuse cases. Referring to Item No. 43, Dr. Laurent stated the 2006, 2007, 2008 audits and the State Auditor's report would be available at the September 17, 2009 Commission meeting and referring to Item No. 53, he stated the Human Resources directives should be incorporated into the handbook within the next month or two. DDSN plans to address all of the LAC report's recommendations by October 31, 2009.

DHHS Medical Care Advisory Committee (MCAC) Report

Dr. Lacy reported that she attended the August 18, 2009 MCAC meeting. The Committee approved the renewal of the Pervasive Developmental Disorder (PDD) waiver, the amendment to the Head and Spinal Cord Injury waiver, and

the renewal of the Mental Retardation/Related Disabilities (MR/RD) waiver which contained Option 3B. All waivers will be submitted to the Federal Medicaid agency for approval. Changes take effect January 1, 2010, if approved.

Dr. Lacy reported that the across-the-state informational seminars to update consumers and families on the five New Day Services and the MR/RD waiver changes are going very well. Staff will soon work with Service Coordinators to provide tools and training on the waiver changes so they can better assist families. Mrs. Lait raised the issue regarding consumer access to dental, PT, OT and speech therapy services under the MR/RD waiver. Dr. Lacy explained the difficulty of the lack of dentists in each county who are willing to serve individuals with disabilities. Mrs. McPherson suggested contacting a dentist at the University of Charleston that provided training to dentists to serve special needs patients. Dr. Lacy explained the process for exception requests for respite was being developed.

Provider's Report

Mr. Ralph Courtney made a brief presentation and encouraged everyone to keep moving forward and to collaborate to achieve better results.

State Director's Report

Dr. Laurent did not have any additional information to report.

Next Regular Meeting Date/Location

Mrs. Floyd shared a letter she received from Dr. Roger Stevenson, Director of the Greenwood Genetic Center, inviting the Commissioners to hold one of its fall meetings in Greenwood on the Greenwood Genetic Center campus. It was decided it would be best to visit the center after the new state director begins employment. The next regular meeting will be held Thursday, September 17, 2009 at DDSN Central Office.

Executive Session

On motion of Mr. Harrell, seconded by Dr. Speight and passed, the Commission voted to enter Executive Session to discuss contractual and personnel matters.

On motion of Mr. Huntress, seconded by Mr. Harrell, the Commission voted to exit the Executive Session and re-enter the public session. It was noted that no action was taken.

On motion of Mr. Huntress, the meeting was adjourned.

Submitted by,

Sandra Delaney

Sandra Delaney

Approved:

Dr. Otis Speight
Secretary

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

AGENDA

South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251
Columbia, South Carolina

August 20, 2009 **10:30 AM**

1. Notice of Meeting Statement – *Commissioner Otis Speight*
2. Invocation
3. Introduction of Guests
4. Public Input
5. Adoption of Agenda
6. Approval of the Minutes of the July 17, 2009 Meeting
7. Search Committee Update – *Commissioner Rick Huntress*
8. Finance and Audit Committee Report – *Commissioner Rick Huntress*
9. State Deficit Process – *Dr. Andy Laurent*
10. Commission Resolution: State Budget and Control Board
11. LAC Audit Update – *Dr. Kathi Lacy*
12. DHHS Medical Care Advisory Committee Report – *Dr. Kathi Lacy*
13. Providers' Report – *Mr. Ralph Courtney*
14. State Director's Report – *Dr. Andy Laurent*
15. Next Regular Meeting Date/Location
16. Executive Session

PLEASE SILENCE CELL PHONES DURING THE MEETING. THANK YOU.

Attachment B

South Carolina Department of Disabilities and Special Needs
FY 2010 Budget Reduction Plan to Meet Potential 4.04% Cut

							PLAN A
				FY 2010 State Base	$164,605,147		
				4.04%	$6,650,048		
				6%	$9,876,309		
#	Description	Consumers Affected	Employee/ Contract Positions	Total Funds	State Funds	Cumulative State Fund Reduction	Cumulative Percentage
1	HASCI Waiver - 21 Slots	21		$ 914,540	$ 274,362	$ 274,362	0.17%
2	MR/RD Waiver - 85 Slots	85		$ 1,850,850	$ 555,255	$ 829,617	0.50%
3	Respite (100% State Funded) - all divisions	320		$ 325,000	$ 325,000	$ 1,154,617	0.70%
4	Family Support Stipends (100% State Funded) - all divisions	320		$ 325,000	$ 325,000	$ 1,479,617	0.90%
5	Traumatic Brain Injury or Spinal Cord Injury Post-Acute Rehabilitation - 4% Reduction			$ 66,000	$ 66,000	$ 1,545,617	0.94%
6	PDD Waiver - 4% Reduction			$ 714,286	$ 300,000	$ 1,845,617	1.12%
7	Service Coordination Caseloads at 40 instead of 38		14	$ 711,172	$ 298,692	$ 2,144,309	1.30%
8	Service Coordination Caseloads - Service Level Adjustments	1,115		$ 1,669,155	$ 500,747	$ 2,645,056	1.61%
9	Band Changes and Outliers			$ 500,000	$ 150,000	$ 2,795,056	1.70%
10	Alternative Residential Placements	10		$ 1,000,000	$ 300,000	$ 3,095,056	1.88%
11	Day Program Waiting List	266		$ 2,461,510	$ 1,919,978	$ 5,015,034	3.05%
12	DDSN 4% Personal Services/Fringe Benefits Reductions - Central Office		6	$ 394,050	$ 118,215	$ 5,133,249	3.12%
13	DDSN .5% Personal Services/Fringe Benefits Reductions - Regional Centers/District Offices		9	$ 313,200	$ 93,960	$ 5,227,209	3.18%
14	DDSN 4% Operating Reductions - Central Office			$ 106,667	$ 32,000	$ 5,259,209	3.20%

South Carolina Department of Disabilities and Special Needs
FY 2010 Budget Reduction Plan to Meet Potential 4.04% Cut

							PLAN A
				FY 2010 State Base	$164,605,147		
				4.04%	$6,650,048		
				6%	$9,876,309		
#	Description	Consumers Affected	Employee/ Contract Positions	Total Funds	State Funds	Cumulative State Fund Reduction	Cumulative Percentage
15	DDSN 1% Operating Reductions - Regional Centers/District Office			$ 140,000	$ 42,000	$ 5,301,209	3.22%
16	DSN Boards - 1% Residential and Day Reduction			$ 2,490,060	$ 747,018	$ 6,048,227	3.67%
17	QPL and Alternative Placement - 1% Residential and Day Reduction			$ 140,000	$ 42,000	$ 6,090,227	3.70%
18	Greenwood Genetic Center - Prevention Grant Reduction 4%			$ 337,560	$ 135,024	$ 6,225,251	3.78%
19	Special Grants - 4% (Whitten Center Parents Club 100%, and Charleston Cty DSN Bd. Parent Coordinator Grant 100%)			$ 70,140	$ 48,040	$ 6,273,291	3.81%
20	Residential Services - Attrition Beds - 6 months *	28		$ 1,022,000	$ 306,600	$ 6,579,891	4.00%
21	HASCI Waiver - Savings from Caps on Attendant Care Services			$ 300,000	$ 100,000	$ 6,679,891	4.06%
	Total	2,165	29	$ 15,851,190	$ 6,679,891	$ 6,679,891	4.06%

* This reduction relates to residential provider performance. For those providers whose performance is less than adequate, houses will be consolidated/closed.

South Carolina Department of Disabilities and Special Needs

FY 2010 Budget Reduction Plan to Meet Potential 10% Cut

PLAN B

			FY 2010 State Base	$164,605,147		
			4.04%	$6,650,048		
			6%	$9,876,309		
			10%	$16,460,515		
#	Description	Consumers Affected	Employee/ Contract Positions	Total Funds	State Funds	Cumulative State Fund Reduction	Cumulative Percentage
1	HASCI Waiver - 21 Slots	21		$ 914,540	$ 274,362	$ 274,362	0.17%
2	MR/RD Waiver - 85 Slots	85		$ 1,850,850	$ 555,255	$ 829,617	0.50%
3	Respite (100% State Funded) - all divisions	320		$ 325,000	$ 325,000	$ 1,154,617	0.70%
4	Family Support Stipends (100% State Funded) - all divisions	320		$ 325,000	$ 325,000	$ 1,479,617	0.90%
5	Traumatic Brain Injury or Spinal Cord Injury Post-Acute Rehabilitation - 4% Reduction			$ 66,000	$ 66,000	$ 1,545,617	0.94%
6	PDD Waiver - 4% Reduction			$ 714,286	$ 300,000	$ 1,845,617	1.12%
7	Service Coordination Caseloads at 40 Instead of 38		14	$ 711,172	$ 298,692	$ 2,144,309	1.30%
8	Service Coordination Caseloads - Service Level Adjustment	1,115		$ 1,689,156	$ 500,747	$ 2,645,056	1.61%
9	Band Changes and Outliers			$ 500,000	$ 150,000	$ 2,795,056	1.70%
10	Alternative Residential Placements	10		$ 1,000,000	$ 300,000	$ 3,095,056	1.88%
11	Day Program Waiting List	266		$ 2,461,810	$ 1,919,978	$ 5,015,034	3.05%
12	DDSN 4% Personal Services/Fringe Benefits Reductions - Central Office		6	$ 394,050	$ 118,215	$ 5,133,249	3.12%
13	DDSN .5% Personal Services/Fringe Benefits Reductions - Regional Centers/District Offices		9	$ 313,200	$ 93,960	$ 5,227,209	3.18%
14	DDSN 4% Operating Reductions - Central Office			$ 106,667	$ 32,000	$ 5,259,209	3.20%
15	DDSN 1% Operating Reductions - Regional Centers/District Office			$ 140,000	$ 42,000	$ 5,301,209	3.22%
16	DSN Boards - 1% Residential and Day Reduction			$ 2,490,060	$ 747,018	$ 6,048,227	3.67%
17	QPL and Alternative Placement - 1% Residential and Day Reduction			$ 140,000	$ 42,000	$ 6,090,227	3.70%
18	Greenwood Genetic Center - Prevention Grant Reduction 4%			$ 337,560	$ 135,024	$ 6,225,251	3.78%
19	Special Grants - 4% (Whitten Center Parents Club 100%, and Charleston Cty DSN Bd. Parent Coordinator Grant 100%)			$ 70,140	$ 48,040	$ 6,273,291	3.81%

South Carolina Department of Disabilities and Special Needs

FY 2010 Budget Reduction Plan to Meet Potential 10% Cut

PLAN B

				FY 2010 State Base	$164,605,147		
				4.04%	$6,650,048		
				6%	$9,876,309		
				10%	$16,460,515		
#	Description	Consumers Affected	Employee/ Contract Positions	Total Funds	State Funds	Cumulative State Fund Reduction	Cumulative Percentage
20	Residential Services - Attrition Beds - 6 months *	28		$ 1,022,000	$ 306,600	$ 6,579,891	4.00%
21	HASCI Waiver - Savings from Caps on Attendant Care Services			$ 300,000	$ 100,000	$ 6,679,891	4.06%
22	Respite (100% State Funded) - all divisions	1,577		$ 1,577,223	$ 1,577,223	$ 8,257,114	5.02%
23	Family Support Stipends (100% State Funded) - all divisions	1,885		$ 1,885,106	$ 1,885,106	$ 10,142,220	6.16%
24	Residential Services - Attrition Beds to In-Home Supports - 6 months	48		$ 1,260,000	$ 378,000	$ 10,520,220	6.39%
25	Regional Centers Attrition - Not re-allocated - 8 months	20		$ 795,000	$ 238,500	$ 10,758,720	6.54%
26	Consolidate EI Service Provision between Boards		7.5	$ 380,985	$ 205,732	$ 10,964,452	6.66%
27	25% Reduction DelMarva and Council Contracts			$ 289,825	$ 86,948	$ 11,051,400	6.71%
28	Consolidate Dorms at Regional Centers - 4 buildings @ 25% savings			$ 1,752,000	$ 700,800	$ 11,752,200	7.14%
29	Summer Services (Proviso Issue)			$ 354,870	$ 354,870	$ 12,107,070	7.36%
30	Early Intervention - Reduce Remaining EI caseloads - Ages 3-6	250	20	$ 1,100,000	$ 587,400	$ 12,694,470	7.71%
31	Additional Statewide 1% Personal Services and Operating Reductions			$ 2,780,060	$ 834,018	$ 13,528,488	8.22%
32	Service Coordination Caseloads at 48 instead of 40		43	$ 2,184,314	$ 917,412	$ 14,445,900	8.78%
33	Adult Day Program Centers Non-Residential/ MR Rehab Support	300	30	$ 2,066,479	$ 2,066,478	$ 16,512,379	10.03%
	Total	6,245	130	$ 32,277,052	$ 16,512,379	$ 16,512,379	10.03%

* This reduction relates to residential provider performance. For those providers whose performance is less than adequate, houses will be consolidated/closed.

Attachment C

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
BUDGET REQUEST CONSIDERATIONS FOR FY 2010 – 2011

	Program Needs	Description	DDSN Request State Funds
1.	Annualization of Recurring Services Funded By Proviso 90.13 DHHS Funding – Medicaid Stimulus	This request is to annualize the nonrecurring funding provided DDSN in the FY 2009-2010 Appropriations Act for ongoing services to individual consumers and families.	$17,235,491
2.	Community Supports in the Individual's and Family's Home	This request is to prevent unnecessary and expensive out-of-home placements by serving 1,010 individuals with severe disabilities with the supports necessary to maintain them in their homes. As of June 30, 2009, there were 1,697 consumers on the waiting list for the Mental Retardation/Related Disabilities Waiver and 301 awaiting the Head & Spinal Cord Injury Waiver for 1,998 individuals. There were also 1,120 awaiting a day support service.	$2,354,800
3.	Traumatic Brain or Spinal Cord Injury Post-acute Rehabilitation	South Carolina needs to fully fund over time the remaining cost of post-acute rehabilitation that enables people with traumatic brain or spinal cord injuries to obtain an appropriate level of specialized rehabilitation after the injury and acute hospital stay. Currently in the state, there is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries. The estimates based on hospital discharges are that 2,254 individuals with traumatic brain or spinal cord injuries this year will be in need of specialized post-acute inpatient/outpatient rehabilitation. The total cost of care would be $68 million; however, $56.5 million of this expense could be covered by private insurance, Medicare and other government reimbursements. This fiscal year, DDSN will have $1,650,000 in one-time funding for this program. The State funding needed for the balance to cover the uninsured/underinsured and Medicaid State matching funds would be $9,854,000 if the one-time funds are annualized. Due to the amount of funding needed, DDSN is requesting $3,000,000 in funding at this time.	$3,000,000
4.	Maintenance of Effort to Cover Consumers' Cost of Care	This request represents the need to provide sufficient funding as a maintenance of effort to the providers of services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, eventually the local entities will have to reduce the scope and quality of care below acceptable standards, eliminate the services for which there is insufficient funding, or stop providing services. In the last three years the costs have risen with increasing cost of gasoline, oil, electricity, food, medical professionals, and other goods and services by an average of 6.3 percent. All providers are now at the point that reimbursements must be increased to cover the additional operating costs which have risen significantly. With $82.8 million in operating expenses, the inflationary cost for the State funded portion is $2,190,500.	$2,190,500
Total			$24,780,791

08/10/09

RESOLUTION

WHEREAS, the South Carolina Department of Disabilities and Special Needs suffered an unprecedented budget reduction of $38 million in state funds in fiscal year 2009; and

WHEREAS, this enormous loss of state funding caused the additional loss of millions in Medicaid funding for services; and

WHEREAS, this fiscal year DDSN is projected to receive less than a third of the stimulus dollars generated from the Medicaid services provided by DDSN to the individuals it serves; and

WHEREAS, these deep budget reductions necessitated a reduction and in some cases an elimination of vitally needed services to children and adults with severe lifelong disabilities; and

WHEREAS, 17 percent of the individuals served by the agency live in DDSN-funded residences and have nowhere else to live and 83 percent live at home with family caregivers who rely heavily on services and supports to care for their loved ones and prevent more costly state-funded placement; and

WHEREAS, the loss of necessary services is devastating to individuals and families and could jeopardize the health and safety of South Carolina's most vulnerable citizens;

NOW THEREFORE BE IT RESOLVED, that the South Carolina Commission on Disabilities and Special Needs respectfully requests the members of the State Budget and Control Board be keenly aware of how essential services are to the more than 30,500 individuals and their families served by DDSN and give every consideration to protecting from further reduction the vital services that meet the unique needs of these special citizens as they deliberate and make decisions regarding future reductions to DDSN's budget;

With respect for our great state's Governor, Treasurer, Comptroller General, Chairman of the Senate Finance Committee, and Chairman of the House of Representatives Ways and Means Committee, we do hereby attest our signatures.

Kelly Hanson Floyd
Chairman, At-Large

Rick Huntress
Vice Chairman, Fourth District

Otis D. Speight, MD, MBA, CPE
Secretary, Fifth District

Nancy Banov, First District

Deborah McPherson, Second District

Susan Lait, Third District

W. Robert Harrell, Sixth District

August 2009

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

May 21, 2009

The South Carolina Commission on Disabilities and Special Needs met on Thursday, May 21, 2009, at 10:30 AM at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:
Bobby Harrell, Chairman
Otis Speight, Secretary
Kelly H. Floyd
Rick Huntress
Susan Lait
Deborah McPherson
Nancy Banov (via Teleconference)

DDSN Administrative Staff

Andy Laurent, State Director; Bill Barfield, Deputy State Director, Administration; David Goodell, Associate State Director, Operations; Kathi Lacy, Associate State Director, Policy; John King, District I Director; Shondala Hall, Audit Division; Rufus Britt, District II Director; John Hitchman, District II; Ann Dalton, Director of Quality Management; Tana Vanderbilt, General Counsel; Tom Waring, Director, Budgeting Systems; Lois Park Mole, Director of Government and Community Relations; Daniel Davis, Director of Autism; Linda Veldheer, Director of HASCI; Kevin Yacobi, Director of Internal Audit; Jennifer Buster, Director of Children's Services

Guests

Kathy Martin, Protection and Advocacy (P&A); Barbara Smith, DDSN, Retired; Steve Jeffcoat, DDSN, Retired; Richard Johnson, Parent; Donna H. Thompson, Babcock Center; Craig C. Stoxen, SC Autism Society; Linda Bodiford, Coastal Center; Suzanne Johnson, Parent, Coastal Center; Mildred Lilley, Parent; Philip Clarkson, BIASC; Andy Pope, Family Connection of SC; George Eberhardt,

BIASC; Carolyn B. Brown, Parent; Leanne Johnston, SCHSP; Joyce Davis, BIASC; Anita Atwood, DHHS; George Macky, DHHS; Kathleen Roberts, SCPADD-Whitten Center Parents Club; Linda Lee, Whitten Center Parents Club; Fred Lynn, Whitten Center Parents Club; Dorothy Goodwin, Community Options; Ralph Courtney, Executive Director, Aiken County DSN Board; Ruth Thomas, Executive Director, Darlington County DSN Board; Kathy Bradley, Kershaw County DSN Board; Mary Mack, Executive Director, Lee County DSN Board; Thoyd Warren, Kershaw County DSN Board; Patricia Harrison, Advocate; John Harrison, Citizen

News Release of Meeting

Mr. Bobby Harrell, Chairman, called the meeting to order. He then recognized the new Commission Members and asked them to introduce themselves.

Mrs. Kelly Floyd read a statement of announcement about the meeting that had been mailed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Invocation

Mr. Rick Huntress gave the invocation.

Adoption of the Agenda

Mrs. Floyd requested amending the agenda to add a report from the Committee on Public Input at Commission Meetings as a new item and Mr. Harrell requested amending the agenda to add Election of Officers/ Nominating Committee as a new item. On motion of Dr. Otis Speight, seconded by Mrs. Deborah McPherson and passed, the Commission approved adding the two new items to the agenda for the meeting. (Attachment A)

Approval of the Minutes of the April 16, 2009 Meeting

Mrs. Floyd noted a typographical error in the minutes. On motion of Mrs. Floyd, seconded by Dr. Speight and passed, the Commission approved the minutes as corrected. (Attachment B)

Budget Update

Mr. Bill Barfield presented DDSN's budget information as passed by the General Assembly. The General Assembly appropriated $12.7 million in recurring state dollars as DDSN had requested. DDSN will be able to restore

some services since cuts have occurred but not every service at the level they were July 2008. Mr. Barfield also explained how the Medicaid Stimulus appropriations and the additional base reductions will impact services. Discussion followed. (Attachment C)

MR/RD Waiver Renewal

Dr. Kathi Lacy distributed a handout prepared by DHHS staff which provided detailed information concerning the Mental Retardation/Related Disabilities waiver renewal. Dr. Lacy stated DDSN is going through DHHS (Medicaid's) process of getting the waiver renewal approved. Due to budget cuts, some changes are necessary to the waiver. DDSN sent a survey to a ten percent random sample of waiver participants and their families, and in addition, to advocacy organizations and posted the survey on the DDSN website asking for input. Dr. Lacy stated helpful feedback was received. Dr. Lacy's handout explained in detail what services would be affected with the recommended changes. These changes were recommended for approval by DHHS' Medical Care Advisory Committee to the State Medicaid Director. Discussion followed. Mrs. McPherson proposed DDSN develop a policy for new and renewal waiver documents to be posted for public input and that a committee be appointed to work with staff on new waiver and renewal of waiver recommendations. (Attachment D)

Community Supports Waiver

Dr. Lacy distributed a handout providing information concerning the new Community Supports Home and Community Based waiver. She stated that this new waiver was designed by a committee of parents and advocates and will offer consumers additional choices. Dr. Lacy noted the importance of the new waiver to enable the transition of approximately 2400 individuals from rehabilitation services that are no longer approved by Medicaid to a similar service offered through the new Community Supports waiver. It is expected that CMS will approve the waiver for implementation effective July 1, 2009. (Attachment E)

PDD Waiver Consumer Survey

Dr. Lacy shared the evaluation of the Pervasive Developmental Disorder program data. Twenty percent of parents with children participating in the PDD program were mailed the survey along with a self-addressed envelope. The agency experienced a 24 percent response which is good. Discussion followed. Mrs. Susan Lait requested a breakdown of numbers of participants and expenditures for each of the three waivers – MR/RD, HASCI, and PDD. Dr. Lacy stated she would provide the requested information.

Report from DSN Boards

Mr. Ralph Courtney made a brief presentation.

Report from Committee on Public Input at Commission Meetings

Mrs. Floyd gave details of the history of the Committee on Public Input at Commission Meetings to the new Commission members and explained the suggested application form. The purpose is to allow input from the public at Commission meetings but would not be for the purpose of individuals with legal actions against DDSN. A maximum of 15 minutes during the regular Commission meeting would be allocated for individuals to speak with each individual being allowed 5 minutes to speak. An individual desiring to speak would submit their request form to Sandra Delaney at least 5 minutes before a Commission meeting begins. On motion of Mrs. Kelly, seconded by Mrs. McPherson and passed, the Commission approved public input at Commission meetings on a trial basis beginning at the June 18, 2009 Commission meeting. (Attachment F)

Election of New Officers/Nominating Committee

Mr. Harrell announced in accordance with the Commission By-Laws, the Election of Officers will be held at the Commission's June meeting. Mr. Harrell then appointed a Nominating Committee consisting of himself, Mr. Rick Huntress, and Mrs. Kelly Floyd. Mr. Harrell shall serve as Chairman of the Committee.

Mr. Harrell also requested Commission members let him know if they would be interested in serving on the Finance and Audit Committee or the Policy and Services Committee.

State Director Report/Announcements

Dr. Andy Laurent announced that David Kiely, Executive Director of Charles Lea Center, is retiring. Dr. Laurent reported DDSN has activated the Pandemic Influenza Plan. He also stated that the Senate legislation transferring DDSN licensing activities to DHEC did not pass but DDSN is pursuing the transfer to DHEC to take effect by July 1.

Next Meeting Date

Mr. Harrell announced the next Commission meeting would be held June 18, 2009, in Columbia, South Carolina.

Executive Session

On motion of Mrs. Floyd and seconded by Dr. Speight, the Commission voted to enter Executive Session to discuss contractual/legal matters.

The Commission re-entered public session. Mr. Harrell noted that no action was taken. On motion of Dr. Speight, seconded by Mrs. Floyd and passed, the meeting was adjourned.

Submitted by,

Sandra Delaney

Approved:

Dr. Otis Speight
Mr. Bobby Harrell

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

AGENDA

South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251
Columbia, South Carolina

May 21, 2009 **10:30 AM**

1. Notice of Meeting Statement
2. Invocation – *Otis Speight*
3. Introduction of Guests
4. Adoption of Agenda
5. Approval of the Minutes of the April 16, 2009 Meeting
6. Budget Update – *Bill Barfield*
7. MR/RD Waiver Renewal – *Kathi Lacy*
8. Community Supports Waiver – *Kathi Lacy*
9. PDD Waiver Consumer Survey – *Kathi Lacy*
10. Report from DSN Boards – *Ralph Courtney*
11. State Director Report/Announcements
12. Executive Session – Contractual/Legal Matters
13. Next Regular Meeting Date – June 18, 2009
14. Calendar of Upcoming Events

PLEASE SILENCE CELL PHONES DURING THE MEETING. THANK YOU.

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

CORRECTED

April 16, 2009

The South Carolina Commission on Disabilities and Special Needs met on Thursday, April 16, 2009, at 10:30 AM at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:
Bobby Harrell, Chairman
John Vaughn, Vice-Chairman
Edythe Dove
John Powell
Kelly H. Floyd

Absent
Otis Speight, Secretary

DDSN Administrative Staff

Bill Barfield, Deputy State Director, Administration; David Goodell, Associate State Director, Operations; Tom Waring, Director, Budgeting Systems; Linda Veldheer, Director of HASCI; Kevin Yacobi, Director of Internal Audit; Deirdre Blake-Sayers, Director, Human Resources; Yasmin Baltzegar, Human Resources; Tana Vanderbilt, General Counsel; John King, District I Director; Rufus Britt, District II Director; Graeme Johnson, Medical Consultant.

Guests

Deborah McPherson, Richland County; Donna Thompson, Babcock Center; Joyce Davis, Director, BIASC; Mildred Lilley, Parent, Kershaw; Betty-Routh Steele, Parent, Saleeby Center; Craig Stoxen, Executive Director, SC Autism Society; Kathleen Roberts, Whitten Center Parents Club (SCPADD); Elizabeth

Krauss, Executive Director, Georgetown DSN Board; Al Brumfield, Whitten Center Facility Administrator; Thoyd Warren, Kershaw County DSN Board; Jean Marie Place, Brain Injury Alliance; George Maky, DHHS; Linda Bodiford, Coastal Center; Diane Epperly, SCSCIA; Bob Jones, Executive Director, Allendale/Barnwell County DSN Board; Charlene Norm, Saleeby Center; Shirley Star Brown, Saleeby Center; Annie Stan, Visitor; Rebecca Hill, Coastal Center; Sandra J. Capers, Coastal Center; Delores Ketchens, Coastal Center; Dorothy Salley, Coastal Center; Beverly Buscemi, Facility Administrator, Midlands Center; Pearl Mackey, Midlands Center; Mary Smith, Whitten Center; Karen Howard, Whitten Center; Fred Lynn, Whitten Center; Leon Owens, Facility Administrator, Pee Dee Center; Deloris Edwards, Pee Dee Center; Wilma Epps, Pee Dee Center; Gloria James, Executive Director, Bamberg DSN Board; Dean Redd, Executive Director, Colleton County DSN Board; Terry Rogers, Executive Director, CHESCO Services

News Release of Meeting

Mr. Bobby Harrell, Chairman, called the meeting to order. Mr. Harrell read a statement of announcement about the meeting that had been mailed to the appropriate media, interested persons, and posted at the Central Office in accordance with the Freedom of Information Act.

Invocation

Dr. John Vaughn gave the invocation.

Adoption of the Agenda

On motion of Mrs. Kelly Floyd, seconded by Mr. John Powell and passed, the Commission approved the agenda for the meeting (Attachment A).

Approval of the Minutes of the March 19, 2009 Meeting

On motion of Dr. John Vaughn, seconded by Mr. Powell and passed, the Commission approved the March 19, 2009 meeting minutes.

Comprehensive Permanent Improvement Plan (CPIP)

Mr. Bill Barfield stated that Mr. Harrell had previously met with DDSN staff to review the capital improvement needs of its five centers and central office to submit to the Budget and Control Board upon Commission approval. Mr. Barfield then introduced Mr. Tom Waring to present the Summary of Projects for the 2009-20010 CPIP as proposed. There was discussion. On motion of Mr. Powell, seconded by Mrs. Floyd and passed, the Commission

approved the summary of projects for years one and two of the CPIP 2009 - 2010. (Attachment B).

Budget Update

Mr. Barfield presented the budget information presented yesterday to the Senate Finance Subcommittee. He provided an analysis for potential increase in Federal Financial Participation and explained that DDSN could collect an additional $28.8M of Medicaid funding this fiscal year. This money would be placed in a special account and the Comptroller's Office would track this money. Mr. Barfield then presented what DDSN requested of Senate Finance regarding the use of stimulus money next fiscal year which would be to reestablish services reduced this fiscal year to current programs. Mr. Barfield gave details of the 2% reduction plan presented to Senate Finance (Attachment C).

Change in Audit Requirements

Mr. Kevin Yacobi, Internal Audit Director, explained the changes to the general provisions and audit report/procedures of the SCDDSN Provider Audit Policy (275-04-DD) which are in accordance with the LAC audit. Discussion followed concerning the contract reduction of $100.00 per day if the audit report is not filed with DDSN within 90 days of the provider organization's fiscal year. Mr. Yacobi emphasized this fee is not meant to be punitive only to get the provider organization's attention. Mr. Harrell stated he does not want the fee to impact services to consumers.

2008 Employee of the Year Awards

Mr. Goodell stated that the employees at the Regional Centers should be extremely proud and are truly heroes. Mr. Goodell thanked Ms. Deirdre Blake-Sayers and the Selection Committee for their efforts in the process of choosing the statewide DDSN Employee of the Year.

Ms. Rebecca Hill announced Ms. Delores Lorine Ketchens as Employee of the Year for the Coastal Regional Center. Ms. Ketchens performs duties as an Administrative Specialist/Switchboard Operator Supervisor and has been employed at the Coastal Center for 13 years. Mrs. Edythe Dove presented a Commission resolution to Ms. Ketchens.

Mr. Leon Owens announced Ms. Shirley Starr Brown as Employee of the Year for the Saleeby Center. Ms. Brown performs duties as a Human Services Specialist I (Resident Manager) and has been employed at the Saleeby Center for 15 years. Mrs. Kelly Floyd presented a Commission resolution to Ms. Brown.

Dr. Beverly Buscemi announced Ms. Pearlie Major-Knight as Employee of the Year for the Midlands Regional Center. Ms. Knight performs duties as a Human Services Assistant at Sycamore Residence and has been employed at the Midlands Center for over 11 years. Mr. John Powell presented a Commission resolution to Ms. Knight.

Mr. Leon Owens announced Ms. Deloris Edwards as Employee of the Year for the Pee Dee Regional Center. Ms. Edwards performs duties as a Human Services Assistant for Pee Dee Center and has been employed at the Pee Dee Center for 13 years. Mrs. Kelly Floyd presented a Commission resolution to Ms. Edwards.

Mr. Al Brumfield announced Ms. Karen I. Howard as Employee of the Year for the Whitten Regional Center and then introduced Ms. Beth Smith to speak about Ms. Howard. Ms. Howard performs duties as a Human Services Assistant and has been employed at the Whitten Center for five years. Dr. John Vaughn presented a Commission resolution to Ms. Howard.

Mr. Bobby Harrell announced Ms. Deloris Edwards had been selected as the statewide 2008 DDSN Employee of the Year. Mr. Harrell presented Ms. Edwards with a plaque and a monetary award.

Discussion on Public Input at Commission Meetings

Mrs. Floyd provided a sample of a request to speak to the board form for Commission members to review to discuss allowing input from the public at Commission meetings on a trial basis. Parents having difficulties resolving issues, for example, would be allowed to address the Commission, but would not be for the purpose of individuals with legal actions against DDSN. The speaking time would be limited for each individual. Mr. Harrell stated that he and Mrs. Floyd would be the committee to create an application form. An individual would submit their request form to Sandra Delaney before a Commission meeting begins. Mrs. Edythe Dove requested the form be available on the DDSN website.

Report from DSN Boards

Ms. Elizabeth Krauss, Georgetown County DSN Board Executive Director and SCHSP Vice Chair, gave the SCHSP report on Mr. Ralph Courtney's behalf. Ms. Krauss discussed how she has to tell families not to move to South Carolina with their family member because there are no services available due to budget reductions and hopes to have some restoration of services soon. Ms.

Krauss stated the providers need more clarification on release of information on employees.

State Director Report/Announcements

Mr. Harrell asked Mr. Powell to read aloud the letter addressed to Senator Thomas Alexander from the LAC dated April 3, 2009. The letter provided additional information to clarify issues related to the expenditure of DDSN funds that came up during the budget subcommittee meeting (Attachment D).

Mr. Harrell introduced Dr. Andy Laurent as the interim state director for DDSN. Dr. Laurent spoke of his professional history. He stated that DDSN is a good agency and things change daily. He shared what he has said to DDSN staff, let us make sure we get the job done and get the biggest bang for our buck.

Next Meeting Date

Mr. Harrell announced the next Commission meeting would be held May 21, 2009, in Columbia, South Carolina.

On motion of Mr. Powell, seconded by Mrs. Floyd and passed, the Commission meeting was adjourned.

Submitted by,

Sandra Delaney

Sandra Delaney

Approved:

Dr. Otis Speight
Mr. Bobby Harrell

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
BUDGET NEEDS FOR FY 2009 – 2010

Attachment C

	Program Needs	Description	DDSN Request State Funds	General Assembly's Appropriation
1.	Annualization of Services Funded By Proviso 90.12 DHHS Funding	This request is to annualize the nonrecurring funding provided DDSN in the FY 2008-2009 Appropriations Act for ongoing services to individual consumers and families. These non-recurring dollars funded a community support waiver for 2,159 consumers who have been receiving rehabilitation services at a net cost of $2,253,000 in State matching funds. Authorized 300 children with Autism and Asperger's Syndrome to receive the Pervasive Developmental Disorder Waiver costing $4,500,000. An additional $3,000,000 authorized Community Supports respite and stipends to 3,000 consumers throughout the state.	$9,753,000	$12,753,000
2.	Case Management - Federal Mandate	The state has been informed by the Federal Medicaid agency that there will be changes in federal rulemaking regarding case management services. These changes will result in additional activities that must be carried out by the State at additional cost and activities currently being performed for consumers that will no longer be reimbursable by Medicaid. DDSN's expectation is that the agency must be in compliance July 1, 2009, based on Federal timelines. Without these additional dollars, services will have to be reduced to 875 consumers statewide.	$730,000	
3.	Maintenance of Effort to Cover Cost of Care	This request represents the need to provide sufficient funding as a maintenance of effort to the providers of services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, eventually the local entities will have to reduce the scope and quality of care below acceptable standards, eliminate the services for which there is insufficient funding, or stop providing services. In the last two years the costs have risen with increasing cost of gasoline, oil, electricity, food, medical professionals, and other goods and services by an average of 6.98 percent. All providers are now at the point that reimbursements must be increased to cover the additional operating costs which have risen significantly.	$2,466,500	
4.	Traumatic Brain or Spinal Cord Injury Post-acute Rehabilitation	South Carolina needs to fully fund over time the remaining cost of post-acute rehabilitation that enables people with traumatic brain or spinal cord injuries to obtain an appropriate level of specialized rehabilitation after the injury and acute hospital stay. Currently in the state, there is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries. The estimates based on hospital discharges are that 2,254 individuals with traumatic brain or spinal cord injuries this year will be in need of specialized post-acute inpatient/outpatient rehabilitation. The total cost of care would be $68 million; however, $56.5 million dollars of this expense could be covered by private insurance, Medicare and other government reimbursements. This fiscal year, DDSN will have $1,157,740 in funding for this program. The State funding needed for the balance to cover the uninsured/underinsured and Medicaid State matching funds would be $10,346,000. Due to the amount of funding needed, DDSN is only requesting $3,000,000 in additional funding at this time.	$3,000,000	
5.	Community Supports in the Individual's and Family's Home	This request is to prevent unnecessary and expensive out-of-home placements by serving 950 individuals with severe disabilities with the supports necessary to maintain them in their homes. Community support services prevent the break-up of families and reduce the number of crisis situations and their resulting out-of-home placements. As of June 30, 2008, there were 1,087 consumers on the waiting list for the Mental Retardation/Related Disabilities Waiver and 243 awaiting the Head & Spinal Cord Injury Waiver for 1,330 individuals. There were also 1,048 awaiting a day support service. Funding this request may be the difference between supporting families and individuals versus replacing families and providing expensive total care.	$2,582,000	
Total Recurring Request			$18,531,500	$12,753,000

05/14/09

South Carolina Department of Disabilities and Special Needs
Non-Recurring State Appropriations for FY 2010
Proviso 90.13 Medicaid Stimulus

	Description of Type Service	Services Affected	Total Funds Impact	State $ Impact	Base Budget Reductions	Service Impact	Net State $
1	Attrition Slots Restored - MR/RD Waiver	91 slots	$1,098,370	$329,511			$329,511
2	Attrition Slots Restored - HASCI Waiver	42 slots	$1,092,000	$327,600			$327,600
3	Early Intervention Services to Children	670 slots	$2,578,984	$1,351,003			$1,351,003
4	Day/Supported Employment Capacity	530 slots	$4,890,310	$3,819,978	($1,900,000)	- 264 slots	$1,919,978
5	Residential/Day Service Provider Adjustment	100 slots	$6,090,699	$1,833,210	($1,485,597)	- 86 slots	$347,613
6	Waivers Capacity Restoration	106 slots	$2,765,390	$829,617			$829,617
7	Service Coordination Restoration	5200 slots	$7,978,168	$3,350,831	($2,487,052)	-3,974 slots	$863,779
8	Ancillary Services in Waiver		$5,000,000	$1,500,000	($701,778)		$798,222
9	Residential Services	175 slots	$3,200,000	$984,000	($18,574)		$965,426
10	TBI/SCI Post Acute Rehabilitation Program	20	$1,650,000	$1,650,000			$1,650,000
11	Family Support/ Respite Service	500	$550,000	$550,000			$550,000
12	Summer Services	3089	$709,741	$709,741			$709,741
	Total		$37,603,662	$17,235,491	($6,593,001)		$10,642,490

Printed: 5/14/2009 1:34 PM

South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement

PREPARED BY: Kara Lewis

PRESENTED BY: Sam Waldrep

DATE: 5/19/09

SUBJECT: Renewal of Mental Retardation/Related Disabilities (MR/RD) Waiver

OBJECTIVE: To submit to the Centers for Medicare and Medicaid Services (CMS) a 5-year renewal of the Medicaid home and community-based waiver serving individuals with mental retardation and related disabilities.

BACKGROUND: The Department of Health and Human Services (DHHS) and the Department of Disabilities and Special Needs (DDSN) formed a partnership in 1991 to develop community-based services through the MR/RD waiver. This waiver is designed to prevent or delay institutionalization for waiver clients. DHHS provides administrative oversight for the waiver while DDSN is responsible for day-to-day operations. Currently the MR/RD waiver serves approximately 5,700 individuals with a waiting list of 1,400. The waiver is due to expire on September 30, 2009, and DHHS must submit this renewal application in June 2009, to allow for the CMS mandatory 90 day review period.

Due to the state's budget situation, DDSN opted to make several changes to the waiver program. DHHS and DDSN have worked together for many months to consider possible changes administratively allowed within federal regulations. To obtain public input, DDSN conducted a survey of waiver participants, parents and other interested stakeholders, seeking recommendations for changes to the MR/RD waiver. This information guided DDSN toward making necessary budgetary adjustments and includes the following: 1) continuation of core services without changes; 2) placing limits on services; 3) elimination of low utilization services; and 4) as a minor technical change, the state is separating the coverage of Personal Emergency Response Systems (PERS) from Specialized Medical Equipment, Supplies and Assistive Technology and therefore adding PERS as a separate service in this waiver. The proposed changes are listed below.

Core services to continue unchanged:

Adult Day Health Care
Adult Day Health Care- Transportation
Psychological Services
Day Activity
Community Services
Support Center Services
Behavior Support Services
Adult Day Health Care-Nursing
Residential Habilitation
Private Vehicle Modifications
Career Preparation
Employment Services
Adult Dental Services
Prescribed Drugs

Services for which limitations will be necessary:

- *Environmental Modifications*: lower the lifetime cap from $7,500 to $5,000;
- *Specialized Medical Equipment, Supplies and Assistive Technology*:
  a) lower the monthly limits of diapers, wipes and underpads from up to 3 cases per month to 2 cases per month for each product;
  b) lower the monthly limit of liquid nutrition (for those without a feeding tube) from up to 3 cases per month to 2 cases per month;
  c) lower the limit and cost per wheel chair to $8,000 total and allow only 1 chair every 5 years (previously not specified in waiver);
- *Nursing*: limit services up to 56 hours per week for LPN and 42 hours per week for RN (previously not specified in waiver);
- *In-home Respite*: limit service up to 32 hours per month (previously not specified in waiver). (No change with ICF/MR respite);
- *Personal Care II*: limit service up to 28 hours per week (previously not specified in waiver).

Services to be removed:

Physical Therapy
Occupational Therapy
Speech Language pathology
Day Habilitation (replaced w/Day Activity)
Supported Employment (replaced w/Employment Services)
Prevocational Habilitation (replaced w/Career Preparation)
Audiology
Adult Vision
Adult Companion
Adult Attendant Care
Personal Care I

Service to be added:

Personal Emergency Response System (PERS)

BUDGETARY IMPACT: DDSN is responsible for the state match portion of operating expenditures. For SFY 07-08, waiver expenditures totaled approximately $242 million.

EXPECTED OUTCOMES: The waiver renewal will allow DDSN to continue serving the client population in a cost-effective manner.

EXTERNAL GROUPS AFFECTED: MR/RD waiver individuals will continue to receive home and community-based long-term care services. Medicaid enrolled/contracted providers will continue to receive reimbursement for waiver services provided in accordance with policy.

RECOMMENDATION: Submit the MR/RD waiver to CMS for a 5-year renewal period.

EFFECTIVE DATE: October 1, 2009

"COMMUNITY SUPPORTS" HOME AND
COMMUNITY BASED WAIVER

CONCEPTUALIZED OVER TWO YEARS AGO

DEVELOPED BY GROUP OF PARENTS

PUBLIC INPUT OBTAINED IN EARLY FALL 2008

WAIVER SUBMITTED TO CMS OCTOBER 2008

WAIVER PENDING APPROVAL BY CMS – EXPECTED TO BE EFFECTIVE JULY 1, 2009

CHARACTERISTICS OF WAIVER

1. INDIVIDUAL COST CAP
2. SELF-DIRECTED FEATURES
3. ENROLLMENT PRIORITY TO PEOPLE CURRENTLY GETTING REHABILITATIVE SERVICES AND THOSE WHO CHOOSE TO MOVE FROM MR/RD WAIVER
4. SERVICES:
    a. PERSONAL CARE
    b. RESPITE
    c. ENVIRONMENTAL MODIFICATIONS
    d. SPECIALIZED MEDICAL EQUIPMENT, SUPPLIES, ASSISTIVE TECHNOLOGY AND APPLIANCES
    e. PRIVATE VEHICLE MODIFICATIONS
    f. PSYCHOLOGICAL SERVICES
    g. BEHAVIOR SUPPORT SERVICES
    h. IN-HOME SUPPORTS
    i. ADULT DAY HEALTH CARE, WITH NURSING AND TRANSPORTATION
    j. DAY ACTIVITY
    k. CAREER PREPARATION
    l. COMMUNITY SERVICES
    m. EMPLOYMENT SERVICES
    n. SUPPORT CENTER SERVICES

COMMISSION PUBLIC FORUM

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REQUEST TO SPEAK

Each speaker will only be allowed 5 minutes.

If you wish to address the Commission at its regular Commission meeting, you must complete the form below and submit it at least 5 minutes prior to the scheduled opening of the meeting at which you wish to speak. At the appropriate time, you will be recognized by the Commission Chair. A maximum of 15 minutes during the regular Commission meeting will be allocated for citizens to speak. Citizens will speak in the order in which they register. In cases of abusive language or of purely personal attacks on staff or Commission members, the Chair may rule the person out of order and require her/him to relinquish the floor.

Please note: The purpose of the Public Forum is to give the public an opportunity to make the Commission aware of issues the administrative staff has been unable to resolve or to express a viewpoint concerning Commission business. The Commission will listen to the viewpoint expressed but will not respond to the individual(s) at the meeting. The Commission will direct the State Director to do so within two weeks, if possible.

Name:

Address:

Telephone Number:

I am representing:

☐ Myself

☐ A group/organization (please name)

I wish to comment on (select one):

☐ Commission Meeting Agenda Item:

☐ A specific incident or concern NOT on the Commission Meeting Agenda. The specific concern to be addressed is:

South Carolina Department of
Health & Human Services

Medical Care Advisory Committee Meeting

Minutes of Meeting
May 19, 2009
10:00 am – 12:00 noon

Members Present:

John G. Black, MD	J.T. McLawhorn
Charles P. Darby, MD	James M. DuRant, Jr.
Thompson A. Gailey, MD	C. Earl Hunter
Lyndon Key, MD	Andy Pope, DrPH
Ralph Riley, MD	Caughman Taylor, MD
Lynn E. Connelly, R.Ph.	Sue B. Berkowitz

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James Mercer	Sabra C. Slaughter, PhD
John Barber	

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Dr. Darby called the meeting to order at 10:00 a.m. although there was not a quorum until later into the meeting. Committee members and guest were asked to sign in and introduce themselves.

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Ms. Jacobs referred to her slides and clarified that we report everyone that is eligible – whether they received a limited or full benefit. We are up to 13,500 children in our SCHIP program. The finalized January number is at 761, 496 eligible individuals. Referring to her slides – she clarified the children and noted that this is where growth seems to be happening. There is slight growth in disabled adults, as well – qualifying under our disability program. Sue-Berkowitz asked for a reminder of the historical 48/52 category – Ms. Jacobs identified these as individuals that we pay only Part B Premium. Ms. Berkowitz also requested copies of the eligibility slides. Family planning is listed under all other adults. Ms. Berkowitz asked if the percentage of other adults in family planning could be identified. Ms. Jacobs confirmed that eligibles are tracked by category. Ms. Berkowitz asked if she could get this detailed information.

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Ms. Singleton referred to the audit of DHHS Non-Emergency Transportation Broker System. The overall findings revealed no evidence that indicated whether an in-house management system or a broker based system is superior for minimizing cost or maximizing quality of service. This finding was puzzling due to the amount of data provided that should have enabled the LAC to draw a different conclusion. Ms. Singleton encouraged everyone to review the LAC Summary and the DHHS response included in the handouts and noted they are also available on the website at www.scdhhs.gov . The LAC was informed of the numerous benefits we have observed from having a broker system. In 2007, the University of South Carolina conducted a beneficiary survey and 88% of the beneficiaries said that they were very satisfied with the services they were provided by the broker system. Ms. Singleton noted that DHHS has a Transportation Advisory Committee and they are provided copies of both broker report cards which gives an abundance of data.

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Presented by: Sam Waldrep – Bureau of Long Term Care

Mr. Waldrep noted that Dr. Kathi Lacy, DDSN, would participate in his discussion of the renewal. This is a renewal of one of three soon to be four waivers that the Department of Disabilities and Special Needs operates. This is a routine five year renewal. The waiver has been in place since 1991. It currently serves approximately 5,700 people and there is a waiting list of approximately 1,400. Most of the Community Based Waiver programs do have waiting lists. Because of the very tight budget times we face, this became a unique opportunity for the DDSN to look very critically at the services being offered in the waiver package. Mr. Waldrep noted that the MR Waiver probably has the richest service package of all the Home and Community Based Waivers and there are eight of those. A number of months were spent working with DDSN- discussing how similar services are operated. capped and controlled in other Home and Community Based Waivers.

DDSN went to the people receiving the services using a survey to get their input. These are very difficult decisions to be made.

Dr. Lacy noted that the survey was sent out via the mail system as well as being posted on the DDSN website. The survey asked if the waiver had to be cut, should the number of participants or services be reduced, or should services be eliminated, etc., - what would you do. She noted that the majority of responses said that they would place a limit on the services. So, this is what was done. It was decided to cap some services that are most used by people living at home with their families; however, the majority of the families using these services are not likely to be affected by a number of the services that were capped. Other survey results even suggested eliminating services by using your best judgment. Dr. Lacy said that she read every survey so that she could get a feeling for what people put into it. This is how we determined the cuts to go into the waiver renewal.

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VII. Closing Comments – Committee Chairman

Dr. Darby announced that the next meeting of the committee is scheduled for Tuesday, August 18, 2009.

VIII. Adjournment

South Carolina Department of
Health & Human Services

Medical Care Advisory Committee Meeting

Minutes of Meeting
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10:00 am – 12:00 noon

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VII. Closing Comments – Committee Chairman

Dr. Darby announced that the next meeting of the committee is scheduled for Tuesday, August 18, 2009.

VIII. Adjournment

In Brief

A Balancing Act: State Long-Term Care Reform

This In Brief examines the extent to which states have balanced the delivery of Medicaid-funded long-term services and supports to people in their homes (or in more homelike settings in their communities) and in institutions. It offers a unique focus on older people and adults with physical disabilities separate from other long-term care populations, such as people with developmental disabilities. The paper explores what states have been able to accomplish under current Medicaid law and addresses the impact of federal policies on state efforts.

Introduction

The overwhelming majority of people with disabilities age 50 and older (87 percent) want to receive long-term care (LTC) services in their own homes. People want choice and control over everyday decisions.

Yet the Medicaid program—our nation's single largest source of funding for long-term services and supports (LTSS)—does not provide the range of choices people want. Instead, it continues to allocate a disproportionate share of its resources for institutional services.

Seventy-five percent of Medicaid LTC spending for older people and adults with physical disabilities paid for institutional services in 2006.

On average, Medicaid dollars can support nearly three older people and adults with physical disabilities in home and community-based services (HCBS) for every person in a nursing home.

To the extent that states redirect resources to provide HCBS instead of nursing home services, their programs and services can be increasingly cost-effective and responsive to the preferences of people with disabilities.

Findings

- In 2006, only seven states spent 40 percent or more of their Medicaid LTC dollars for older people and adults with physical disabilities on HCBS: Alaska, California, Minnesota, New Mexico, Oregon, Texas, and Washington.
- There is great variation among states, ranging from 5 percent or less to more than 50 percent of Medicaid LTSS funds for older people and adults with disabilities going toward HCBS.
- As a whole, the nation made progress in balancing its growth of Medicaid LTC *expenditures* for older people and adults with disabilities from 2001 to 2006 by increasing HCBS spending by $6.1 billion, compared to a $6.6 billion increase for nursing home services.
- However, progress in balancing Medicaid *spending* varied greatly among states. In 22 states, the dollar increase in Medicaid spending on HCBS from FY 2001 to FY 2006 was greater than the dollar increase in spending on nursing home care. Another 27 states added more Medicaid funds to nursing home services than to HCBS during these five years.

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- The nation made considerable progress by increasing the *number* of older people and adults with physical disabilities receiving HCBS, compared to the number served in nursing homes from 1999 to 2004.
- The *number* of HCBS participants increased from 1999 to 2004 in 43 states and declined in seven. In 27 states, the number of nursing home participants increased over the same period, while the number declined in 24 states.

No Magic Formula

Reforming a state's Medicaid LTSS system is a complex process that requires commitment from state officials and cooperation from federal authorities.

Positive transformational change of Medicaid's LTSS system requires a philosophy that embraces the right of people with disabilities to live in the least restrictive environment; effective leadership; a creative problem-solving attitude that can find innovative ways to work within existing laws; and innovative ways to encourage federal policy makers to waive or overturn rules that hinder states' ability to balance their service delivery in favor of HCBS.

Recommendations

The ability of some states to accomplish substantial reforms demonstrates that obstacles to change can be overcome.

Change can be accelerated and supported by adopting federal and state policies that:

- Allow consumers to receive services in the setting of their choice.
- Adopt nursing home diversion programs that prevent people from ever entering a nursing home.
- Eliminate waiting lists for HCBS.
- Offer a range of residential choices.
- Support family caregivers.
- Facilitate states' ability to establish a unified global budget for funding LTC.
- Consolidate LTC programs, policies, and budgets in one state agency.
- Put a moratorium on Medicaid regulations that hinder states' ability to help individuals leave nursing homes and transition to HCBS.
- Eliminate Medicaid's institutional bias.
- Increase affordable public and private financing options to give people more choice and control over the services they need.
- Explore offering states financial incentives to accelerate the pace of change in shifting more Medicaid spending to HCBS.

In Brief # 161, July, 2008

This In Brief is a synopsis of the AARP Public Policy Institute Research Report of the same title, number 2008-10 by:

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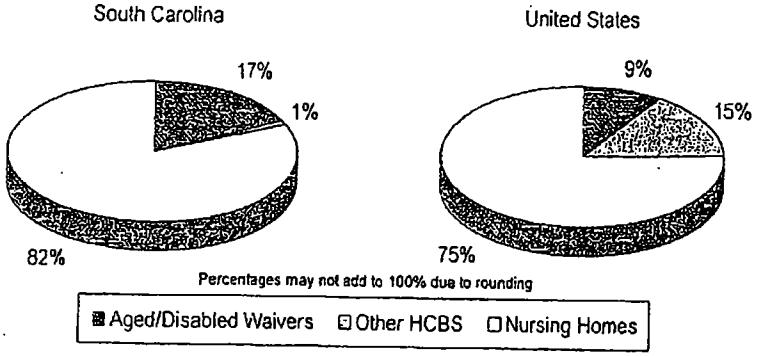
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AARP Public Policy Institute

State Long-Term Care Reform in

SOUTH CAROLINA

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in South Carolina and the U.S., 2006



Compared to the U.S. average, South Carolina allocates a greater percentage (82 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, South Carolina spent 17 percent on waiver services and 1 percent on personal care services (PCS).

Type of Service	Medicaid Participants[1]			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	14,393	13,643	-750	$94	$104	+$10
Nursing Homes	17,458	17,618	+160	$374	$463	+$89

Recent Medicaid trends indicate that South Carolina still has an unbalanced LTC system for older people and adults with physical disabilities. The number of Medicaid participants receiving home and community-based services (HCBS) decreased, while the number receiving nursing home services remained relatively constant from 1999 to 2004. From FY 2001 to FY 2006, the increase in Medicaid spending on nursing homes was nearly nine times the increase in spending on HCBS (specifically, HCBS spending decreased slightly from FY 2001 to FY 2004, then increased from FY 2004 to FY 2006).

[1] This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

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Major Initiative

South Carolina has provided HCBS to older persons under the Community Long Term Care (CLTC) program since 1983. CLTC administers and operates four Medicaid waiver programs, one of which is the Community Choices waiver for older persons and persons with disabilities. The program had 15,740 participants in SFY 2006.

Another 2,800 persons were on the waiting list, however, and the legislature added 500 new slots, effective July 2006. These were the first additions to the CLTC program in more than seven years. An additional 500 CLTC slots were added in 2007. In recent years, the state has added three additional services to Community Choices: adult foster care, transition nursing services, and adaptive devices.

"Community Choices"

Community Choices provides HCBS to older persons under a Medicaid waiver. The waiver program also provides adult foster care, transition nursing services and adaptive devices.

South Carolina has used federal Systems Change grants since 2001 to develop several major LTC initiatives: a Web-based service directory (SC Access), expansion of consumer direction, and creation of centralized, one-stop entry points into the state's LTC support system (SC Access Plus). Another grant activity, state officials said, would be identifying appropriate housing options through work with the South Carolina State Housing Authority.

South Carolina has also pioneered development of an electronic monitoring system, Care Call, that home care workers (including those providing nursing services, personal care, attendant care, and companion services) are required to use to verify delivery of services. The program was launched in a pilot region in 2002, went statewide in January 2003, and is now used in all HCBS waiver programs. In 2004, it was expanded to include adult day care and case management.

Other Developments

Money Follows the Person. South Carolina was awarded a $5.8 million, five-year Money Follows the Person Demonstration grant in 2007 to increase service levels and expand services in its waiver programs, and to explore the possibility of establishing a global budget for all Medicaid LTC services. State officials estimate they will transition up to 200 individuals over the life of the project.

Managed Long-Term Care. South Carolina was one of the first states to develop a PACE (Program of All-Inclusive Care for the Elderly) replication site in 1990, modeled after the original California project, On Lok. With a rural PACE grant, the state plans to expand to a second site in 2008. The new PACE provider includes both a continuing care retirement community and a Medicaid-contracted nursing facility.

Exhibit 21

Letter of David Goodell

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October 15, 2009

[redacted]

De[redacted]

As you may have seen in the news, all state agencies have had unprecedented budget cuts. This includes the South Carolina Department of Disabilities and Special Needs (DDSN). Nearly 20 percent of DDSN's funding has been eliminated. This serious funding loss has required DDSN to stop services to more than 1000 individuals. Plans to serve 1000 currently un-served individuals are on hold indefinitely and hundreds of employees in the DDSN system have lost their jobs.

As severe as these budget cuts have been, they would have been even worse if DDSN had not replaced some lost state funding with federal Medicaid funding. The primary way that Medicaid funding has been increased is by increasing the number of individuals who are eligible to receive Medicaid funded services.

At a meeting on July 17, 2009 the Commission on Disabilities and Special Needs decided that DDSN must strengthen its effort to collect additional Medicaid funding to avoid having to make additional service cuts. Residential services are the most expensive of any service provided by DDSN, so this is the area that the Commission chose to address. DDSN spends three times more money providing residential services to someone who is not Medicaid eligible compared to someone who is Medicaid eligible.

The decision made by the Commission will affect any individual receiving residential services who is not Medicaid eligible because (1) they have excess resources (more than $2,000) or because (2) they did not provide required information to the state Medicaid agency. Specifically, these individuals will be required to use their own funds to pay for their residential services until they become Medicaid eligible. If these individuals do not pay, their residential services will be discontinued. If someone is not Medicaid eligible for another reason, the new requirement should not apply to them. According to DDSN records, you are receiving DDSN funded residential services but are not Medicaid eligible. DDSN needs to determine why you are not Medicaid eligible.

Attached is a release form from the state Medicaid agency. Please complete this form and return it to me in the attached return envelope by November 15, 2009. If you do not return this form fully completed by November 15, 2009, you will be required to pay the full cost for your residential services or be discharged from these services effective January 1, 2010. After we get your form we will notify you in writing why you are not eligible for Medicaid and any effect this may have on the current residential services you receive from DDSN.

If it is determined that the reason for your Medicaid ineligibility is due to excess resources, you will have to pay DDSN the full cost of your residential services until you become Medicaid eligible starting January 1, 2010. If it is determined that your Medicaid ineligibility is due to not providing necessary information to the Medicaid agency, you will be required to immediately provide necessary information to the state Medicaid agency to establish your Medicaid eligibility, pay DDSN the full cost of your services until you become Medicaid eligible or no longer receive these services. If applicable, this change would take effect January 1, 2010.

If you have not applied for Medicaid eligibility before, please find enclosed the application and supporting documents that you must submit to the state Medicaid agency to establish your Medicaid eligibility. We know that the Medicaid eligibility process can be complicated. If you need assistance with the Medicaid eligibility process, please contact your local service coordinator or me. I can be reached by telephone at (803) 898-9686 or email at dgoodell@ddsn.sc.gov. If you have applied for Medicaid eligibility before you do not need to fill out the application.

If you believe that DDSN's records are in error regarding your Medicaid eligibility or if you have any question about the information contained in this letter, please contact me as soon as possible. Again, please complete the release form and return it in the attached envelope by November 15th. Your cooperation in assisting DDSN to avoid additional service cuts is greatly appreciated.

Sincerely,

David Goodell
Associate State Director, Operations

Enclosures

Cc: Service Coordinator
Executive Director/Residential Service Provider
District Director

The Best and Worst State Practices in Medicaid Long-Term Care

By Candace Howes, Connecticut College

Medicaid—the federal-state program that provides health care for the poor—pays for about half of public long-term care, including nursing home care and home- and community-based services such as home health care, adult day care, adult residential homes, and personal care services for the homebound. Thanks in part to the U.S. Supreme Court's Olmstead decision of 1999,[1] and states' own desire to slow growth in the cost of Medicaid programs, states are starting to catch up with consumer preference for home- and community-based care.

But much of that growth is fueled by the private market. A change that profound in Medicaid policy takes time to implement—longer in some places than in others. Nationwide, Medicaid still pays for more nursing home care than home- and community-based care, but a few states have reversed that formula. States share the cost of the Medicaid program with the federal government and are free to design their own mix of long-term care services within broad guidelines set by federal statutes, so there is tremendous variation from state to state in the range and access to services.

Long-term care by the numbers

Number of Americans needing long-term care services: nearly 13 million

Number of nursing home residents: 1.8 million

Number receiving home- and community-based services (HCBS): 10.9 million

Number of people receiving unpaid help from family and friends: 9.8 million

Number of people receiving HCBS who get paid help: 1.4 million[4]

This brief explains why Medicaid policies lead to so much variation in current state Medicaid long-term care programs, and how those policies have been used in some states to expand the range and availability of services. It also draws lessons from innovative states to suggest reforms in national Medicaid policies that would make home- and community-based services accessible to more program participants.[2] A second brief, to follow, will examine state policies to expand the direct care workforce. Home health aide is the third-fastest growing job category in the U.S. and personal and home care jobs the fourth-fastest.[3] The number of home- and community-based direct care workers recently surpassed the number of nursing assistants in nursing homes. But the growing need for long-term care workers is expected to outpace supply growth in the next decade and states will not be able to move more recipients into home- and

April 2010

This is the third in a series of policy briefs about the direct care workforce in long-term care issued by the Direct Care Alliance (DCA). This series was conceived at a meeting of labor economists, lawyers, long-term care researchers, and other experts convened by the DCA and funded by the Russell Sage Foundation.

Editorial committee: Nancy Folbre, Elise Nakhimovsky, Vera Salter, Leonila Vega

The Direct Care Alliance

The Direct Care Alliance is the national advocacy voice of direct care workers. We empower workers to speak out and fight for better wages, benefits, respect, and working conditions, so more people can commit to direct care as a career. We also convene powerful allies nationwide to build consensus for change.

community-based services without an adequate high quality workforce.

Growing Old Across the States

Suppose when you next visit your 80-year-old mother, who has been living independently for 20 years in Tennessee, you find that she can barely get out of bed or go to the toilet without assistance. You conclude that it is no longer safe for her to live on her own.

Her monthly income is less than $2,000, and while she has some assets other than her house, they would not support her in a nursing home for more than a month. Because she is poor, she is eligible for Medicaid-financed long-term care in a nursing home. However, if she goes into a nursing home, she will be required to sell her home and contribute the proceeds of the sale, along with her monthly income, toward the $70,000-a-year cost of the nursing home.

Your mother is horrified by the idea of living in a nursing home. She wants to hire someone she knows to take care of her at home, but private pay home care would cost about $36,000 per year. You find that she is eligible for a state-funded program, but there is a waiting list of 4,000 for the 2,000 slots. In contrast, there are 37,000 beds in nursing facilities.

You consider moving her to your state of residence, Connecticut, which spends almost twice the per capita national average on long-term care services for the elderly. But most of that is spent on nursing facilities. Here too, there is a long waiting list for home care services, and even if your mother did get a spot, she would not be able to hire someone she knows.

Too bad your mother doesn't live in Washington or Oregon, where about three out of every four people receiving Medicaid long-term care services live in the community. If she did, she would be eligible for a huge array of home and community-based services, including a "consumer-directed" home care program in which she could choose her own provider, and there would be no waiting list.

Spending on Medicaid long-term care costs makes up as much as 10% of states' budgets, making the program highly visible and politically vulnerable to state and federal fiscal crises.[6] Even in the best of times, long-term care services must compete for funding at the state level. It's a political process that pits stakeholders against schools and other social services—and that often pits nursing homes against home care providers.[7]

Within broad guidelines established by federal statutes, regulations, and policies, each state establishes its own eligibility standards; determines the type, amount, duration, and scope of services to be offered; sets the rate of payment for services; and administers its own program. Thus, a person who is eligible for Medicaid in one state may not be eligible in another state, and the services one state provides may differ considerably in amount, duration, or scope from services provided in another state. Services don't even remain stable within states, since the legislatures may change Medicaid eligibility, services, and/or reimbursement at any time.[8]

In many states, Medicaid does not fund enough home- and community-based services to meet its recipients' needs, so people who are eligible for Medicaid long-term care make do with unpaid family care instead. The large unmet need for home- and community-based services has been well documented in national surveys, and is made manifest in the waiting lists many states maintain for these services.[9] Several states have been sued for this lapse, charged with failing to comply with the Olmstead ruling.

The table on the next page reveals huge state variations in the coverage, generosity per recipient, balance between institutional and home- and community-based services, and per capita cost of long-term care programs. It compares state programs along these four dimensions. First, it measures "coverage" as the number of people per 1,000 in the population who are receiving long-term care (LTC) services for the elderly and disabled, who are receiving those services in the form of home- and community-based services (HCBS), and who are receiving them in nursing homes. Within this dimension, states are categorized mainly by whether they provide above average (highlighted in green), average (yellow) or below the national average (red) coverage for HCBS. Generosity is measured by per recipient spending on HCBS, again highlighted in green, yellow and red. As a measure of balance, the table lists the percentage of the total Medicaid long-term care recipients who are receiving HCBS and the share of total LTC spending that is on HCBS. Finally, it shows how much the Medicaid long-term care program spends per capita in each state as a measure of the cost per person in the population. States are then placed in seven groups, based on their overall performance along the three dimensions of coverage,

State Medicaid Long-Term Care Coverage for Aging & Disabled 2006 *(2008 share of spending)*[10]

For all except the last column, green indicates that the state's performance is at least 20 percent above the national average, red indicates that the state is at least 20 percent below the national average and states within plus or minus 20 percent of the national average are colored yellow. In the last column (Cost), green indicates that per capita spending is at least 20 percent *below* average and red indicates that spending is 20 percent *above* average, in keeping with the principle that green indicates better than average performance while red is less than average performance. The states are listed in alphabetical order within each performance group. Except for expenditure data used to measure HCBS spending as a share of total LTC spending, which is from 2008, all data are from 2006, the most recent year for which both usage and expenditure data are available, so the numbers may have improved since then, but the ranking of the states remains accurate. Arizona is excluded from the table because comparable data is not available.

	COVERAGE			GENEROSITY			BALANCE		COST
	No. of recipients 2006			Spending per recipient			% of HCBS in LTC		LTC $
	LTC	HCBS	NH	LTC	HCBS	NH	Recipients 2006	Spending 2008	Per capita
	HCBS ABOVE AVERAGE			AVERAGE & ABOVE			ABOVE AVERAGE		
Alaska	13.1	11.2	1.9	$28,718	$17,245	$97,044	86%	63%	$293
California	13.8	9.6	4.2	$15,242	$10,802	$25,297	69%	51%	$210
Minnesota	14.4	8.3	6.0	$19,177	$13,217	$27,404	58%	51%	$313
New Mexico	10.4	6.7	3.7	$20,907	$17,548	$26,882	64%	64%	$242
North Carolina	12.5	7.6	4.8	$16,537	$10,570	$25,986	61%	41%	$201
Oregon	11.4	8.7	2.7	$14,316	$9,973	$28,390	76%	53%	$184
Washington	12.1	8.7	3.4	$15,577	$11,666	$25,490	72%	59%	$213
	HCBS AVERAGE			AVERAGE & ABOVE			AVERAGE & BELOW		
Kansas	11.7	5.6	6.1	$15,123	$10,630	$19,228	48%	36%	$200
Montana	10.6	5.3	5.4	$19,495	$9,953	$28,808	49%	28%	$220
New York	16.1	5.4	10.7	$30,399	$23,880	$33,705	34%	29%	$525
Washington DC	13.0	5.8	7.2	$29,419	$14,815	$41,052	44%	40%	$513
West Virginia	11.8	5.5	6.3	$23,188	$9,289	$35,394	47%	19%	$302
Wisconsin	12.4	6.2	6.3	$18,985	$10,112	$27,709	50%	28%	$218
	AVERAGE & ABOVE			BELOW AVERAGE			AVERAGE & ABOVE		
Arkansas	18.9	8.8	10.1	$12,286	$5,289	$18,352	46%	21%	$250
Idaho	11.6	8.2	3.4	$12,999	$7,072	$27,147	70%	39%	$169
Illinois	9.8	4.1	5.7	$14,058	$6,866	$19,199	42%	24%	$151
Maine	14.1	7.4	6.7	$17,565	$7,968	$28,266	53%	24%	$249
Michigan	11.8	6.5	5.3	$14,562	$4,281	$27,248	55%	19%	$183
Missouri	18.8	12.1	6.6	$9,838	$4,493	$19,635	65%	30%	$205
Oklahoma	12.7	6.6	6.0	$13,407	$6,413	$21,058	52%	29%	$205
Texas	11.6	7.4	4.2	$10,361	$5,661	$18,568	64%	33%	$118
Vermont	15.5	6.4	9.1	$14,070	$8,465	$18,047	41%	32%	$268
	HCBS BELOW AVERAGE			AVERAGE & ABOVE			BELOW AVERAGE		
Connecticut	15.0	3.7	11.2	$25,640	$8,556	$31,342	25%	9%	$392
Massachusetts	12.3	3.6	8.7	$26,977	$20,594	$29,578	29%	21%	$314
Nebraska	10.2	3.8	6.5	$22,982	$10,060	$30,522	37%	19%	$231
Ohio	11.9	3.4	8.5	$23,240	$13,490	$27,131	29%	18%	$269
Rhode Island	13.0	2.8	10.2	$24,193	$11,854	$27,597	22%	13%	$323
	HCBS BELOW AVERAGE			BELOW AVERAGE			BELOW AVERAGE		
Iowa	10.5	3.5	7.0	$16,376	$6,170	$21,534	34%	16%	$186
Kentucky	9.5	2.8	6.7	$19,874	$5,217	$25,994	29%	8%	$205
Louisiana	10.3	2.8	7.4	$16,902	$8,061	$20,296	28%	27%	$222
Mississippi	11.9	4.0	7.9	$18,945	$314	$28,400	34%	1%	$244
North Dakota	12.5	3.5	9.0	$21,968	$3,813	$29,064	28%	9%	$287
South Dakota	9.7	2.5	7.2	$18,585	$4,631	$23,405	26%	8%	$187

(cont'd on page 4)

State Medicaid Long-Term Care Coverage for Aging & Disabled 2006—*2008 share of spending* *(cont'd from page 1)*

	COVERAGE			GENEROSITY			BALANCE		COST
	No. of recipients 2006			Spending per recipient			% of HCBS in LTC		LTC $
	LTC	HCBS	NH	LTC	HCBS	NH	Recipients 2006	Spending 2008	Per capita
	BELOW AVERAGE			ABOVE AVERAGE			BELOW AVERAGE		
Delaware	5.8	1.6	4.3	$35,467	$12,516	$43,861	27%	9%	$221
Georgia	5.9	1.6	4.3	$24,784	$10,531	$29,927	27%	19%	$170
Hawaii	5.6	1.8	3.9	$33,321	$17,569	$40,497	31%	19%	$212
Maryland	6.1	1.5	4.6	$30,970	$14,736	$36,074	24%	12%	$201
New Hampshire	7.7	2.2	5.5	$32,777	$13,497	$40,314	28%	15%	$268
New Jersey	8.7	3.3	5.4	$30,164	$15,204	$39,211	38%	20%	$267
Pennsylvania	8.8	2.1	6.7	$39,988	$17,213	$46,926	23%	11%	$349
Virginia	5.4	1.7	3.7	$21,985	$15,546	$25,025	32%	30%	$136
	BELOW AVERAGE			BELOW AVERAGE			AVERAGE & BELOW		
Alabama	7.7	2.0	5.7	$25,355	$6,607	$31,842	26%	11%	$201
Colorado	7.0	3.4	3.6	$17,577	$7,177	$27,339	48%	23%	$132
Florida	8.7	2.3	6.4	$16,426	$4,539	$20,760	27%	12%	$149
Indiana	8.3	0.6	7.6	$19,719	$7,760	$20,730	8%	5%	$206
Nevada	5.4	3.4	2.0	$16,277	$8,110	$30,527	64%	35%	$96
South Carolina	6.7	3.0	3.7	$19,522	$8,122	$28,564	44%	23%	$145
Tennessee	5.8	0.3	5.6	$30,028	$6,131	$31,185	5%	4%	$171
Utah	3.3	1.0	2.3	$17,521	$2,487	$23,867	30%	12%	$68
Wyoming	8.5	3.1	5.5	$16,724	$6,083	$22,745	36%	16%	$155
United States	10.8	5.0	5.8	$19,598	$10,295	$27,698			$220

generosity and balance. States within each grouping are listed in alphabetical order.

We learn from this table that the seven states in group 1—Alaska, California, Minnesota, New Mexico, North Carolina, Oregon, and Washington—perform above the national average on coverage and balance, and at or above the average in generosity. These states provide useful lessons about how to construct a cost-effective long-term care system that better meets the needs of the elderly and disabled. Each of these seven states serves at least as many persons per capita as the national average, but most maintain far fewer nursing home beds and all provide far more home- and community-based services, giving consumers the home-based services they want. Despite the high level of coverage and generosity, except for Alaska and Minnesota, good balance between institutional and home- and community-based care means these states are paying no more than the per capita national average for long-term care services.

In the two bottom groups are the seventeen worst-performing states, which provide almost exclusively nursing home care services to below average numbers of people. Half of these states spend above the national per participant average on HCBS and half spend less than the national average. All have high overall per-participant cost for long-term care because they make so little use of HCBS. Per capita costs for the bottom group of 10 are low only because they cover so few people and spend so little on HCBS per participant. Oregon, in the top group, covers more than twice the number of people per 1,000 in LTC and about 30 times more people per 1,000 in HCBS than does Tennessee, which is in the bottom group. Oregon also spends 35 percent more per HCBS participant, yet its overall cost per capita is comparable to Tennessee.

Why are People's Options for Long-term Care so Varied Across States?

Under the federal Medicaid statutes, states must provide Medicaid long-term care to all aged, blind and disabled persons over the age of 21 who require an institutional level of care and are eligible for Supplemental Security Income.[11]

Medicaid statutes have historically required states to provide institutional care (beginning in 1965) and home health care (1970) to anyone who meets the physical, income and asset criteria. Home health care services must be deemed medically necessary, authorized by a doctor,

and supervised by a nurse. In 1975, states were given the option to include personal care services in the home (the PCS option) as part of the state plan.[12]

Because nursing home care was required and PCS was not, many people have been placed in nursing homes simply because they need regular assistance with activities of daily living (ADLs), such as bathing, eating, assistance with mobility, or with instrumental activities of daily living (IADLs) such as cooking, shopping, telephoning, although those needs could easily be met in their own homes.

In states where Medicaid long-term care services have been limited primarily to institutions, Medicaid participants are likely to prefer unpaid family care in their homes. This leads to the fear of what is sometimes called "the woodwork effect," a concern that if the state expands its Medicaid long-term care services to include home and community services, people who currently cost the state nothing because they are receiving unpaid care in their homes will pour out of the woodwork to demand services.

In part to address this concern, Congress allowed states to waive the statewideness and categorical eligibility rules beginning in 1981, so they could target certain home- and community-based programs only to people who would otherwise be in nursing homes.[13] Under these 1915(c) waivers, states can target services to specific groups, set fixed expenditure caps, limit the scope of services, set hourly service caps, and geographic limits, limit the number of slots in a program and maintain waiting lists.

Many states have opted to use Medicaid waiver programs instead of the PCS option, since the waivers allow them more flexibility in defining eligibility. As a consequence, we have a system that provides no services for almost three-quarters of the individuals who need them,[14] distributes inadequate paid long-term care services inequitably among the rest, and imposes a huge burden on many families.

In 1999, the U.S. Supreme Court handed down its landmark *Olmstead vs. L.C.* decision, the first serious challenge to the funding priorities of the Medicaid long-term care system. The court ruled that the Americans

State Medicaid LTC Requirements and Options

FUNCTIONAL AND INCOME ELIGIBILITY CRITERIA

- Blind, aged and disabled people are functionally eligible if they require health-related care and services above the level of room and board
- States must cover functionally eligible blind, aged or disabled individuals who are eligible for SSI (categorically needy)
- States have the option to cover blind, aged or disabled individuals (categorically related) who...
  - -are institutionalized and have incomes of 300% of the cutoff for SSI or less
  - -would be eligible for Medicaid if they were in an institution, but are in home- and community-based services instead
  - -are receiving only state supplementary income payments
  - -have income greater than the SSI benefit, but less than the federal poverty level (FPL)
  - -are working and disabled with family income of less than 250% of FPL and would be eligible for SSI if they weren't working
- States have the option to cover people who would be eligible if income was measured after deducting medical costs (medically needy)

[illegible]

- All states must offer institutional care to the categorically needy
- All states must offer home health care (medical services) to those eligible for Medicaid institutional care
- States are permitted to offer institutional and home health care to the categorically related and medically needy
- States can determine amount, scope and duration of benefits

OPTIONAL MEDICAID PERSONAL CARE SERVICES (PCS) (ADOPTED IN 30 STATES)

- States are permitted to offer personal care services (PCS)
- If PCS is part of the state Medicaid plan, it must be offered statewide (statewideness requirement) to all age and population groups (comparability requirement) who are defined as categorically needy
- States may also expand PCS to categorically related and/or medically needy
- States may define scope and level of all PCS

[illegible]

- Programs are limited to people who meet requirements for institutional care
- States are allowed to waive the comparability and statewideness requirements, as well as income and resource eligibility requirements for the medically needy
- The average per capita cost of the program must not exceed per capita cost of nursing home care

with Disabilities Act requires states to provide care for people with disabilities in the most integrated (i.e. community) setting when appropriate—which meant that, for the first time, states were expected to offer some home and community-based alternatives to institutional long-term care.

The Court indicated that states should make "reasonable accommodations" to their long-term care systems, but were not required to make "fundamental alterations." It suggested that compliance might be demonstrated by "comprehensive, effectively working plans" to increase community-based services and reduce institutionalization, and by ensuring that waiting lists for services move at a "reasonable pace."[15] Those comprehensive plans for rebalancing state long-term care systems so they are no longer unduly weighted toward providing nursing home care are known as Olmstead Plans.

The full potential of the Olmstead ruling has yet to be realized, as states create and execute their Olmstead Plans. Meanwhile, the interpretation of "reasonable accommodations," "fundamental alterations," and "reasonable pace" is being clarified through class action suits in various states.[16]

Best Practices Among the States

Bits of a better long-term care system are already in place in some states. Some have used waivers to expand access rather than to limit it, and both waivers and the PCS option have been used not only to keep consumers from being placed in nursing homes but also to relocate nursing home residents back to their homes, notably without increasing overall costs.

In a few states, thanks to a philosophical commitment to independent living and legislative action to provide more options—frequently in response to political pressure from advocates—the state long-term care system has been transformed to increase access to home- and community-based care. Best practices concentrate on policies that make home- and community-based care a viable option to nursing home care by:

- Increasing access to HCBS by raising income and asset caps and at least equalizing eligibility criteria for nursing home and community-based care;
- Consolidating the state's long-term care budgets and oversight entities into a single administrative agency whose mandate is to to address recipients needs and preferences cost effectively by providing the optimal mix of long-term care services, including increasing long-term care options in the community, and;
- Establishing practices that effectively divert or relocate recipients from nursing homes to home- and community based settings of their choice.

Successful Rebalancing: Washington and Oregon

Both Washington and Oregon launched major initiatives in the 1980s and 1990s to transition people out of nursing homes and into the community, and to divert new program participants to home- and community-based services. As a result, 70 percent or more of the Medicaid long-term care recipients in these states receive HCBS at a reduced overall cost to the states.[17]

In 1981, Oregon received the country's first HCBS waiver. Since then, it has led the country in maintaining a low institutionalization rate. Language in the original legislation to promote HCBS laid out a vision of a long-term care system in which people were entitled to freedom and independence. A state program called the Oregon Project Independence, launched in 1975 and paid for out of the state's general fund, also helped lay the groundwork by providing in-home services to people aged 60 and above who might otherwise be in nursing homes. Between 1982 and 1996, approximately 10,000 people were moved out of Oregon's nursing facilities.[18]

Washington reduced the number of people living in its nursing homes (on a given day) from 17,500 in 1990 to 12,300 in 2005. The enabling legislation, HB 1908, overcame nursing homes' reluctance to relocate residents by requiring the state to reduce nursing home Medicaid census rates by 1,600 beds within two years.

In order to use their Medicaid funding more efficiently, both states consolidated their budgets and administrative functions for nursing facilities and HCBS, creating a single agency to manage both. This practice is known as "global budgeting."

Both states also use their own funds to employ case workers whose goal is transitioning suitable nursing home residents—especially those recently discharged from hospitals—back into the community. Medicaid does not cover case management services for nursing home residents, so newly admitted residents who would prefer to be in a community setting probably wouldn't know about the

community option unless a state-supported case manager were there to tell them.

Washington has expanded community living options and funded the cost of transitioning from a nursing home in several notable ways. For example, it has extended medically-needy eligibility to residents of adult family homes and assisted living facilities, making those programs eligible for Medicaid funding. Like Oregon, Washington has set its asset limit much higher for people who choose community living than for those admitted to nursing homes, in recognition of the fact that people who remain in the community need more financial resources.

Washington is also one of few states that provide "spousal impoverishment" protections for people whose spouses are in community-based programs. These protections, which always apply to people whose spouses are in nursing homes, allow couples to set aside some of their assets to support the spouse who remains in the community, rather than requiring them to spend down to almost nothing before their spouse can be eligible for Medicaid.[19] Extending spousal impoverishment protections to people using HCBS is an important part of removing the state's thumb from the nursing home side of the scale. Without that protection, Medicaid recipients might agree to go into a nursing home for the sake of their spouses, though they would rather receive care at home or in the community.

Another innovation that makes Washington's program work is that the state permits new nursing home residents to avail themselves of the home maintenance allowance. This exemption—which is permitted but not required under federal regulations—allows new nursing home residents who have a good chance of returning to the community to keep part of their income (up to 100 percent of the federal poverty level) for the first six months after admission, as long as those funds are used to maintain a home. In addition, although Medicaid recipients who enter nursing homes are usually required to liquidate their assets to pay for their care, Washington does not require them to do so for the first six months.

In addition, since only limited Medicaid funds are available to pay for the costs of transitioning to the community, Washington uses state funds to supplement that amount, permitting up to $800 to cover costs related to the transition.

Washington also guarantees community providers that they will receive payment for services provided to recipients who are "presumptively eligible" for up to 90 days, while the Medicaid application is completed and reviewed. And like many other states, Washington uses a single assessment tool to determine what level of care a recipient needs, prior to making any decision about the setting. Studies show that consumer choice is more likely to occur in states which use uniform assessment tools and single-points-of-entry.[20]

As a result, there are no long waiting lists for community-based services in Washington.

Both Washington and Oregon are also encouraging the use of home- and community-based services by redirecting some of the funding that used to automatically flow to nursing homes. Both won five-year (2007–2011) Money-Follows-the-Person (MFP) Demonstration grants to simultaneously transition individuals from nursing homes to community settings and to change state policies so that Medicaid dollars for long-term care can follow the person to the most integrated setting of their choice.[21] Oregon will use its grant to move 780 individuals or 16.5 percent of its institutionalized Medicaid population into the community. Washington plans to transition 660 people, or about 6 percent of its institutionalized Medicaid population. In addition, Oregon's Independent Choices Program offers Medicaid recipients the option of receiving cash in lieu of authorized in-home services. They may use that cash to hire family, friends, or spouses as caregivers.[22]

Oregon and Washington are among the states including California, Massachusetts, Michigan and Missouri (soon) that are working to ensure that they can find and keep enough qualified personal care workers for their Medicaid-funded consumer-directed care programs. These states have adopted a public authority model for these programs, setting up governmental entities called public authorities to serve as the employer of record for the workers. These public authorities assume responsibility for paying the workers, though they are hired and managed directly by the consumers they serve. Public authorities can also negotiate with unions to set wages and benefits (with approval of the state).[23]

The advent of public authorities has given workers, who would otherwise be without any, legal collective bargaining mechanism, the bargaining power to negotiate higher wages and benefits making their jobs more stable and desirable. Wages for personal care assistants in Washington, Oregon, and California have increased much faster than the national average increase since 1999. Workers

covered under collective bargaining contracts have also gotten health care coverage and other benefits that are often unavailable to personal care workers.[24]

Public authorities help consumers as well, often handling the paperwork involved in hiring and paying workers, providing training, and sometimes helping consumers find workers. The public authorities in California, Oregon and Michigan maintain registries of available workers.

Expanding HCBS Access—Vermont

Vermont provides far less Medicaid HCBS per capita than most states, but a relatively new program is working to change that.

Although it has had a small state-funded attendant services program since 1983 and a Medicaid PCS option since 2001, only 21 percent of the 3,300 Vermont residents receiving Medicaid long-term care services received them through HCBS as of 1999. To increase that percentage and expand access to consumer-directed home care while containing growth in program costs, Vermont introduced Choices for Care in October 2005, using an 1115 waiver.

Under Choices for Care, the state can combine HCBS funds with nursing home funds in a single capitated global budget.[25] The program also allows the state to offer different levels of service to people with different levels of need. These features help Vermont expand access while slowing the rate of growth of costs, by shifting participants from nursing homes to less expensive community settings while limiting the overall growth of long-term care services to a fiscally sustainable rate.[26] Like Oregon's Independent Choices program, Choices for Care makes it easier to find home-based caregivers by waiving the Medicaid prohibition against paying people to provide home care to their spouses.

Under Choices for Care, the state broadened eligibility criteria to include the medically needy, increased the maximum income eligibility criteria for home- and community-based services to match the criteria for nursing home care, and created a new category of eligible people who were at risk of nursing home placement without some level of service.

People categorized as "highest need" were entitled to either nursing home or HCBS if they met the following criteria:

- Have severe cognitive limitations or require extensive or total assistance with toileting, bed mobility, eating, or transferring;
- Have a monthly income of less than about $2,000 and assets worth less than $2,000 (for nursing home care) or $5,000 (for HCBS).

The next most severely impaired group, the "high need group," had been eligible only for nursing home care and was made similarly eligible for either nursing home or HCBS services. However, the waiver stipulates that the state can maintain a waiting list for applicants in this group when projected expenditures would exceed the budget, making the high need group a financial safety valve for Vermont's long-term care budget.

Those in the "moderate need" group, people considered at risk of needing nursing home care but not yet eligible, are eligible for homemaking services, case management, and adult day services—though, again, only as long as funds are available. The state made these services available to this group because it calculated that they would help keep people out of costlier hospitals and nursing homes.

By 2009, Vermont's Medicaid long-term care program was serving about 50 percent more people, from 3,450 in 2005 to 5,145 participants, without any additional expenditure. What's more, about 60 percent of its Medicaid long-term care recipients were receiving home- and community-based services. The state reduced its nursing home resident population of 2,200 by 10 percent over that period while increasing the number of participants in home- and community-based services by 50 percent—from 1,161 to 1,815. In addition, it provided homemaker services for an additional 1,262 people in the "moderate need" group.[27] In a further indication that the state was providing its residents with the kind of care they preferred, more than 60 percent of its personal care services hours were provided under consumer direction in 2006.[28]

But financial constraints may keep Vermont from being able to provide all the long-term care services its Medicaid recipients need. In November 2009, its financial cap led Vermont to freeze enrollment in HCBS for the moderate need group.

Lessons From the States

The innovative actions described in this brief offer important lessons for other states—and, importantly, for the Centers for Medicare and Medicaid Services (CMS), which could change Medicaid rules at the national level, essentially requiring all states to adopt these best practices. A federal directive would de-politicize the process of expanding access to HCBS by equalizing eligibility criteria

and mandated services across states.

To accelerate the process of rebalancing state long-term care budgets and providing a range of care options for consumers, CMS could require states to adopt eligibility requirements and more effective nursing home diversion practices that make HCBS a viable alternative to nursing homes:

•Set the standard income and asset eligibility requirements for Medicaid-funded home- and community-based services at 300 percent or less of the Federal SSI benefit for income and well above $2000 for assets;

•Implement better spousal protection rules for home- and community-based services;

•Reduce Medicaid-funded nursing home beds to roughly 25 percent of the number of persons expected to need Medicaid long-term care services each year over the next decade;

•Integrate long-term care budgets and administration, so one agency oversees both nursing homes and all home- and community-based services;

•Implement single-points-of-entry for persons seeking long-term care services, whether in nursing homes or community settings and regardless of age and disability, where case managers, using uniform automated assessment tools and processes, will determine eligibility, assess need and help recipients develop a plan for care in the setting of their choice

•Establish policies to expand and stabilize the workforce, including mechanisms for collective bargaining, in all LTC settings.

Especially since the Olmstead decision, states have been looking for effective, cost-efficient ways to rebalance their long-term care systems, and where better to learn what works than from other states? By adopting their best practices of the states near the top of our chart, those near the bottom could streamline a mandated process. Not only could they save themselves time and money, but they could better serve the thousands of their citizens who are in nursing homes when they would rather be at home, or who are simply doing without the long-term care services they need.

End Notes

[1] In *Olmstead v. L.C.*, the Supreme Court ruled that under Title II of the Americans with Disabilities Act (ADA, 1990) the plaintiffs in the case had the right to receive care in the most integrated (i.e. community) setting appropriate and that their unnecessary institutionalization was discriminatory and violated the ADA. http://www.law.cornell.edu/supct/html/98-536.ZS.html. The Court indicated that states should make 'reasonable accommodations' to their long-term care systems, but should not be required to make 'fundamental alterations'. It suggested that compliance might be demonstrated by 'comprehensive, effectively working plans' (Olmstead Plans) to increase community-based services and reduce institutionalization, and by ensuring that waiting lists for services move at a 'reasonable pace' (Smith, J.D.E. and Calandrillo, S.P (2001) Forward to Fundamental Alteration: Addressing ADA Title II Integration Lawsuits After Olmstead v. L.C. Harvard Journal of Law & Public Policy, vol.24, Summer, 695. At: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=694002).

[2] This brief will cover only long-term care for the elderly and physically disabled. People who are intellectually or developmentally disabled are also eligible for Medicaid long-term care services and make up 32% of the participants in long-term care programs. Nationwide, Medicaid spends 66 percent of its long-term care resources on services for the developmentally disabled. The majority is spent on home and community-based care.

[3] http://www.bls.gov/oco/ocos326.htm

[4] Kaye, H. Stephen, Charlene Harrington, and Mitchell P. LaPlante. 2010. "Long-term Care: Who gets it, who provides it, who pays and how much?" Health Affairs, 29, 1, 11-21.

[5] Mollica, Robert L., Kristin Simms Kastelein, and Enid Kassner. 2009. "State-funded home and community based services programs for older adults," AARP Public Policy Institute, accessed November 8, 2009 at http://hcbs.org/files/157/7830/State-Funded_HCBS_for_Older_Americans.pdf; Harrington, Charlene, Terence Ng, and Molly O'Malley Watts. 2009. "Medicaid Home and Community-Based Service Programs: Data Update," Issue Brief for Kaiser Commission on Medicaid and the Uninsured, Publication #7720-03, November, accessed January 18, 2010 at http://www.kff.org/medicaid/upload/7720-03.pdf.

[6] In 2002, states spent 12 percent of their general funds on Medicaid. Including federal financing for state programs, states spent 21 percent of their total budgets on Medicaid (Boyd 2003). While Medicaid currently represents less than 1/3 of state general fund expenditures and long-term care is less than 1/3 of that, expenditures on long-term care, most notably home care, are the fastest-growing component of state Medicaid expenditures, which are in turn the fastest-growing component of state budgets. Many of the costs that underlie that growth are hard to control. (Boyd, Donald J. 2003. "Health Care within the Larger State Budget," in Federalism Health & Policy, 59-109. Washington, D.C.: Urban Institute Press).

[7] In contrast, acute care for the elderly is provided under Medicare which is funded from a social insurance fund. Because the scope of Medicare services is set at the national level there is no variation across states.

[8] CMS, Office of the Actuary. 2008, ibid.

[9] Komisar, Harriet L., J. Feder, and J.C. Kasper. 2005. "Unmet long-term care needs: an analysis of Medicare-Medicaid Dual Eligibles," Inquiry 42 (Summer):171-82; Mollica, Robert L., Enid Kassner, Lina Walder and Ari Houser. 2009. Taking the long view: investing in Medicaid home and community-based services is cost-effective. AARP PPI; Harrington, Charlene, Terence Ng, Stephen H. Kaye, and Robert Newcomer. 2009. Home and Community-Based Services: Public policies to improve access, costs, and quality. University of California, San Francisco: Center for Personal Assistance Services, January, Accessed at http://www.pascenter.org/documents/PASCenter_HCBS_policy_brief.pdf, February 3, 2010.

[10] Table sources: C. Harrington, H. Carrillo, and B. Blank. Table 4, "Nursing, Facilities, Staffing, Residents, and Facility Deficiencies:2003 through 2008," University of California, San Francisco, accessed January 18, 2010 at http://www.nccnhr.org/sites/default/files/OSCAR%20complete%202009.pdf; Harrington, Ng, O'Malley Watts. 2009, ibid and data online at http://www.statehealthfacts.org/compare.jsp.; Burwell, Brian, Kate Stedl, and Eiken, Steve. 2008. Medicaid Long Term Care Expenditures FY 2007. Thomson Reuters, October accessed at

http://www.hcbs.org/moreInfo.php/doc/2374, November 2009.

[11] Blind, aged or disabled persons whose "countable income" does not exceed the SSI benefit level ($664 in 2010) and whose "countable assets" do not exceed a value of $2,000 are eligible for SSI. (Green Book 2008 accessed at http://www.socialsecurity.gov/OACT/COLA/SSIamts.html accessed January 15, 2010).

[12] Only 30 states have included the PCS Option in their State Medicaid Long-Term Care Plan. Of those, in only 17 are the "medically needy" eligible for Personal Care Services and in only 17 are there not limits on service hours (Harrington, Charlene, Terence Ng, and Molly O'Malley. 2008. Medicaid Home and Community-based service Programs: Data Update, Issue Paper for Kaiser Commission on Medicaid and the Uninsured #7720-20, December.)

[13] U.S. Health and Human Services, Office of the Assistant Secretary for Policy Evaluation (ASPE). 2000. Understanding Medicaid Home and Community Services: A Primer. October, accessed at http://aspe.hhs.gov/daltcp/reports/primer.pdf January 12, 2010; Harrington, Ng, & O'Malley. 2008, ibid.

[14] Of the 12.7 million Americans who need assistance, 9.5 million get only unpaid care. (Kaye et al.)

[15] Smith and Calandrillo (2001).

[16] An analysis of rulings in community integration lawsuits after Olmstead has shown that lower courts have generally decided that "evidence of active engagement and slow progress" toward more community-integrated long-term care satisfies the ADA. (Teitelbaum, Joel, Taylor Burke and Sara Rosenbaum, 2004. OLMSTEAD V. L.C. and the Americans with Disabilities Act: Implications for Public Health Policy And Practice. Public Health Reports, v. 119(3): 371–374. Accessed at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497630/pdf/15158117.pdf, Feberuary 2, 2010; Ng, Terence Alice Wong and Charlene Harrington. 2009. Home and Community-Based Services: Introduction to Olmstead Lawsuits and Olmstead Plans, PAS Center, August. Accessed February 3, 2010 at http://www.pascenter.org/olmstead/downloads/Olmstead8_4_09.pdf).

[17] Alecxih L., S. Lutzky and J. Corea. Estimated Savings from the Use of Home and Community Based Alternatives to Nursing Facility Care in Three States, (Washington, D.C.: AARP, 1995). More recently, Kaye, et al. (Kaye, H. Stephen, Mitchell P. LaPlante and Charlene Harrington. 2009. "Do noninstitutional long-term care services reduce Medicaid spending?" *Health Affairs*, V. 28, no. 1: 262 – 272) find that initially states costs may increase but after a few years, rebalancing saves states money. SEIU (SEIU Healthcare. 2010. "A Basic Element of Healthcare—Reform for Seniors: Improving Access to Long Term Care and Supports," An SEIU Healthcare Report, January) reports a projected cost saving to the Federal government, under a scenario in which the federal government increases its share of payments for HCBS, states increase the share of HCBS in response, and using the assumption that states will experience a "woodwork effect" similar to that of Oregon and Washington.

[18] Kane, Robert L., Richard C. Ladd, Rosalie A. Kane, Wendy J. Nielsen. 1996. Oregon's LTC System: A Case Study By The National LTC Mentoring Program, accessed March 3, 2010 at http://www.bcm.edu/ilru/html/publications/pas/ltc.htm.

[19] Federal law requires that a community-resident spouse of a nursing home resident retain a minimum amount of income per month ($1,822 in July 2009) and assets (the greater of $43,000 or half the couple's assets up to a maximum of $109,000), but there is no similar requirement for community-resident spouses of persons in assisted living or other residential care facilities.

[20] Summer, Laura. 2007. "Community-based long term care services financed by Medicaid: managing resources to provide appropriate Medicaid services," Georgetown Public Policy Institute, Long term Care Financing Project, Issue Brief, June. Accessed March 3, 2010 at http://ltc.georgetown.edu/pdfs/summer0607.pdf.

[21] Centers for Medicare and Medicaid Services. 2007. Money Follows the Person (MFP) Rebalancing Demonstration, updated June 7, accessed March 3, 2010 at http://www.cms.hhs.gov/CommunityServices/Downloads/MFP_AwardsSummary.pdf; Noelle Denny-Brown and Debra J. Lipson, 2009. Early Implementation Experiences of State MFP Programs, Reports from the Field, no. 3, November, accessed March 3, 2010 at http://www.cms.hhs.gov/CommunityServices/Downloads/MFPReportNo3Nov09.pdf.

[22] Participants undergo the regular HCBS functional assessment and the value of the needed services is then converted into a cash equivalent that is sent to the participant's bank account every month. Oregon uses a Medicaid 1115 demonstration waiver, which allows the state to circumvent the Medicaid prohibition against consumers hiring a custodial relative such as a spouse or parent. Section 1115 demonstrations are a broad Medicaid waiver authority that can be used by states to design innovative financing and delivery of medical and supportive services for Medicaid recipients. Both Arizona and Vermont now operate their long-term care systems as capitated managed care systems for the provision of long term care services. The Arizona Long Term Care System (ALTCS) provides all Medicaid services to Arizona Medicaid recipients in need of long-term care, including acute medical care services, institutional and HCBS long term care services and case management. (ASPE, ibid.; Harrington, Ng, O'Malley Watts. 2009,ibid; Kassner, Enid, Susan Reinhard, Wendy Fox-Grage, Ari Houser, and Jean Accius. 2008. "A balancing act: state long term care reform," AARP Public Policy Institute accessed January 2, 2010 at http://www.aarp.org/research/ppi/ltc/hcbs/articles/A_Balancing_Act__State_Long-Term_Care_Reform.html).

[23] Illinois has another model for ensuring that the state negotiates with the designated representative of the workers.

[24] Seavey & Salter, 2006, ibid.

[25] There is no federal cap on funding for programs in a state's Medicaid plan, including nursing home, home health and the personal care option. Unlike the global budgeting strategy used by Oregon and Washington, Vermont has agreed to contain overall costs—the maximum or capitated budget, regardless of the number of enrollees.

[26] In contrast, under traditional Medicaid programs, states are entitled to the open-ended matching financing from the federal government through the Federal Medical Assistance Percentage (FMAP).

[27] Vermont Department of Disabilities, Aging and Independent Living, Division of Disability and Aging Services. 2009. Choices for Care Quarterly Data Report, October. Accessed February 3, 2010 at http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rprts/cfc-quarterly-report-october-2009; Crowley, J. and M. O'Malley. 2008. Vermont's Choices for Care Medicaid Long-Term Services Waiver: Progress and Challenges as the Program Concluded its third Year, Kaiser Commission on medicaid and the Uninsured, accessed at http://www.kff.org/medicaid/upload/7838.pdf November 23, 2009.

[28] Seavey and Turnham, 2006, ibid.

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MINUTES OF STATE BUDGET AND CONTROL BOARD MEETING

September 3, 2009 -- 1:30 P. M.

The Budget and Control Board (Board) met at 1:30 p.m. on Thursday, September 3, 2009, in the Governor's conference room in the Wade Hampton Office Building, with the following members in attendance:

Governor Mark Sanford, Chairman;
Mr. Converse A. Chellis, III, State Treasurer;
Mr. Richard Eckstrom, Comptroller General;
Senator Hugh K. Leatherman, Sr., Chairman, Senate Finance Committee; and
Representative Daniel T. Cooper, Chairman, Ways and Means Committee.

Also attending were Budget and Control Board Executive Director Frank Fusco; Chief of Staff William E. Gunn and Division Directors Peggy Boykin, Dianne Poston, and Rich Roberson; General Counsel Edwin E. Evans; Governor's Deputy Chief Counsel Brandon Gaskins; Deputy State Treasurer Frank Rainwater; Comptroller General's Chief of Staff James M. Holly; Senate Finance Committee Budget Director Mike Shealy; Ways and Means Committee Chief of Staff Beverly Smith; Board Secretary Delbert H. Singleton, Jr., and other Budget and Control Board staff.

Adoption of Agenda for Budget and Control Board

Upon a motion by Mr. Cooper, seconded by Mr. Chellis, the Board adopted the agenda as proposed.

Budget and Control Board: Fiscal Year 2009 Operating Deficit (Regular Session Item #1)

By letter dated August 19, 2009, Comptroller General Richard Eckstrom, reported to the members of the Board that after application of the General Reserve Fund the General Fund ended Fiscal Year 2009 with an operating deficit of $98,216,617. Pursuant to Section 11-11-180 of the South Carolina Code of Laws the Board is required to "meet to address the deficit within sixty days of receiving the report" of deficit from the Comptroller.

Mr. Eckstrom stated that his staff and Mr. Chellis' staff have met and have identified excess cash accounts and other balances which can be used to cover the deficit. He said the Board's responsibility is to formalize the borrowing that took place and to mandate a payment schedule in accordance with the statute. He said the last time this happened the Board entered

into a borrowing agreement against balances that were available in the general depository account. He noted that those funds were repaid during the next budget cycle. He said it is as if the borrowing becomes like the capital reserve fund each year where the first dollars go in to restore the capital reserve fund. Mr. Eckstrom said the $98 million would fall in a similar category.

Upon a motion by Mr. Eckstrom, seconded by Senator Leatherman, the Board, received the Comptroller General's report that the General Fund ended the Fiscal Year 2009 with an operating deficit of $98,216,617 and pursuant to Section 11-11-180 of the South Carolina Code of Laws approved the borrowing from any surplus funds that are held in the General Deposit Account within the custody of the State Treasurer the amount needed to balance the Budgetary General Fund. The money borrowed shall be paid on or before June 30, 2011, from the 2010-2011 General Fund.

After voting on the matter, Governor Sanford commented that the Board's action underscores the notion of sustainable spending. He said that adding up the money from the different pots that have been borrowed from, adding in the annualized impact, and adding that at some point stimulus money is coming to an end some frightening scenarios can be created with regard to what policy makers will have to contend with in years going forward.

Mr. Chellis added that the lending agencies are also concerned with the possibility of a GAAP deficit. He said as soon as that is identified they need to be alerted so that they can get it under control for the next budget cycle. He said if the State does not avoid a budget deficit there could be a problem with the State's AAA credit rating. Mr. Eckstrom said that the difference between the deficit he reported and the one Mr. Chellis referred to is what happens to the budgetary numbers once all the accounting standards have been applied that the State has to meet. He said that there are certain standards that direct a state to identify expenditures and if the State has some obligation it is required to book that obligation as a liability. He said that if a revenue account has been collected and is recognized as revenue the accounting standards have to be applied against all of those decisions. He said that if any of the revenue needed to be deferred the accounting standards would require that the budgetary base accounts be adjusted to reflect that reality not just the cash flow.

Information relating to this matter has been retained in these files and is identified as

Exhibit 1.

Office of State Budget: Fiscal Year 2009-10 (Regular Session Item #2)

The Board at its August 13, 2009, meeting received as information the July 16, 2009, notification from the Board of Economic Advisors (BEA) of a downward revision in the FY 2009-10 general fund revenue forecast totaling $328,300,000. The Board ratified the reduction of $120 million from the Capital Reserve Fund and instructed the Office of State Budget to notify state agencies that the Board would consider an appropriation reduction following the August 21, 2009, BEA meeting and the Comptroller General's FY 2008-09 year-end general fund report. Board staff was instructed to schedule a meeting no later than September 18, 2009, but no earlier than completion of the rescheduled BEA meeting and release of the Comptroller General's FY 2008-09 General Fund report.

Following the Board's August 13, 2009, meeting, the Capital Reserve Fund balance is $7,847,888. Section 11-11-325 of the South Carolina Code of Laws directs the Board to first reduce the Capital Reserve Fund prior to mandating any cuts in operating appropriations.

Section 1-11-495 of the South Carolina Code of Laws authorizes the Board to take action to avoid a year-end deficit and states that any reduction in the rate of expenditure is to be "applied as uniformly as may be practicable." In order to limit statewide expenditures and avoid a year-end deficit, reduction of the remaining $7,847,888 Capital Reserve Fund and an across-the-board reduction of $200,452,112 (4.04%) would be needed to adjust FY 2009-10 expenditures to match the BEA revised revenue estimate.

Mr. Eckstrom asked Mr. Boles whether provision has been made in projecting spending activity for the rest of the year for shortfalls in the tax relief hold harmless amounts that the State has bumped into the last couple of years which has been the driver behind deficits. Mr. Boles said that at this point in time the BEA revenue projections for the General Fund and the Homestead Exemption Fund are in balance. He said the BEA will monitor those funds and that they have anticipated the shortfall in '09-'10 and the General Assembly appropriated additional dollars to cover the shortfall. Mr. Boles said that at the BEA's July meeting no change was made with regard to the Homestead Exemption Fund. Mr. Eckstrom asked whether the deficit had been anticipated in previous years in the budget process to which Mr. Boles said that it was. Mr.

Eckstrom asked what was the hold harmless amount that was taken from the General Fund above what was budgeted in '09-'10. Mr. Boles replied that the amount was around $50 million. Mr. Eckstrom asked whether there is any provision in Mr. Boles' recommendation to build any cushion to which Mr. Boles replied there was none.

In further discussion, Mr. Eckstrom asked what provisions have been made for additional operating deficits at the two prisons (the Departments of Correction and Juvenile Justice). He said that based on the action by the Board, the Office of State Budget will have to meet with those agencies to determine if there is going to be an operating deficit. He said if that is the case they will have to bring that back to the Board because no additional deficits were factored into the recommendation and to do so the cut would have to be higher. Mr. Boles said that his office has had conversations with the Department of Corrections and they have indicated that if the Board takes action on this matter they will probably be in trouble. Mr. Eckstrom asked what trouble would be produced that the Board will have to address. Mr. Boles said that for the Department of Corrections the 4.04% cut will mean a reduction of $13.3 million and for the Department of Juvenile Justice that would mean a reduction of $3.9 million.

Governor Sanford pointed out that in the last meeting Mr. Eckstrom and he tried to move forward with the cut and others were hopeful that the numbers might change. He said this reinforces the larger notion that while they all may hope for the best it is incredibly important, as it relates to the budget, to be very fast moving so that additional costs are not stacked up for the agencies. Mr. Eckstrom concurred with Governor Sanford's comments.

Upon a motion by Senator Leatherman, seconded by Mr. Cooper, the Board reduced the remaining Capital Reserve Fund of $7,847,888 pursuant to Section 11-11-325 of the South Carolina Code of Laws; pursuant to Section 1-11-495 of the South Carolina Code of Laws, directed an across-the-board general fund reduction of 4.04% for all agencies totaling $200,452,112, except where prohibited by proviso or statute, to take effect September 18, 2009, unless the General Assembly takes action to the contrary; and, instructed staff to notify the presiding officers of the House and the Senate of the Board's actions.

Information relating to this matter has been retained in these files and is identified as Exhibit 2.

Office of State Budget: Department of Disabilities and Special Needs – Excess Debt Service Funds (Regular Session Item #3)

The Department of Disabilities and Special Needs (DDSN) sought approval to use $5,944,738 of excess debt service funds to meet various improvement needs of the agency. Section 44-20-1170 of the South Carolina Code of Laws establishes a debt service fund for DDSN that is funded with revenue from the agency. Monies from the special fund must be applied by the State Treasurer to the payment of principal and interest on outstanding state capital improvement bonds. If the accumulated revenue in the subfund exceeds the payments due during the current fiscal year and an additional sum equal to the maximum annual debt service requirement of the obligations for a succeeding fiscal year, then the Board may permit the Department to withdraw the excess and use it for other improvements.

The current cash balance in this debt service fund is approximately $7.8 million. The State Treasurer's Office has verified that the last repayment obligation matured in June, 2009 and there are no remaining obligations to this fund.

The Department requested permission to use $5,944,738 of the excess funds to meet the agency's obligations for SCEIS implementation of approximately $3.2 million; to improve its Medicaid billing capabilities at a cost of $100,000 and to improve facilities at three local Disability Boards at a cost of $2.6 million. The Commission of the Department of Disabilities and Special Needs has approved this use of these funds in its 2010 spending plan.

Dr. Eugene A. Laurent appeared before the Board on this matter. Senator Leatherman asked Dr. Laurent whether the DDSN board is fully supportive of what the agency is requesting. Dr. Laurent replied that the DDSN board is supportive of the request and that there was a unanimous vote on this matter.

Upon a motion by Mr. Eckstrom, seconded by Mr. Cooper, the Board approved the Department of Disabilities and Special Needs request to use excess revenue in the debt service subfund for proposed projects to meet the agency's obligation for SCEIS implementation, to improve its Medicaid billing capabilities, and to improve facilities at three local Disability Boards.

Information relating to this matter has been retained in these files and is identified as Exhibit 3.

Adjournment

The meeting was adjourned at 1:55 p.m.

[Secretary's Note: In compliance with Code Section 30-4-80, public notice of and the agenda for this meeting were posted on bulletin boards in the office of the Governor's Press Secretary and in the Press Room, near the Board Secretary's office in the Wade Hampton Building, and in the lobby of the Wade Hampton Office Building at 8:30 a.m. on Wednesday, September 2, 2009.]

Eugene A. Laurent, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy

South Carolina Department of Disabilities And Special Needs

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
V/TTY: 803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

COMMISSION
Kelly Hanson Floyd
Chairman
Richard C. Huntress
Vice Chairman
Otis D. Speight, MD, MBA, CPE
Secretary
W. Robert Harrell
Nancy L. Banov
Susan K. Lait
Deborah C. McPherson

August 14, 2009

Mr. Les Boles, Director
Office of State Budget
Office of the Budget and Control Board
1201 Main Street, Suite 870
Columbia, South Carolina 29201

Dear Les:

The Department of Disabilities and Special Needs is seeking approval from the Budget and Control Board to utilize excess debt service funds to meet improvement needs of the department. Section 44-20-1170 of the SC Code of Laws allows the department, upon approval of the Budget and Control Board, to transfer excess funds to meet improvement needs of the department. The department is seeking approval to use excess special funds to meet the department's obligation of the SCEIS implementation share of $3,244,738, to improve its Medicaid billing capabilities at a cost of $100,000, as well to improve the facility infrastructure of three local Disability Boards at cost of $2.6 million and avoids a further reduction in services.

Attached is a worksheet that documents the funds requested to be transferred to meet the improvement needs of the department. The department currently has over $6 million in excess debt service funds available to meet the improvement needs identified on the worksheet. A copy of Section 44-20-1170 is attached for your review.

The Commission of the Department of Disabilities and Special Needs approved the use of the excess debt service funds in its 2010 spending plan. The use of the excess debt service funds to meet the improvements, as shown on the attached worksheet, enables the department to have a positive financial position for the 2010 fiscal year.

Hopefully, this request can be placed on the next agenda of the Budget and Control Board. Thank you for your attention to this matter.

Sincerely,

Eugene A. Laurent, Ph.D.
State Director

RECEIVED
AUG 14 2009
Budget and Control Board
OFFICE OF STATE BUDGET

/sd

achments

DISTRICT I
325-5328
38-3497
Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733
9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576
DISTRICT II
Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

South Carolina Department of Disabilities & Special Needs
FY 2009-2010 - Transfer from Excess Debt Service

SCEIS - Statewide Accounting System	$3,244,738
Medicaid Billing System	$100,000
Beaufort Day Program Building	$800,000
Horry Day Program Building	$1,000,000
Babcock Day Program Building	$800,000
Total Transfer from Excess Debt Service	$5,944,738

STATE OF SOUTH CAROLINA

OFFICE OF THE STATE TREASURER

CONVERSE A. CHELLIS III, CPA

August 25, 2009

To: Mr. Les Boles

From: Morgan O'Donnell

Re: DDSN Excess Debt Service Funds Request

The Department of Disabilities and Special Needs seeks excess debt service funds in the amount of $5,944,738 for the purpose of meeting the improvement needs of the department.

The primary source of fees pledged to the debt service fund is room and board fees collected from the DDSN's consumers. The majority of fees collected are derived from government payments the consumers receive monthly from Social or Supplemental Security Income.

The balance of the debt service fund for FY2008-09 is $7,845,444.32. The department's last repayment obligation matured on June 1, 2009 and no longer carries any principal or interest obligation from the debt service fund. There are no remaining obligations to the debt service fund.

	Consumer Fees Collected	Interest Earned	Fiscal Year Ending Balance
FY2006-07	$ 4,454,145.91	$ 260,703.69	$ 6,087,226.45
FY2007-08	4,312,907.63	331,647.41	8,314,433.00
FY2008-09	1,501,773.00	329,605.31	7,845,444.32

Based on the foregoing, we conclude that the department's request for an amount of $5,944,738 to be transferred from excess debt service funds may be accommodated for the department to address the current need they have identified.

Please advise if you need further information from us.

The Honorable Converse A. Chellis, III, CPA
Frank Fusco
Ed Evans
Rick Harmon

101 Fax (803) 734-2690
v.treasurer.sc.gov

Post Office Box 11778
Columbia, P. 929211

Wade Hampton Building, 1200 Senate Street
Columbia, SC 29201

South Carolina Code of Laws

Excerpt

SECTION 44-20-1170. Special funds; disposition of revenues; withdrawal of funds.

(A) Following the execution and delivery of its obligations, the commission shall remit to the State Treasurer all its revenues, including accumulated revenues not applicable to prior obligations, for credit to a special fund. The special fund must be applied to meet the sums due by the commission under its obligations. These monies from the special fund must be applied by the State Treasurer to the payment of the principal of and interest on outstanding state capital improvement bonds.

(B) If the accumulation of revenues of the commission in the special fund exceeds the payment due or to become due during the then current fiscal year and an additional sum equal to the maximum annual debt service requirement of the obligations for a succeeding fiscal year, the State Budget and Control Board may permit the commission to withdraw the excess and apply it to improvements that have received the approval of the board or to transfer the excess out of the special fund for contract awards to local disabilities and special needs boards for needed improvements at the local level and for nonrecurring prevention, assistive technology, and quality initiatives at the regional centers and local boards.

STATE BUDGET AND CONTROL BOARD — REGULAR SESSION

MEETING OF September 3, 2009 — ITEM NUMBER 3

AGENCY: Office of State Budget

SUBJECT: Department of Disabilities and Special Needs – Excess Debt Service Funds

The Department of Disabilities and Special Needs (DDSN) is seeking approval to use $5,944,738 of excess debt service funds to meet various improvement needs of the agency. Section 44-20-1170 of the South Carolina Code of Laws establishes a debt service fund for DDSN that is funded with revenue from the agency. Monies from the special fund must be applied by the State Treasurer to the payment of principal and interest on outstanding state capital improvement bonds. If the accumulated revenue in the subfund exceeds the payments due during the current fiscal year and an additional sum equal to the maximum annual debt service requirement of the obligations for a succeeding fiscal year, then the State Budget and Control Board may permit the Department to withdraw the excess and use it for other improvements.

The current cash balance in this debt service fund is approximately $7.8 million. The State Treasurer's Office has verified that the last repayment obligation matured in June, 2009 and there are no remaining obligations to this fund.

The Department is requesting permission to use $5,944,738 of the excess funds to meet the agency's obligations for SCEIS implementation of approximately $3.2 million; to improve its Medicaid billing capabilities at a cost of $100,000 and to improve facilities at three local Disability Boards at a cost of $2.6 million. The Commission of the Department of Disabilities and Special Needs has approved this use of these funds in its 2010 spending plan.

BOARD ACTION REQUESTED:

Approve the Department of Disabilities and Special Needs request to use excess revenue in the debt service subfund for proposed projects to meet the agency's obligation for SCEIS implementation, to improve its Medicaid billing capabilities, and to improve facilities at three local Disability Boards.

ATTACHMENTS:

Agenda item worksheet; Letter from Eugene A. Laurent – State Director, Department of Disabilities and Special Needs; Notification from State Treasurer's Office concerning status and determination of excess capacity for Subfund 4660; Section 44-20-1170 of the South Carolina Code of Laws

BUDGET AND CONTROL BOARD AGENDA ITEM WORKSHEET

2010-04

For Meeting Scheduled for: September 3, 2009 — Regular Agenda

Submitted By:

(a) Agency: Office of State Budget

(b) Authorized Official Signature: Lee Boley

2. Subject:

Department of Disabilities and Special Needs – Excess Debt Service Funds

3. Summary:

The Department of Disabilities and Special Needs (DDSN) is seeking approval to use $5,944,738 of excess debt service funds to meet various improvement needs of the agency. Section 44-20-1170 of the South Carolina Code of Laws establishes a debt service fund for DDSN that is funded with revenue from the agency. Monies from the special fund must be applied by the State Treasurer to the payment of principal and interest on outstanding state capital improvement bonds. If the accumulated revenue in the subfund exceeds the payments due during the current fiscal year and an additional sum equal to the maximum annual debt service requirement of the obligations for a succeeding fiscal year, then the State Budget and Control Board may permit the Department to withdraw the excess and use it for other improvements.

The current cash balance in this debt service fund is approximately $7.8 million. The State Treasurer's Office has verified that the last repayment obligation matured in June, 2009 and there are no remaining obligations to this fund.

The Department is requesting permission to use $5,944,738 of the excess funds to meet the agency's obligations for SCEIS implementation of approximately $3.2 million; to improve its Medicaid billing capabilities at a cost of $100,000 and to improve facilities at three local Disability Boards at a cost of $2.6 million. The Commission of the Department of Disabilities and Special Needs has approved this use of these funds in its 2010 spending plan.

4. What is Board asked to do?

Approve the Department of Disabilities and Special Needs request to use excess revenue in the debt service subfund for the proposed projects.

5. What is recommendation of Board Office involved?

The Office of State Budget recommends approval of the Department's request for permission to use excess revenue in the debt service subfund for the proposed projects.

6. Recommendation of other office (as required)?

Authorized Signature: _____

Office Name:

Supporting Documents:

List those attached:

--Letter from Eugene A. Laurent – State Director, Department of Disabilities and Special Needs

--Notification from State Treasurer's Office concerning status and determination of excess capacity for Subfund 4660

--Section 44-20-1170 of the South Carolina Code of Laws

List those not attached but available:

MINUTES OF STATE BUDGET AND CONTROL BOARD MEETING

August 13, 2009 -- 10:00 A. M.

The Budget and Control Board (Board) met at 10:00 a.m. on Thursday, August 13, 2009, in the Governor's conference room in the Wade Hampton Office Building, with the following members in attendance:

Governor Mark Sanford, Chairman;
Mr. Converse A. Chellis, III, State Treasurer;
Mr. Richard Eckstrom, Comptroller General;
Senator Hugh K. Leatherman, Sr., Chairman, Senate Finance Committee; and
Representative Daniel T. Cooper, Chairman, Ways and Means Committee.

Also attending were Budget and Control Board Executive Director Frank Fusco; Chief of Staff William E. Gunn and Division Directors Peggy Boykin, Dianne Poston, and Rich Roberson; General Counsel Edwin E. Evans; Governor's Deputy Chief Counsel Brandon Gaskins; Deputy State Treasurer Frank Rainwater; Comptroller General's Chief of Staff James M. Holly; Senate Finance Committee Budget Director Mike Shealy; Ways and Means Committee Chief of Staff Beverly Smith; Board Secretary Delbert H. Singleton, Jr., and other Budget and Control Board staff.

[Secretary's Note: The Board met immediately following a meetings of the State Education Assistance Authority and the Educational Facilities Authority for Private, Nonprofit Institutions of Higher Learning, the members of which are the Budget and Control Board members, *ex officio*. Also, prior to the start of the meeting Mr. Eckstrom introduced his new Chief of Staff, James M. Holly, to the Board members.]

Minutes of Previous Meeting

Upon a motion by Senator Leatherman, seconded by Mr. Cooper, the Board approved the minutes of the June 29, 2009, Budget and Control Board meeting; acting as the Education Assistance Authority, approved the minutes of the June 29, 2009, Authority meeting; acting as the Educational Facilities Authority for Private, Nonprofit Institutions of Higher Learning, approved the minutes of the June 29, 2009 Authority meeting; and, acting as the Tobacco Settlement Revenue Management Authority, approved the minutes of the June 29, 2009, Authority meeting.

Adoption of Agenda for Budget and Control Board

Upon a motion by Senator Leatherman, seconded by Mr. Cooper, the Board adopted the agenda after amending the agenda to modify regular session item #2 concerning Governor Sanford's recommendation to include a wellness initiative as part of the item and adding regular session item #13A concerning a real property acquisition on behalf of the Adjutant General's Office.

Blue Agenda

Upon a motion by Senator Leatherman, seconded by Mr. Cooper, the Board approved blue agenda items, except as otherwise noted herein.

State Treasurer: Bond Counsel Selection (Blue Agenda Item #1)

The Board approved the following notification of the assignment of bond counsel for onduit issues for ratification of issuer's counsel only for which Board approval was requested:

ONDUIT ISSUES: (For ratification of Issuer's Counsel only)

Description of Issue	Agency/Institution (Borrower)	Borrower's Counsel	Issuer's Counsel
2,000,000 SC DA	Young Men's Christian Association of Greater Spartanburg	Haynsworth Sinkler Boyd, P.A.	McNair Law Firm
700,000 SC)A	East Cooper Montessori Charter School Booster Club, Inc	Howell Linkous & Nettles, LLC	Nexsen Pruet
000,000 SC)A	SC State Museum Foundation	Haynsworth Sinkler Boyd, P.A.	McNair Law Firm
,000,000 SC)A	Institute for Business and Home Safety	Nexsen Pruet	Haynsworth Sinkler Boyd, P.A.

Information relating to this matter has been retained in these files and is identified as bit 1.

e of the State Budget: Real Property Acquisitions (Blue Agenda Item #2)

Mr. Eckstrom commented that he does not understand why the State moves ahead with onal capital acquisitions. He said the present case involves a university whose tuition rates

continue to rise. He said the land does not seem to be at risk because it is owned by the University's foundation which was established to facilitate transactions like this to benefit the University. He said that given the State's extreme financial environment, foundations that have their own funding should continue to carry property like this on behalf of the universities. He stated that state taxpayers should not have to bailout the public-private foundations in this current environment. He further stated that the State should not be using money to buy property now when those acquisitions can be deferred. Mr. Eckstrom asked that this item be voted on separately.

Mr. Eckstrom moved that this item be deferred until the State begins to break even on a month-to-month basis. The motion was seconded by Governor Sanford. Mr. Eckstrom and Governor Sanford voted for the motion. Mr. Cooper, Mr. Chellis, and Senator Leatherman voted against the motion. The motion to defer the approval of the real property acquisitions failed.

Upon a motion by Senator Leatherman, seconded by Mr. Cooper, the Board approved the following real property acquisitions as recommended by the Office of State Budget. Senator Leatherman, Mr. Cooper, and Mr. Chellis voted for the motion. Governor Sanford and Mr. Eckstrom voted against the motion.

(a)	Agency:	Winthrop University
	Acreage:	.49± acres with a 1,500 square foot office building
	Location:	At 304/308 Stewart Avenue in Rock Hill
	County:	York
	Purpose:	To provide additional administrative office space
	Appraised Value:	$127,000
	Price/Seller:	$95,125 / Winthrop University Real Estate Foundation, Inc.
	Source of Funds:	Appropriated State
	Project Number:	H47-9563
	Environmental Study:	Approved
	Building Condition Assessment:	Approved
	Additional Annual Op Cost/SOF:	None
	Current Year Property Tax:	N/A - Exempt
	Approved By:	CHE on 7/13/09; JBRC on 8/5/09
(b)	Agency:	Winthrop University
	Acreage:	5.9± acres of unimproved land
	Location:	At Culp and Ivey Streets in Rock Hill

APPENDIX G – 2

Factor D

LOC: ICF/MR

Demonstration of Factor D estimates: Waiver Year 5

Waiver Service Column A	# Undup. Recip Column B	Avg. # Units/User Column C	Avg. Unit Cost/Basis Column D	Total Column E
PT	60	22	$44.10.Hour	$58,212
OT	60	22	44.10/Hour	58,212
Speech	60	33	44.10/Hour	87,318
Psychological services	30	33	72.77/Hour	72,042
Audiology	60	11	44.10/Hour	29,106
Behavior Supports	60	33	66.15/Hour	130,977
Special Equip./Supplies	1,440	N/A	2,500.00/Per Item	3,600,000
Day Hab.	2,160	198	44.57/Day	19,061,698
Prevocational Hab.	2,400	198	44.57/Day	21,179,664
Supported Employment	360	88	21.68/Hour	686,822
Residential Hab.-Daily	3,120	319	159.18/Day	158,428,670
Residential Hab.-Hourly	60	176	17.51/Hour	184,906
Adult Day Health	30	198	41.90/Day	248,886
Personal Care 1	60	440	10.67/Hour	281,688
Personal Care 2	600	550	13.58/Hour	4,481,400
Prescription Drugs	2,640	22	40.52/Per Item	2,353,402
Environmental Mods.	90	N/A	7,500.00/Per Item	675,000
Respite Non-Inst. Day	660	27.5	53.06/Day	963,039
Respite Non-Inst. Hour	240	330	6.63/Hour	525,096
Respite Inst. ICF/MR	30	22	157.30/Day	103,818
Adult Companion	120	440	11.91/Hour	628,848
Adult Dental	960	2	112.46/Per Visit	215,923
Adult Vision	660	2	77.18/Per Visit	101,878
Nursing LPN	210	1,320	20.00/Hour	5,544,000
Nursing RN	30	660	30.00/Hour	594,000
Private Vehicle	30	N/A	7,500.00/Per Item	225,000
Grand Total (sum of Column E):				$217,252,605
Factor C:				6,000
Factor D (Per Capita Average): Divide by C:				$36,209
Average Length of Stay:				11.00 months

Waiver Services	
Residential Habilitation	
Respite Care	
Adult Dental Services	
Adult Vision	
Audiology Services	
Prescribed Drugs	
Adult Attendant Care Services	
Adult Companion Services	
Adult Day Health Care Nursing	
Adult Day Health Care Transportation	
Behavior Support Services	
CAREER PREPARATION SERVICES	
COMMUNITY SERVICES	
Day Activity	
EMPLOYMENT SERVICES	
Environmental Modifications	
Nursing Services	
Personal Emergency Response System (PERS)	
Private Vehicle Modifications	
Psychological Services	
Specialized Medical Equipment, Supplies and Assistive Technology	
Support Center Services	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Care, Adult Day Health Care Services Total:						1818000.00
Adult Day Health Care, Adult Day Health Care Services	Day	202	200.00	45.00	1818000.00	
Personal Care 2, Personal Care 1 Total:						3499020.00
Personal Care 1	hour	63	67.00	12.00	50652.00	
				GRAND TOTAL:		218662353.40
				Total Estimated Unduplicated Participants:		6380
				Factor D (Divide total by number of participants):		34232.12
				Average Length of Stay on the Waiver:		338

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Personal Care 2	hour	693	311.00	16.00	3448368.00	
Residential Habilitation Total:						196803054.00
Hourly Residential Habilitation	Hour	189	356.00	55.00	3700620.00	
Daily Residential Habilitation	Day	3591	322.00	167.00	193102434.00	
Respite Care Total:						8724390.00
ICF/MR Respite	Day	126	33.00	270.00	1122660.00	
Nursing Facility Respite	Day	38	22.00	120.00	100320.00	
Respite - In-home hourly	hour	945	756.00	10.50	7501410.00	
Adult Dental Services Total:						668304.00
Adult Dental Services	Visit	3276	2.00	102.00	668304.00	
Adult Vision Total:						30240.00
Adult Vision	visit	756	1.00	40.00	30240.00	
Audiology Services Total:						21120.00
Audiology Services	hour	32	11.00	60.00	21120.00	
Prescribed Drugs Total:						1053360.00
Prescribed Drugs	Item	1197	22.00	40.00	1053360.00	
Adult Attendant Care Services Total:						122409.60
Adult Attendant Care Services	hour	32	311.00	12.30	122409.60	
Adult Companion Services Total:						423208.80
Adult Companion Services	hour	126	311.00	10.80	423208.80	
Adult Day Health Care Nursing Total:						21645.00
Adult Day Health Care Nursing	Day	13	111.00	15.00	21645.00	
Adult Day Health Care Transportation Total:						357210.00
Adult Day Health Care Transportation	Day	126	189.00	15.00	357210.00	
Behavior Support Services Total:						75240.00
Behavior Support Services	Hour	38	33.00	60.00	75240.00	
				GRAND TOTAL:		278662353.40
				Total Estimated Unduplicated Participants:		6300
				Factor D (Divide total by number of participants):		44231.12
				Average Length of Stay on the Waiver:		338

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
CAREER PREPARATION SERVICES Total:						23505300.00
CAREER PREPARATION SERVICES	Unit	2583	400.00	22.75	23505300.00	
COMMUNITY SERVICES Total:						5733000.00
COMMUNITY SERVICES	Unit	630	400.00	22.75	5733000.00	
Day Activity Total:						17199000.00
Day Activity	Unit	1890	400.00	22.75	17199000.00	
EMPLOYMENT SERVICES Total:						1847349.00
Group	Unit	284	89.00	22.75	575029.00	
Individual	Hour	284	56.00	80.00	1272320.00	
Environmental Modifications Total:						472500.00
Environmental Modifications	Item	63	1.00	7500.00	472500.00	
Nursing Services Total:						3935227.00
LPN Nursing	hour	221	623.00	25.00	3442075.00	
RN Nursing	hour	32	467.00	33.00	493152.00	
Personal Emergency Response System (PERS) Total:						16416.00
Installation	Item	38	1.00	36.00	1368.00	
Monthly Monitoring	Month	38	11.00	36.00	15048.00	
Private Vehicle Modifications Total:						240000.00
Private Vehicle Modifications	Item	32	1.00	7500.00	240000.00	
Psychological Services Total:						63360.00
Psychological Services	Hour	32	33.00	60.00	63360.00	
Specialized Medical Equipment, Supplies and Assistive Technology Total:						6300000.00
Specialized Medical Equipment, Supplies and Assistive Technology	Item	2520	1.00	2500.00	6300000.00	
Support Center Services Total:						5733000.00
				GRAND TOTAL:		279662352.40
				Total Estimated Unduplicated Participants:		6300
				Factor D (Divide total by number of participants):		44232.12
				Average Length of Stay on the Waiver:		338

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

June 11, 2009

Suzanne Bosstick, Director
Center for Medicaid and State Operations/DEHPG
Department of Health and Human Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

Re: Temporary 90-day extension request
South Carolina MR/RD waiver #0237.R03.05

Attention: Teresa Pratt

Dear Ms. Bosstick:

The South Carolina Mental Retardation and Related Disabilities (MR/RD) waiver expires September 30, 2009. The South Carolina Department of Health and Human Services (SCDHHS) has been working diligently with the South Carolina Department of Disabilities and Special Needs (SCDDSN), the operating agency, since October, 2008 on the development of the waiver renewal and preparing it in Version 3.5 HCBS Waiver Application format. This work is on schedule, and we expect to have it completed in sufficient time to submit the waiver document at least 90 calendar days in advance of the approved waiver's expiration date.

However, within the past several weeks there has been turnover in four of the seven positions on the SCDDSN Commission. The waiver renewal contains service reductions that have been proposed by SCDDSN in response to a series of reductions in state appropriations for State Fiscal Year 2009 and State Fiscal Year 2010. The SCDDSN Commission is requesting more time to evaluate possible alternatives to the proposed service reductions and has asked SCDHHS to seek this extension. Please see the attached SCDDSN request.

Therefore, in accordance with CMS guidance (Instructions, Technical Guide and Review Criteria, pages 29 and 30), the State of South Carolina requests a temporary 90-day extension for the MR/RD waiver that would extend the current expiration date to December 31, 2009. We appreciate your consideration of this request.

Sincerely,

Emma Forkner
Director

c: Mary Kay Justice, RO
Kimberly Adkins-McCoy, RO
Mark Reed, CO
Dr. Andy Laurent, SC DDSN

Attachment: DDSN Letter

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896

DILL, RICHARD HENRY Medicaid ID [redacted] DOB [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Num Days	Claim ID	Provider Type	POS	Diag Codes	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/09/07	03/09/07		07075002201600000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/23/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/09/07	03/09/07		07082005708126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/09/07	03/09/07		07169002958143 10A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/09/07	03/09/07		07127002808117 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$9.38	$9.37	05/11/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/10/07	03/11/07		07127002808117 10A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$100.00	$100.00	05/11/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/12/07	03/12/07		07082005700128 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/12/07	03/12/07		07127002808117 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$43.75	$43.75	05/11/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/13/07	03/13/07		08023000728153 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/13/07	03/13/07		07082005708126 20A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/14/07	03/14/07		08023000728153 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/14/07	03/14/07		07082005708128 20A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/15/07	03/15/07		08023000728153 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/15/07	03/15/07		07082005708128 20A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	03/30/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/15/07	03/15/07		07127002808117 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	05/11/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/16/07	03/16/07		07101007688126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/16/07	03/16/07		07162000808135 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	06/15/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/16/07	03/16/07		07127002808117 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	05/11/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/18/07	03/18/07		07127002808117 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	05/11/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/19/07	03/19/07		07101007688126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/20/07	03/20/07		07101007688126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/21/07	03/21/07		07101007688126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/22/07	03/22/07		07095000901600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/13/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/22/07	03/22/07		07101007688126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/23/07	03/23/07		07095000901600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/13/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/23/07	03/23/07		07101007688126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	03/23/07	03/23/07		07169002958143 20A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/24/07	03/27/07		07127002808117 20A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$200.00	$200.00	05/11/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/26/07	03/26/07		07101007688126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/27/07	03/27/07		07101007688126 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/28/07	03/28/07		07095000901600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$14.80	$14.00	04/13/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/28/07	03/28/07		07101007688126 20A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/28/07	03/28/07		07138007438107 00A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	05/25/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/29/07	03/29/07		07095000901600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/13/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/29/07	03/29/07		07101007688126 20A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	03/30/07	03/30/07		07095000901600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/13/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/30/07	03/30/07		07101007688126 20A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/18/07
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	03/31/07	03/31/07		07162005218116 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$235.00	$235.00	06/15/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/02/07	04/02/07		07128001331600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/02/07	04/02/07		07115002888116 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/02/07	04/02/07		07169002958143 20A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/03/07	04/03/07		07128001331600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/03/07	04/03/07		07115002888116 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/03/07	04/03/07		07160001658116 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	07/06/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/04/07	04/04/07		07128001331600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/04/07	04/04/07		07115002888116 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/04/07	04/04/07		07162000808135 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$53.08	$53.08	06/15/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/05/07	04/05/07		07128001331600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/05/07	04/05/07		07115002888116 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/06/07	04/06/07		07128001331600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/06/07	04/06/07		07115002888116 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/06/07	04/06/07		07160001658116 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/06/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/08/07	04/08/07		07160001658116 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/06/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/09/07	04/09/07		07128001331600 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/09/07	04/09/07		07115002888116 10A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/09/07	04/09/07		07160001658116 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/05/07

South Carolina Department of Health and Human Services
Detailed Claims Report

DILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charges Submitted	Net Paid Payment	Paid Date
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/10/07	04/10/07		0712800133160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/10/07	04/10/07		0711500288811610A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/10/07	04/10/07		0718000165811610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.87	$21.87	07/06/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/11/07	04/11/07		0711500288811610A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/11/07	04/11/07		0718000165811610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	07/06/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/12/07			0710800854011000D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	04/27/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/12/07			0710800864401100D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	04/27/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/12/07	04/12/07		0711500288811620A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/12/07	04/12/07		0718000165811610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	07/06/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/13/07	04/13/07		0712800133160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/29/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/13/07	04/13/07		0711500288811620A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	05/04/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/15/07	04/15/07		0718000165811610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/06/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/16/07	04/16/07		0712800134160000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/18/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/16/07	04/16/07		0716200808813500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.16	$105.16	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/17/07	04/17/07		0713000178811910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/18/07	04/18/07		0713000178811910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/18/07	04/18/07		0718000165811820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	07/06/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/19/07	04/19/07		0713000178811910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/20/07	04/20/07		0713000178811910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/20/07	04/20/07		0716900295814320A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/20/07	04/20/07		0718000165811820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	07/06/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/22/07	04/22/07		0718000165811820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/06/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/23/07	04/23/07		0713000178811910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/24/07	04/24/07		0713000178811910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/25/07	04/25/07		0713000178811910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/25/07	04/25/07		0718000165811620A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/06/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/26/07	04/26/07		0713000178811920A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/27/07	04/27/07		0713000178811920A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/27/07	04/27/07		0716900295814320A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/29/07	04/29/07		0718000165811820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	07/06/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/30/07	04/30/07		0713000178811920A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	04/30/07	04/30/07		0716200521811600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	06/15/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/30/07	04/30/07		0718000165811620A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/06/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/01/07	05/01/07		0715100173810510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/02/07	05/02/07		0715100173810510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/02/07	05/02/07		0716900295814320A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/02/07	05/02/07		0720600284811500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	08/03/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/03/07	05/03/07		0715100173810510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/04/07	05/04/07		0715100173810510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/06/07	05/06/07		0720600284811500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	08/03/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/07/07	05/07/07		0715100173810510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/08/07	05/08/07		0715100173810510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/09/07	05/09/07		0715100173810510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/09/07	05/09/07		0720600284811500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	08/03/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/10/07			0713600320402100D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	05/25/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/10/07			0713600333402100D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	05/25/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/10/07	05/10/07		0715100173810510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/11/07	05/11/07		0715100173810520A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/13/07	05/13/07		0720600284811500A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	08/03/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/14/07	05/14/07		0715100173810520A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/15/07	05/15/07		0715100173810520A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/16/07	05/16/07		0715800266816110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/16/07	05/16/07		0716200808813500A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/17/07	05/17/07		0715800266816110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/18/07	05/18/07		0715800266816110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07

South Carolina Department of Health and Human Services
Detailed Claims Report

ILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charges Submitted	Net Amt Payment	Paid Date
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/18/07	05/18/07		07169002958143 20A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/21/07	05/21/07		07158002668161 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/21/07	05/21/07		07169002958143 20A	22	3	3439	Cerebral Palsy NOS	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.36	$27.36	06/22/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/22/07	05/22/07		07158002668161 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/23/07	05/23/07		07158002668161 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/24/07	05/24/07		07158002668161 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	05/24/07	05/24/07		07180001658118 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	07/06/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/25/07	05/25/07		07158002668161 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/28/07	05/28/07		07158002668161 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/29/07	05/29/07		07158002668161 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/30/07	05/30/07		07158002668161 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/31/07	05/31/07		07158002668161 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/15/07
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	05/31/07	05/31/07		07162005218116 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/01/07	06/01/07		07173002098132 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/01/07	06/01/07		07232008838102 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/04/07			07157001974086 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	08/15/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	06/04/07			07157001744086 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	06/15/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/04/07	06/04/07		07173002098132 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/04/07	06/04/07		07232008838102 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/05/07	06/05/07		07173002098132 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/05/07	06/05/07		07232008838102 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/06/07	06/06/07		07173002098132 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/06/07	06/06/07		07232008838102 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/07/07	06/07/07		07173002098132 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/07/07	06/07/07		07232008838102 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/08/07	06/08/07		07173002098132 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/08/07	06/08/07		07232008838102 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/11/07	06/11/07		07173002098132 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/11/07	06/11/07		07232008838102 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/12/07	06/12/07		07173002098132 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/12/07	06/12/07		07232008838102 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/24/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/13/07	06/13/07		07173002098132 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/13/07	06/13/07		07232008838102 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/31/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/14/07	06/14/07		07173002098132 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/14/07	06/14/07		07232008838102 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	08/31/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	06/15/07	06/15/07		07173002098132 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	06/29/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/15/07	06/15/07		07232008838102 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	08/31/07
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	06/30/07	06/30/07		07192007398142 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	07/20/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/02/07	07/02/07		07206009668125 00A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/02/07	07/02/07		07278060920132 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/03/07	07/03/07		07206009668125 00A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/03/07	07/03/07		07278060920132 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/05/07			07192001164102 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	07/20/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/05/07			07192001021402 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	07/20/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/05/07	07/05/07		07206009668125 00A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/05/07	07/05/07		07278060920132 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/06/07	07/06/07		07206009668125 00A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/06/07	07/06/07		07278060920132 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/12/07	07/12/07		07206009668125 00A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/12/07	07/12/07		07278060920132 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/13/07	07/13/07		07206009668125 00A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/03/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/13/07	07/13/07		07278060920132 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/16/07	07/16/07		07221007028126 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/16/07	07/16/07		07278060930132 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/17/07	07/17/07		07221007028126 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07

ILL, RICHARD HENRY *Medicaid ID:* [redacted] *DOB:* [redacted] *Gender: Male*

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charged Submitted	Total Payment	Paid Date
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/17/07	07/17/07		07278060930132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/18/07	07/18/07		07221007028126104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/18/07	07/18/07		07278060930132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/19/07	07/19/07		07221007028126104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/19/07	07/19/07		07278060930132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/20/07	07/20/07		07221007028126104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/21/07	07/21/07		07278060930132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/23/07	07/23/07		07221007028126104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/23/07	07/23/07		07278060930132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/24/07	07/24/07		07207005133000008	30	11	--	-Missing	D1110	PROPHYLAXIS-ADULT	$61.00	$35.00	08/03/07
KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/24/07	07/24/07		07207005133000008	30	11	--	-Missing	D0120	PERIODIC ORAL EVALUATION	$30.00	$22.00	08/03/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/24/07	07/24/07		07221007028126104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/24/07	07/24/07		07278060940132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/25/07	07/25/07		07221007028126104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/25/07	07/25/07		07278060940132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/26/07	07/26/07		07221007028126204	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/26/07	07/26/07		07278060940132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/27/07	07/27/07		07221007028126204	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/27/07	07/27/07		07278060940132000A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	10/19/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/28/07	07/31/07		07278060940132000A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$200.00	$200.00	10/19/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/30/07	07/30/07		08023008788156004	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/30/07	07/30/07		07221007028126204	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/31/07	07/31/07		08023008788156004	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/31/07	07/31/07		07221007028126204	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/17/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/01/07	08/01/07		08023008836156104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/01/07	08/01/07		07235001508124104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/01/07	08/01/07		07278060940132000A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	10/19/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/01/07	08/10/07		07303070290181004	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$500.00	$500.00	11/09/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/02/07	08/02/07		08023008836156104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/02/07	08/02/07		07235001508124104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/03/07	08/03/07		08023008836156104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/03/07	08/03/07		07235001508124104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/06/07	08/06/07		07235001508124104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$98.20	$96.20	08/31/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/07/07	08/07/07		07235001508124104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/08/07	08/08/07		08023008836156104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/08/07	08/08/07		07235001508124104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/09/07	08/09/07		08023008836156104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/09/07	08/09/07		07235001508124104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/10/07			07227001264061000	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	08/24/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	08/10/07			07227008984060000	70	1				SOD FLUORIDE 0.5MG(1.1MG)T8	$9.49	$5.55	08/24/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/10/07	08/10/07		08023008838156104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/10/07	08/10/07		07235001508124104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/13/07	08/13/07		08023008838156104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/13/07	08/13/07		07235001508124204	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/13/07	08/13/07		07303070300181004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	11/09/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/14/07	08/14/07		08023008838156104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/14/07	08/14/07		07235001508124204	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/14/07	08/14/07		07303070300181004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	11/09/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/15/07	08/15/07		08023008838156204	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/15/07	08/15/07		07235001508124204	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	08/31/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/15/07	08/15/07		07303070290181004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	11/09/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/16/07	08/16/07		08023008838156204	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/16/07	08/16/07		07248003168139104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/16/07	08/16/07		07303070290181004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$28.13	$28.12	11/09/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/17/07	08/17/07		07248003168139104	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07

South Carolina Department of Health and Human Services
Detailed Claims Report

ILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days Paid	Claim ID	Provider Type Code	POS	Diag Code	Diag Code	Proc Code	Procedure/Drug Name	Charge Amount Submitted	Net Amount Payment	Payment Date
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/17/07	08/17/07		07303070290181 00A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$50.00	$50.00	11/09/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/19/07	08/19/07		07303070290181 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	11/09/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/20/07	08/20/07		08023000858157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/20/07	08/20/07		07248003168139 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/20/07	08/20/07		07303070290181 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	11/09/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/21/07	08/21/07		08023000858157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/21/07	08/21/07		07248003168139 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/22/07	08/22/07		08023000858157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/22/07	08/22/07		07248003168139 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/23/07	08/23/07		08023000858157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/23/07	08/23/07		07248003168139 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/24/07	08/24/07		08023000858157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/24/07	08/24/07		07248003168139 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/27/07	08/27/07		08023000883815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/27/07	08/27/07		07248003168139 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/28/07	08/28/07		08023000883815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/28/07	08/28/07		07248003168139 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	09/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/29/07	08/29/07		08023000883815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/29/07	08/29/07		07269003398127 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/30/07	08/30/07		07269003398127 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/31/07	08/31/07		08023000883815620A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/31/07	08/31/07		07269003398127 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	08/31/07	09/31/07		07337002148138 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/04/07	09/04/07		08023001088157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/04/07	09/04/07		07269003398127 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	09/04/07	09/04/07		07337002148138 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.62	$79.62	12/07/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/05/07			07255004904129 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	09/21/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/05/07			07255005234129 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$9.55	09/21/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/05/07	09/05/07		08023001088157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/05/07	09/05/07		07269003398127 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/06/07	09/06/07		08023001088157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/06/07	09/06/07		07269003398127 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/07/07	09/07/07		08023001088157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/07/07	09/07/07		07269003398127 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/09/07	09/11/07		07341077390169 00A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$150.00	$150.00	12/21/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/10/07	09/10/07		08023001128157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/10/07	09/10/07		07269003398127 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/11/07	09/11/07		08023001128157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/11/07	09/11/07		07269003398127 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/12/07	09/12/07		08023001128157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$59.20	$59.20	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/12/07	09/12/07		07269003398127 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/13/07	09/13/07		08023001128157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/13/07	09/13/07		07269003398127 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/13/07	09/13/07		07341077390169 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	12/21/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/14/07	09/14/07		08023001128157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/14/07	09/14/07		07269003398127 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/05/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/16/07	09/16/07		07341077390169 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	12/21/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/17/07	09/17/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/17/07	09/17/07		07281000458124 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/18/07	09/18/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/18/07	09/18/07		07281000458124 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/07	09/19/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/19/07	09/19/07		07281000458124 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/19/07	09/19/07		07341077390169 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	12/21/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/20/07	09/20/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08

DILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date From	Service Date To	Days	Claim ID	Provider Type Codes	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charges Submitted	Net Paid Payments	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/20/07	09/20/07		07281000458124 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/21/07	09/21/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/21/07	09/21/07		07281000458124 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/23/07	09/23/07		07341077390169 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/21/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/24/07	09/24/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/24/07	09/24/07		07281000458124 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/25/07	09/25/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/25/07	09/25/07		07281000458124 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/07	09/26/07		08023001158157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/26/07	09/26/07		07281000458124 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/27/07	09/27/07		08023001158157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/27/07	09/27/07		07281000458124 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$96.20	$96.20	10/12/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/28/07	09/28/07		07281000458124 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$148.00	$148.00	10/12/07
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	09/30/07	09/30/07		08026008618154 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$235.00	$235.00	02/01/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	09/30/07	09/30/07		07341077390189 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	12/21/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/01/07			07276000994093 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$67.29	10/12/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/01/07			07276001274093 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	10/12/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/01/07	10/01/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/01/07	10/01/07		07297001958151 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/02/07	10/02/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/02/07	10/02/07		07297001958151 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/07	10/03/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/03/07	10/03/07		07297001958151 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/04/07	10/04/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/04/07	10/04/07		07297001958151 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/05/07	10/05/07		07297001958151 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/08/07	10/08/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/08/07	10/08/07		07297001958151 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/09/07	10/09/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/09/07	10/09/07		07297001958151 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/10/07	10/10/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/07	10/10/07		07297001958151 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/11/07	10/11/07		08023001188157 10A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/11/07	10/11/07		07297001958151 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/12/07	10/12/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/12/07	10/12/07		07297001958151 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/15/07	10/15/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/15/07	10/15/07		07297001958151 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/16/07	10/16/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/16/07	10/16/07		07313005458112 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/17/07	10/17/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/17/07	10/17/07		07313005458112 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/18/07			07297002534026 00D	70	1				NYSTATIN 100,000 UNIT/GM CREA	$12.12	$6.09	11/02/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/18/07	10/18/07		08023001188157 20A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/18/07	10/18/07		07313005458112 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/18/07	10/18/07		08030003908164 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$46.88	$46.87	02/06/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/19/07	10/19/07		07313005458112 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/19/07	10/19/07		08030003908164 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/08/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/21/07	10/21/07		08030003908164 00A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/08/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/22/07	10/22/07		08023001268157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/22/07	10/22/07		07313005458112 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/23/07	10/23/07		08023001268157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/23/07	10/23/07		07313005458112 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/24/07	10/24/07		08023001268157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/24/07	10/24/07		07313005458112 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07

South Carolina Department of Health and Human Services
Detailed Claims Report

DILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Amt Submitted	Net Cash Payment	Paid Date
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/25/07	10/25/07		08023001268157004	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/25/07	10/25/07		07313005458112104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/25/07	10/25/07		08030003908164004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	02/08/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/26/07	10/26/07		08023001268157004	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/26/07	10/26/07		07313005458112204	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/16/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	10/26/07	10/26/07		08030003908164004	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	02/08/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/29/07			07304002534051004	70	1				BACLOFEN 10 MG TABLET	$130.24	$88.95	11/09/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/29/07			07304002454051004	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$9.55	11/09/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/29/07	10/29/07		08023001268157004	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/29/07	10/29/07		07332009448123104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/30/07	10/30/07		08023001268157004	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/30/07	10/30/07		07332009448123104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/31/07	10/31/07		08023001268157004	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/31/07	10/31/07		07332009448123104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/01/07	11/01/07		08023001348110104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/01/07	11/01/07		07332009448123104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/01/07	11/01/07		08047002418108104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	02/22/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/02/07	11/02/07		08023001348110104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/02/07	11/02/07		07332009448123104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/02/07	11/02/07		08047002418108104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	02/22/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/04/07	11/04/07		08047002418108104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	02/22/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/05/07	11/05/07		08023001348110104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/05/07	11/05/07		07332009448123104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/06/07	11/06/07		08023001348110104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/06/07	11/06/07		07332009448123104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/07	11/07/07		08023001348110104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/07/07	11/07/07		07332009448123104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/08/07	11/08/07		08023001348110104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/08/07	11/08/07		07332009448123204	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/08/07	11/08/07		08047002418108104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.63	$15.62	02/22/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/09/07	11/09/07		08023001348110104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/09/07	11/09/07		07332009448123204	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/12/07	11/12/07		08023001348110104	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/12/07	11/12/07		07332009448123204	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/13/07	11/13/07		07332009448123204	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/13/07	11/13/07		08047002418108104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$31.25	$31.25	02/22/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/14/07	11/14/07		08023001348110204	61	12	3438	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/14/07	11/14/07		07332009448123204	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/15/07	11/15/07		08023001348110204	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/15/07	11/15/07		07332009448123204	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/07/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/16/07	11/16/07		08023001348110204	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/16/07	11/16/07		07344002558127104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/18/07	11/18/07		08047002418108104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$46.88	$46.87	02/22/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/19/07	11/19/07		08023001348110204	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/19/07	11/19/07		07344002558127104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/20/07	11/20/07		08023001348110204	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/20/07	11/20/07		07344002558127104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/21/07	11/21/07		07344002558127104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/21/07	11/24/07		08047002418108104	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$200.00	$200.00	02/22/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/22/07	11/22/07		07344002558127104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/23/07	11/23/07		07344002558127104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/25/07	11/25/07		08047002418108104	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	02/22/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/26/07	11/26/07		08023001348110204	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/26/07	11/26/07		07344002558127104	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/27/07	11/27/07		08023001348110204	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08

South Carolina Department of Health and Human Services
Detailed Claims Report

ILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge $ Submitted	Net Pay $ Payment	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/27/07	11/27/07		0734400255812710A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	11/27/07	11/27/07		0814900560813100A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/06/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/27/07	11/27/07		0804700241810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	02/22/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/28/07			07339000044148000	70	1				BACLOFEN 10 MG TABLET	$130.24	$88.95	12/14/07
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/28/07			07339005214137000	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	12/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/28/07	11/28/07		0802300134811020A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/28/07	11/28/07		0734400255812720A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	11/28/07	11/28/07		0804700241810820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$9.38	$9.37	02/22/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/29/07	11/29/07		0802300134811030A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/29/07	11/29/07		0734400255812720A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/30/07	11/30/07		0802300134811030A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/30/07	11/30/07		0734400255812720A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/14/07
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/07	11/30/07		0802800861815400A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$250.00	$250.00	02/01/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/02/07	12/02/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/03/07	12/03/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/03/07	12/03/07		0736000042810010A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/04/07	12/04/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/04/07	12/04/07		0736000042810010A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/05/07	12/05/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/05/07	12/05/07		0736000042810010A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/06/07	12/06/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$29.60	$29.60	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/06/07	12/06/07		0736000042810010A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/06/07	12/06/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$20.31	$20.00	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/07/07	12/07/07		0807300305811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/07/07	12/07/07		0736000042810010A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/09/07	12/09/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/10/07	12/10/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/10/07	12/10/07		0736000042810010A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/11/07	12/11/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/11/07	12/11/07		0736000042810010A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/12/07	12/12/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/12/07	12/12/07		0736000042810010A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/13/07	12/13/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/13/07	12/13/07		0736000042810020A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/14/07	12/14/07		0807300320811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/14/07	12/14/07		0736000042810020A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/04/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/14/07	12/14/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/28/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/15/07	12/15/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	03/28/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/16/07	12/16/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/17/07	12/17/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/17/07	12/17/07		0800900775813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/18/07	12/18/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/18/07	12/18/07		0800900775813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/18/07	12/18/07		0814900600813100A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	06/06/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/19/07	12/19/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/19/07	12/19/07		0800900775813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/19/07	12/19/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$5.25	$5.25	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/20/07	12/20/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/20/07	12/20/07		0800900775813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	12/20/07	12/20/07		0801800978812100A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	01/25/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/20/07	12/20/07		0808100581810610A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/21/07	12/21/07		0807300333811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	12/21/07	12/21/07		0800900775813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	12/21/07	12/21/07		0808100581810620A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	12/24/07	12/24/07		0807300342811300A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$14.80	$14.80	03/21/08

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DILL, RICHARD HENRY Medicaid ID: [redacted] DO[redacted] Gender: Male

JRH 2-7-09

Provider Name / Billing Prov Name	Service Date From	Service Date To	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Amt Submitted	Net Allowed Payment	Paid Date
HOME REMEDIES ADULT CARE S	12/24/07	12/24/07		08009007758131 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
HOME REMEDIES ADULT CARE S	12/25/07	12/25/07		08009007758131 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
ACTIVE NURSING SVC COLUMB	12/26/07	12/26/07		08073003428113 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	12/26/07	12/26/07		08009007758131 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
MIDLANDS HCB WAIVER	12/26/07	12/26/07		08081005818106 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/28/08
ACTIVE NURSING SVC COLUMB	12/27/07	12/27/07		08073003428113 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	12/27/07	12/27/07		08009007758131 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
MIDLANDS HCB WAIVER	12/27/07	12/27/07		08081005818106 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/28/08
HAWTHORNE CAMDEN PHARMACY	12/28/07			08002009844131 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$88.95	01/11/08
HAWTHORNE CAMDEN PHARMACY	12/28/07			08002000054132 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	01/11/08
ACTIVE NURSING SVC COLUMB	12/28/07	12/28/07		08073003428113 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	12/28/07	12/28/07		08009007758131 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
MIDLANDS HCB WAIVER	12/28/07	12/28/07		08081005818106 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/28/08
MIDLANDS HCB WAIVER	12/30/07	12/30/07		08081005818106 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	03/28/08
ACTIVE NURSING SVC COLUMB	12/31/07	12/31/07		08073003468113 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	12/31/07	12/31/07		08009007758131 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	01/18/08
KERSHAW CO DSN BOARD	12/31/07	12/31/07		08030002948163 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$250.00	$250.00	02/08/08
MIDLANDS HCB WAIVER	12/31/07	12/31/07		08081005818106 20A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	03/28/08
HOME REMEDIES ADULT CARE S	01/01/08	01/01/08		08023000048157 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$160.00	$160.00	02/01/08
KENNETH WELCH CARSON	01/02/08	01/02/08		08004004833000 08	30	11	--	-Missing	D0120	PERIODIC ORAL EVALUATION	$30.00	$22.00	01/11/08
KENNETH WELCH CARSON	01/02/08	01/02/08		08004004833000 08	30	11	--	-Missing	D1110	PROPHYLAXIS-ADULT	$61.00	$35.00	01/11/08
ACTIVE NURSING SVC COLUMB	01/02/08	01/02/08		08023001458157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/02/08	01/02/08		08023000048157 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
ACTIVE NURSING SVC COLUMB	01/03/08	01/03/08		08023001458157 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/03/08	01/03/08		08023000048157 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
HOME REMEDIES ADULT CARE S	01/04/08	01/04/08		08023000048157 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
HOME REMEDIES ADULT CARE S	01/05/08	01/05/08		08023000048157 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
ACTIVE NURSING SVC COLUMB	01/07/08	01/07/08		08032003388129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
ACTIVE NURSING SVC COLUMB	01/08/08	01/08/08		08032003388129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/08/08	01/08/08		08023000048157 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
ACTIVE NURSING SVC COLUMB	01/09/08	01/09/08		08032003388129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/09/08	01/09/08		08023000048157 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
ACTIVE NURSING SVC COLUMB	01/10/08	01/10/08		08032003388129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/10/08	01/10/08		08023000048157 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
ACTIVE NURSING SVC COLUMB	01/11/08	01/11/08		08032003388129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/11/08	01/11/08		08023000048157 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
KERSHAW COUNTY SCHOOLS	01/11/08	01/11/08	S	08157002348142 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	05/13/08
MIDLANDS HCB WAIVER	01/13/08	01/13/08		08115001178128 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	05/02/08
ACTIVE NURSING SVC COLUMB	01/14/08	01/14/08		08032003018129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/14/08	01/14/08		08023000048157 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
ACTIVE NURSING SVC COLUMB	01/15/08	01/15/08		08032003018129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/15/08	01/15/08		08023000048157 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/01/08
ACTIVE NURSING SVC COLUMB	01/16/08	01/16/08		08032003018129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/16/08	01/16/08		08037006438152 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
ACTIVE NURSING SVC COLUMB	01/17/08	01/17/08		08032003018129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/21/08
HOME REMEDIES ADULT CARE S	01/17/08	01/17/08		08037006438152 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
ACTIVE NURSING SVC COLUMB	01/18/08	01/18/08		08032003018129 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$44.40	$44.40	03/21/08
HOME REMEDIES ADULT CARE S	01/18/08	01/18/08		08037006438152 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
MIDLANDS HCB WAIVER	01/20/08	01/20/08		08115001178128 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	05/02/08
HAWTHORNE CAMDEN PHARMACY	01/21/08			08023007034044 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$88.95	02/01/08
HAWTHORNE CAMDEN PHARMACY	01/21/08			08023007034044 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	02/01/08
ACTIVE NURSING SVC COLUMB	01/21/08	01/21/08		08098003898105 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08
HOME REMEDIES ADULT CARE S	01/21/08	01/21/08		08037006438152 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
MIDLANDS HCB WAIVER	01/21/08	01/21/08		08115001178128 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	05/02/08
ACTIVE NURSING SVC COLUMB	01/22/08	01/22/08		08098003898105 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08

Non-Sch 252.92

104x14= 1456.00
Non-Sc 518.00x13= 673.40

Jan '08 cont'd.

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South Carolina Department of Health and Human Services
Detailed Claims Report

104.00 x 8 = 832.00
NON-Sch 51.80 x 7 = 362.60
Misc. 287.10
1482.10

NON-Sch 1482.10

DILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date From	Service Date To	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/22/08	01/22/08		0803700643815210A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/23/08	01/23/08		0809800399010500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/23/08	01/23/08		0803700643815210A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/24/08	01/24/08		0809800398910500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/24/08	01/24/08		0803700643815210A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/24/08	01/24/08		0811500117812810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	05/02/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/25/08	01/25/08		0809800398910500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/25/08	01/25/08		0803700643815210A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/26/08	01/26/08		0809800399310500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/28/08	01/28/08		0803700643815220A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/29/08	01/29/08		0809800393810500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/29/08	01/29/08		0803700643815220A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/29/08	01/29/08	S	0815700234814200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	06/13/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	01/29/08	01/29/08		0811500117812810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	05/02/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/30/08	01/30/08		0809800393910500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/30/08	01/30/08		0803700643815220A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	01/31/08	01/31/08		0809800393910500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	01/31/08	01/31/08		0803700643815220A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/15/08
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	01/31/08	01/31/08		0804400620815400A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$250.00	$250.00	02/22/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	01/31/08	01/31/08	S	0815700234814200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/01/08	02/01/08		0804400420816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	02/22/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/01/08	02/01/08		0805400135818510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/02/08	02/02/08		0811500117812810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/04/08	02/04/08		0805400135818510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/05/08	02/05/08		0805400135818510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/05/08	02/05/08		0811500117812810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/06/08	02/06/08		0805400135818510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	02/07/08	02/07/08		0811400681813900A	76	12	--	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$90.65	$90.65	05/02/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	02/07/08	02/07/08		0811400681813900A	76	12	--	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.86	$45.00	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/07/08	02/07/08		0805400135818510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/08/08	02/08/08		0805400135818510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/10/08	02/10/08		0811500117812810A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$3.13	$3.12	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/11/08	02/11/08		0805400135818510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/12/08	02/12/08		0805400135818510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/13/08	02/13/08		0805400135818520A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/29/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/14/08	02/14/08		0805400135818520A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/29/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/14/08	02/14/08		0811500117812820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$25.00	$25.00	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/15/08	02/15/08		0805400135818520A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	02/29/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/15/08	02/15/08	S	0815700262814200A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	06/13/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	02/17/08	02/17/08		0811500117812820A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	05/02/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	02/18/08			0805100716404900D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	02/29/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	02/18/08			0805100740404900D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	02/29/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/18/08	02/18/08		0806600247812600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/14/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/18/08	02/18/08		0807900529812910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/19/08	02/19/08		0806600247812600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/14/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/19/08	02/19/08		0807900529812910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/20/08	02/20/08		0806600247812600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/14/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/20/08	02/20/08		0807900529812910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/21/08	02/21/08		0806600247812600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/14/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/21/08	02/21/08		0807900529812910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	02/21/08	02/21/08		0809117145046300A	20	11	3439	Cerebral Palsy NOS	99395	E/M PREVENT MED SERV EST PATIE	$75.00	$66.16	07/18/08
THOMAS C JOSEPH MD	PEDIATRIC ASSOCIATES OF KE	02/21/08	02/21/08		0809117145046300A	20	11	3439	Cerebral Palsy NOS	85025	BL COUNT,COMPLETE CBC W/AUTO D	$22.00	$0.91	07/18/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	02/22/08	02/22/08		0806600247812600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/14/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	02/22/08	02/22/08		0807900529812910A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	02/22/08	02/22/08	S	0809400510811700A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	04/11/08

Jan.'08: Schools + Non-School = Total
264.90 + 4008.02 = 4272.92
61

Feb Non-Sch 2343.42

SCDHHS

1/26/2009
104.00 x 16 = 1664.00
51.80 x 6 = 310.80

Feb '08 Cont'd
Non-School
104.00 x 3 = 312
51.80 x 3 = 155
Misc 262
729

906

SOILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Non-School 729.90

Provider Name / Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charges Submitted	Net Allowed Payment	Paid Date
ACTIVE NURSING SVC COLUMB	02/25/08	02/25/08		08066003198126000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/14/0
HOME REMEDIES ADULT CARE S	02/25/08	02/25/08		08079005298129100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/0
HOME REMEDIES ADULT CARE S	02/26/08	02/26/08		08079005298129100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/0
HOME REMEDIES ADULT CARE S	02/27/08	02/27/08		08079005298129100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	03/28/0
MIDLANDS HCB WAIVER	02/27/08	02/27/08		08115001178128200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$12.50	$12.50	05/02/0
ACTIVE NURSING SVC COLUMB	02/28/08	02/28/08		08066003198126000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/14/0
KERSHAW CO DSN BOARD	02/28/08	02/28/08		08073003108115000A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	03/21/0
ACTIVE NURSING SVC COLUMB	02/29/08	02/29/08		08066003198126000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/14/0
HAWTHORNE MEDICAL EQUIP	03/01/08	03/01/08		08114006818139000A	76	12	-	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.86	$45.00	05/02/0
HAWTHORNE MEDICAL EQUIP	03/01/08	03/01/08		08114006818139000A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	05/02/0
MIDLANDS HCB WAIVER	03/02/08	03/02/08		08177006518157100A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/04/0
ACTIVE NURSING SVC COLUMB	03/03/08	03/03/08		08084002718125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/03/08	03/03/08		08091004628148100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
ACTIVE NURSING SVC COLUMB	03/04/08	03/04/08		08084002718125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/04/08	03/04/08		08091004628148100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
MIDLANDS HCB WAIVER	03/04/08	03/04/08		08177006518167200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	07/04/0
ACTIVE NURSING SVC COLUMB	03/05/08	03/05/08		08084002718125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/05/08	03/05/08		08091004628148100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
ACTIVE NURSING SVC COLUMB	03/06/08	03/06/08		08084002718125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/06/08	03/06/08		08091004628148100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
KERSHAW COUNTY SCHOOLS	03/06/08	03/06/08	S	08094006948117000A	22	3	31531	Expressive Language Dis	92506	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	04/11/0
ACTIVE NURSING SVC COLUMB	03/07/08	03/07/08		08084002718125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/07/08	03/07/08		08091004628148100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
MIDLANDS HCB WAIVER	03/08/08	03/10/08		08177006518157200A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$150.00	$150.00	07/04/0
ACTIVE NURSING SVC COLUMB	03/10/08	03/10/08		08084003018125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/10/08	03/10/08		08091004628148100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
ACTIVE NURSING SVC COLUMB	03/11/08	03/11/08		08084003018125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/11/08	03/11/08		08091004628148100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
KERSHAW COUNTY SCHOOLS	03/11/08	03/11/08	S	08094006948117000A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	04/11/0
ACTIVE NURSING SVC COLUMB	03/12/08	03/12/08		08084003018125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/12/08	03/12/08		08091004628148100A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
ACTIVE NURSING SVC COLUMB	03/13/08	03/13/08		08084003018125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/13/08	03/13/08		08091004628148200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
KERSHAW COUNTY SCHOOLS	03/13/08	03/13/08	S	08094006948117000A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	04/11/0
ACTIVE NURSING SVC COLUMB	03/14/08	03/14/08		08084003018125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	03/28/0
HOME REMEDIES ADULT CARE S	03/14/08	03/14/08		08091004628146200A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/0
ACTIVE NURSING SVC COLUMB	03/17/08	03/17/08		08093006278126000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/0
ACTIVE NURSING SVC COLUMB	03/18/08	03/18/08		08093006278126000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/0
KERSHAW COUNTY SCHOOLS	03/18/08	03/18/08	S	08157003208142000A	22	3	31531	Expressive Language Dis	92506	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/0
ACTIVE NURSING SVC COLUMB	03/19/08	03/19/08		08093006278126000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/0
KERSHAW COUNTY SCHOOLS	03/19/08	03/19/08	S	08157003198142000A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	06/13/0
ACTIVE NURSING SVC COLUMB	03/20/08	03/20/08		08093006278126000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/0
KERSHAW COUNTY SCHOOLS	03/20/08	03/20/08	S	08157003208142000A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/0
ACTIVE NURSING SVC COLUMB	03/21/08	03/21/08		08093006278126000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/11/0
MIDLANDS HCB WAIVER	03/21/08	03/21/08		08177006518157200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.68	$21.67	07/04/0
MIDLANDS HCB WAIVER	03/24/08	03/24/08		08177006518157200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.68	$21.67	07/04/0
HAWTHORNE CAMDEN PHARMACY	03/25/08			08086009214100000	70	11				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	04/04/0
HAWTHORNE CAMDEN PHARMACY	03/25/08			08086009334100000	70	11				BACLOFEN 10 MG TABLET	$130.24	$64.88	04/04/0
MIDLANDS HCB WAIVER	03/25/08	03/25/08		08177006518157200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.68	$21.67	07/04/0
HAWTHORNE CAMDEN PHARMACY	03/26/08			08093000234123000	70	11				BENZACLIN GEL	$171.33	$153.75	04/11/0
MIDLANDS HCB WAIVER	03/26/08	03/26/08		08177006518157200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$37.50	$37.50	07/04/0
CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155008470016000A	76	12	3439	Cerebral Palsy NOS	E2363	PWR W/C,GP24 SEALED LEAD ACID	$438.70	$334.80	06/20/0
CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155008470016000A	76	12	3439	Cerebral Palsy NOS	E2386	PWC ACC,FOAM FILLED DRIVE WHEE	$278.20	$270.92	06/20/0
CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155008840017000A	76	12	3439	Cerebral Palsy NOS	K0108	WHEEL CHAIR COMPONENT OR ACCES	$684.80	$576.00	06/27/0
CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155008840017000A	76	12	3439	Cerebral Palsy NOS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EA	$160.50	$134.40	06/27/0

Feb '08: Schools 185.43 + Non-School 3073.32 = Total 3258.75

Mar. non-sch: 3824.54
diff 618.0

1/26/2009
104.00 x 10 = 1040.
51.80 x 15 = 777.0

Mar 08 cont'd
Non-School
104.00 x 3 = 312
21.88 x 2 = 43.76
Misc 2563
2919.76
907
2919.48

South Carolina Department of Health and Human Services
Detailed Claims Report

DILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Paid Payment	Paid Date
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155500884001700A	76	12	3439	Cerebral Palsy NOS	E2615	POS W/CHR BACK CUSH,POSTERI-LA	$417.30	$407.09	06/27/08
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155500847001600A	76	12	3439	Cerebral Palsy NOS	E2609	CUSTM FABRICATE W/CHR SEAT CUS	$520.02	$437.40	06/20/08
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155500884001700A	76	12	3439	Cerebral Palsy NOS	E0955	WHEELCHAIR ACCESSORY,HEADREST,	$267.50	$181.96	06/27/08
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155500884001700A	76	12	3439	Cerebral Palsy NOS	E1028	WHEELCHAIR ACCES, MANUAL, SWING	$208.65	$185.89	06/27/08
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	03/27/08	03/27/08		08155500847001600A	76	12	3439	Cerebral Palsy NOS	E2373	PWC ACC,HAND/CHIN CONTROL SPEC	$1,150.25	$1,132.52	06/20/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/27/08	03/27/08		08100006588128Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	04/18/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/27/08	03/27/08		08177006518157Z0A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/04/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/28/08	03/28/08		08100006588128Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	04/18/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	03/28/08	03/28/08		08177006528157Z0A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/04/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	03/31/08	03/31/08		08100006588128Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	04/18/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/01/08	04/01/08		08107005748161Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/25/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	04/01/08	04/01/08		08121006358126Z0A	76	12	--	--Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	05/09/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/01/08	04/01/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/01/08	04/01/08	S	08157003768142Z0A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	06/13/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/01/08	04/01/08	S	08157003748142Z0A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$79.47	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/02/08	04/02/08		08107005748161Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/25/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/02/08	04/02/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/03/08	04/03/08		08107005748161Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/25/08
YASSEEN KUZBARY MD	CAMDEN RADIOLOGY ASSOCIATE	04/03/08	04/03/08		08177006398113Z0A	20	22	78900	Abdmnal Pain Unspcf Site	74150	CT,ABDOMEN/ W/O CONTRAST MATER	$241.00	$36.90	10/10/08
YASSEEN KUZBARY MD	CAMDEN RADIOLOGY ASSOCIATE	04/03/08	04/03/08		08177006398113Z0A	20	22	78900	Abdmnal Pain Unspcf Site	74150	CT, PELVIS; W/O CONTRAST MATER	$180.00	$35.71	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/03/08	04/03/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/03/08	04/03/08		08177006518157Z0A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$18.75	$18.75	07/04/08
MARGUERITE M CARLTON MD	PEDIATRIC ASSOCIATES OF KE	04/03/08	04/03/08		08119099510210Z0A	20	11	78900	Abdmnal Pain Unspcf Site	85025	BL COUNT,COMPLETE CBC W/AUTO D	$22.00	$8.91	08/01/08
MARGUERITE M CARLTON MD	PEDIATRIC ASSOCIATES OF KE	04/03/08	04/03/08		08119099510210Z0A	20	11	78900	Abdmnal Pain Unspcf Site	99213	E/M OFFICE/OP SERV EST PATIENT	$60.00	$48.12	08/01/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/04/08	04/04/08		08107005748161Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	04/25/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/04/08	04/04/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/06/08	04/06/08		08177006518157Z0A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/07/08	04/07/08		08114003678139Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/07/08	04/07/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/08/08	04/08/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$160.00	$160.00	05/02/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/08/08	04/08/08	S	08157003768142Z0A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/08/08	04/08/08		08177006518157Z0A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$21.88	$21.87	07/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/09/08	04/09/08		08114003678139Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/09/08	04/09/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/10/08	04/10/08		08114003678139Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/10/08	04/10/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/10/08	04/10/08	S	08157003768142Z0A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/10/08	04/10/08		08177006518157Z0A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$34.38	$34.37	07/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/11/08	04/11/08		08114003678139Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/02/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/11/08	04/11/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/13/08	04/13/08		08177006518157Z0A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/14/08	04/14/08		08123009518116Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/09/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/14/08	04/14/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/15/08	04/15/08		08123009518116Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/09/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/15/08	04/15/08		08116006878161Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/02/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/15/08	04/15/08	S	08157003768142Z0A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/16/08	04/16/08		08123009518116Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/09/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/16/08	04/16/08		08128003078159Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/17/08	04/17/08		08123009518116Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/09/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/17/08	04/17/08		08128003078159Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/17/08	04/17/08	S	08157003768142Z0A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/18/08	04/18/08		08123009518116Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/09/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/18/08	04/18/08		08128003078159Z0A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/20/08	04/20/08		08177006518157Z0A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$6.25	$6.25	07/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/21/08	04/21/08		08123009828130Z0A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/16/08

Mar. 08: Schools + Non-School = Total
2764.1 + 6744.02 7020.43
<3660.98> Cap Prosthetics & Orth
2959.04

Apr-Non-school: 2606.73

South Carolina Department of Health and Human Services
Detailed Claims Report

DILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Apr Non-Sch 1530.63

Service Provider Name	Billing Prov Name	Service Date	Last SVC Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Payment	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/21/08	04/21/08		08128003078159 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/22/08	04/22/08		08129009828130 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/16/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/22/08	04/22/08		08128003078159 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	04/22/08	04/22/08		08177006518157 10A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$15.62	$15.62	07/04/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/23/08	04/23/08		08129009828130 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/16/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/23/08	04/23/08		08128003078159 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/24/08	04/24/08		08129009828130 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/16/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/24/08	04/24/08		08128003078159 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/24/08	04/24/08	S	08157003760142 00A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.50	$57.50	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/25/08	04/25/08		08129009828130 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/16/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/25/08	04/25/08		08128003078159 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	04/25/08	04/25/08	S	08157003758142 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$79.47	$78.47	06/13/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/28/08			08121003624034 00D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	05/09/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	04/28/08			08121003424034 00D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	05/09/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/28/08	04/28/08		08129000288131 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/16/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/28/08	04/28/08		08128003078159 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/29/08	04/29/08		08129000288131 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/16/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/29/08	04/29/08		08128003078159 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	04/30/08	04/30/08		08129000288131 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/16/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	04/30/08	04/30/08		08128003078159 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/16/08
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	04/30/08	04/30/08		08171004648122 00A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	06/27/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/01/08	05/01/08		08137001978133 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	05/01/08	05/01/08		08165006458103 00A	76	12	--	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	05/20/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	05/01/08	05/01/08		08165006458103 00A	76	12	--	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.86	$45.00	06/20/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	05/01/08	05/01/08		08189001486119 00A	76	12	7812	Abnormality of Gait	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	07/11/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/01/08	05/01/08		08144007218116 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/02/08	05/02/08		08137001978133 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/02/08	05/02/08		08144007218116 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/06/08	05/06/08		08140000468189 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/06/08	05/06/08		08144007218116 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/06/08	05/06/08	S	08157004358142 00A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/07/08	05/07/08		08140000468189 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/07/08	05/07/08		08144007218116 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/08/08	05/08/08		08140000460189 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/08/08	05/08/08		08144007218116 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/08/08	05/08/08	S	08157004348142 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/09/08	05/09/08		08140000468189 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	05/23/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/09/08	05/09/08		08144007218116 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/10/08	05/10/08		08144007218116 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/12/08	05/12/08		08154009188128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/12/08	05/12/08		08144007218116 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/13/08	05/13/08		08154009188128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/13/08	05/13/08		08144007218116 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/14/08	05/14/08		08154009188128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/14/08	05/14/08		08144007218116 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/15/08	05/15/08		08154009188128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/15/08	05/15/08		08144007218116 20A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	05/30/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/15/08	05/15/08	S	08157004358142 00A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/16/08	05/16/08		08154009188128 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/06/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/16/08	05/16/08		08159006758102 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/19/08	05/19/08		08159006758102 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/20/08	05/20/08		08159006758102 10A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/20/08	05/20/08	S	08157004358142 00A	22	3	31531	Expressive Language Dis	92508	TRTMT SP/LANG/VOICE/COMM AUDIO	$27.26	$27.26	06/13/08
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/20/08	05/20/08	S	08157004348142 00A	22	3	3439	Cerebral Palsy NOS	97110	THERAPEUTIC EXER 1 OR MORE ARE	$105.96	$105.96	06/13/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/21/08	05/21/08		08163000688170 00A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/08

Apr. 08: Schools + Non-schools = Total
383.14 + 4137.36 = 4520.50

May Non-School: 2278.75

South Carolina Department of Health and Human Services
Detailed Claims Report

SDILL, RICHARD HENRY Medicaid ID: [redacted] DOB [redacted] Gender: Male

May Non-Sch 1213.21

Service Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charges Submitted	Net Amount Payment	Paid Date
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/21/08	05/21/08		0815900675810210A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/22/08	05/22/08		0815900675810210A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/23/08			0814900996407600D	70	1				SOD FLUORIDE 0.5MG(1.1MG)TB	$9.49	$5.55	06/06/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	05/23/08			0814900007407700D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	06/06/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/23/08	05/23/08		0816300068817000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/23/08	05/23/08		0815900675810210A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/26/08	05/26/08		0816300092817000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/26/08	05/26/08		0815900675810210A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/27/08	05/27/08		0816300092817000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/27/08	05/27/08		0815900675810210A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/0
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/27/08	05/27/08	S	0815700435814200A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	06/13/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/28/08	05/28/08		0816300092817000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/28/08	05/28/08		0815900675810220A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/29/08	05/29/08		0816300092817000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/29/08	05/29/08		0815900675810220A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	05/30/08	05/30/08		0816300092817000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	06/20/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	05/30/08	05/30/08		0815900675810220A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	06/13/0
KERSHAW COUNTY SCHOOLS	KERSHAW COUNTY SCHOOLS	05/30/08	05/30/08	S	0815700435814200A	22	3	31531	Expressive Language Dis	92507	TRTMT SP/LANG/VOICE/COMM AND/O	$57.58	$57.58	06/13/0
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	06/01/08	06/01/08		0820700184812900A	76	12	3439	Cerebral Palsy NOS	A4927	GLOVES, NON-STERILE PER BOX OF	$12.00	$12.00	08/01/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	06/01/08	06/01/08		0818600295811400A	76	12	--	--Missing	X1815	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	07/11/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/02/08	06/02/08		0824900071813200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/03/08	06/03/08		0824900071813200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/04/08	06/04/08		0824900071813200A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$50.00	09/12/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/05/08	06/05/08		0824900071813200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$68.25	$40.62	09/12/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/06/08	06/06/08		0824900071813200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$43.75	09/12/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	06/13/08	06/13/08		0824900071813200A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$10.50	$6.25	09/12/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	06/30/08	06/30/08		0820000910813000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/00
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/01/08			0819100050410700D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	07/18/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	07/01/08			0819100034403200D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	07/18/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/01/08	07/01/08		0820000910813000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	07/01/08	07/01/08		0823100864812200A	76	12	--	--Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	08/22/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/01/08	07/01/08		0829700167813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/02/08	07/02/08		0820000910813000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/02/08	07/02/08		0829700167813210A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$80.00	10/31/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/03/08	07/03/08		0820000910813000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	07/25/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/03/08	07/03/08		0829700167813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
AL KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		0819100779300200B	30	11	--	--Missing	D1351	SEALANT -PER TOOTH	$39.00	$27.00	07/18/08
AL KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		0819100779300200B	30	11	--	--Missing	D1351	SEALANT -PER TOOTH	$39.00	$27.00	07/18/08
AL KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		0819100779300200B	30	11	--	--Missing	D1110	PROPHYLAXIS-ADULT	$64.00	$35.00	07/18/08
AL KENNETH WELCH CARSON	KENNETH WELCH CARSON	07/07/08	07/07/08		0819100779300200B	30	11	--	--Missing	D0120	PERIODIC ORAL EVALUATION	$32.00	$22.00	07/18/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/07/08	07/07/08		0820500895814000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/07/08	07/07/08		0829700157813220A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/08/08	07/08/08		0820500095814000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/08/08	07/08/08		0829700167813220A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/09/08	07/09/08		0820500895814000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/09/08	07/09/08		0829700167813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/10/08	07/10/08		0820500895814000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/10/08	07/10/08		0829700167813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	07/11/08	07/11/08		0820500895814000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	08/01/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/11/08	07/11/08		0829700167813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/14/08	07/14/08		0829700167813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	07/15/08	07/15/08		0829700167813210A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	10/31/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/16/08	07/16/08		0822100526810210A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/17/08	07/17/08		0822100526810210A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	07/18/08	07/18/08		0822100526810210A	61	12	--	--Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08

-1.36%

Schools + Non-School = Total

May '08: 408.86 + 3491.96 = 3900.82

June '08: -0- + 436.07 = 436.07

NON-School July: 1793.71

South Carolina Department of Health and Human Services
Detailed Claims Report

SDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

July/Aug-School: 100666

Provider Name / Billing Prov Name	Service Date From	Service Date To	Days Paid	Claim ID / Line	Provider Type Code	Pos	Diag Code	Diag Desc	Proc Code	Proc/Srvc/Drug Name	Charge Submitted	Net Work Payment	Paid Date
HOME REMEDIES ADULT CARE S	07/21/08	07/21/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	07/22/08	07/22/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	07/23/08	07/23/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	07/24/08	07/24/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HAWTHORNE CAMDEN PHARMACY	07/25/08			0821200106407000D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	08/08/08
HAWTHORNE CAMDEN PHARMACY	07/25/08			0821200656406900D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	08/08/08
HOME REMEDIES ADULT CARE S	07/25/08	07/25/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	07/26/08	07/26/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	07/29/08	07/29/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	07/30/08	07/30/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
HOME REMEDIES ADULT CARE S	07/31/08	07/31/08		0822100526810210A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	08/15/08
KERSHAW CO DSN BOARD	07/31/08	07/31/08	5	0834700439815900A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	12/19/08
HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		0826500179810200A	76	12	-	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.60	$45.00	09/26/08
HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		0826500179810200A	76	12	-	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	09/26/08
HAWTHORNE MEDICAL EQUIP	08/01/08	08/01/08		0827200104810000A	76	12	-	-Missing	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	10/03/08
HOME REMEDIES ADULT CARE S	08/01/08	08/01/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
HOME REMEDIES ADULT CARE S	08/04/08	08/04/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
HOME REMEDIES ADULT CARE S	08/05/08	08/05/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
MIDLANDS HCB WAIVER	08/05/08	08/05/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$36.75	$36.75	12/12/08
HOME REMEDIES ADULT CARE S	08/06/08	08/06/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
HOME REMEDIES ADULT CARE S	08/07/08	08/07/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
MIDLANDS HCB WAIVER	08/07/08	08/07/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
HOME REMEDIES ADULT CARE S	08/08/08	08/08/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
HOME REMEDIES ADULT CARE S	08/11/08	08/11/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
HOME REMEDIES ADULT CARE S	08/12/08	08/12/08		0824100599811910A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
MIDLANDS HCB WAIVER	08/12/08	08/12/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
HOME REMEDIES ADULT CARE S	08/13/08	08/13/08		0824100599811920A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
MIDLANDS HCB WAIVER	08/13/08	08/13/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
HOME REMEDIES ADULT CARE S	08/14/08	08/14/08		0824100599811920A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
MIDLANDS HCB WAIVER	08/14/08	08/14/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
HOME REMEDIES ADULT CARE S	08/15/08	08/15/08		0824100599811920A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/05/08
MIDLANDS HCB WAIVER	08/15/08	08/15/08		0833900759813720A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
MIDLANDS HCB WAIVER	08/17/08	08/17/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$240.00	$240.00	12/12/08
ACTIVE NURSING SVC COLUMB	08/18/08	08/18/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	08/18/08	08/18/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08
ACTIVE NURSING SVC COLUMB	08/19/08	08/19/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	08/19/08	08/19/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08
ACTIVE NURSING SVC COLUMB	08/20/08	08/20/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	08/20/08	08/20/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08
MIDLANDS HCB WAIVER	08/20/08	08/20/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
ACTIVE NURSING SVC COLUMB	08/21/08	08/21/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	08/21/08	08/21/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08
MIDLANDS HCB WAIVER	08/21/08	08/21/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
HAWTHORNE CAMDEN PHARMACY	08/22/08			0824000588404000D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	09/05/08
HAWTHORNE CAMDEN PHARMACY	08/22/08			0824000591404000D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	09/05/08
ACTIVE NURSING SVC COLUMB	08/22/08	08/22/08		0826600287813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	08/22/08	08/22/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08
MIDLANDS HCB WAIVER	08/22/08	08/22/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
ACTIVE NURSING SVC COLUMB	08/25/08	08/25/08		0826600301813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	08/25/08	08/25/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08
MIDLANDS HCB WAIVER	08/25/08	08/25/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
ACTIVE NURSING SVC COLUMB	08/26/08	08/26/08		0826600301813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	08/26/08	08/26/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08
ACTIVE NURSING SVC COLUMB	08/27/08	08/27/08		0826600301813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	08/27/08	08/27/08		0824900699810310A	61	12	-	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08

July 08: Schools + Non-School = Total
250.00 + 2800.37 = 3050.37

Avg Non-School: 3600.46

911

South Carolina Department of Health and Human Services
Detailed Claims Report

SDILL, RICHARD HENRY Medicaid ID: [redacted] DO[redacted] Gender: Male

Avg. Non-School: 346.05

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim #	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charges Submitted	Net Payment	Paid Date
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/27/08	08/27/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$36.75	$36.75	12/12/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	08/28/08	08/28/08		0826600301813900A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	09/26/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	08/28/08	08/28/08		0824900699810320A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/12/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/28/08	08/28/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6985	MR/RD WAIVER NON-FACILITY RESP	$73.50	$73.50	12/12/08
MIDLANDS HCB WAIVER	MIDLANDS HCB WAIVER	08/29/08	08/29/08		0833900759813710A	10	12	317	Mild Mental Retardation	X6980	MR/RD WAIVER NON-FACILITY RESP	$80.00	$80.00	12/12/08
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	08/31/08	08/31/08		0833900739813600A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT, PER	$250.00	$250.00	12/12/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0826500179810200A	76	12	--	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$144.15	$144.15	09/26/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0827200104610000A	76	12	--	-Missing	A4927	GLOVES, NON-STERILE PER BOX OF	$12.84	$12.00	10/03/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	09/01/08	09/01/08		0826500179810200A	76	12	--	-Missing	A4554	DISPOSABLE UNDERPADS ALL SIZES	$45.86	$45.00	09/26/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/02/08	09/02/08		0826200880812510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/03/08	09/03/08		0826200860812510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/04/08	09/04/08		0826200860812510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/05/08	09/05/08		0826200860812510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/08/08	09/08/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/08/08	09/08/08		0826200860812510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/09/08	09/09/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/09/08	09/09/08		0826200860812510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/10/08	09/10/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/10/08	09/10/08		0826200860812510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/11/08	09/11/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/11/08	09/11/08		0826200860812510A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/12/08	09/12/08		0827500506814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/12/08	09/12/08		0826200860812520A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/15/08	09/15/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/15/08	09/15/08		0826200860812520A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	09/26/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/16/08	09/16/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/16/08	09/16/08		0828200327813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/17/08	09/17/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/17/08	09/17/08		0828200327813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/18/08	09/18/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/18/08	09/18/08		0828200327813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/19/08	09/19/08		0827500459814400A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/10/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/19/08	09/19/08		0828200327813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/22/08			0826800022412400D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.60	10/03/08
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	09/22/08			0826800369414800D	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	10/03/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/22/08	09/22/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/22/08	09/22/08		0828200327813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/23/08	09/23/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/23/08	09/23/08		0828200327813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/24/08	09/24/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/24/08	09/24/08		0828200327813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/25/08	09/25/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/25/08	09/25/08		0828200327813110A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/26/08	09/26/08		0828200851814200A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/17/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/26/08	09/26/08		0828200327813120A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/29/08	09/29/08		0828200327813120A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	09/30/08	09/30/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	09/30/08	09/30/08		0828200327813120A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	10/17/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/01/08	10/01/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/08
HAWTHORNE MEDICAL EQUIP	HAWTHORNE MEDICAL EQUIP	10/01/08	10/01/08		0831500171815700A	76	12	--	-Missing	X1915	MEDICAL SUPPLIES MR/RD WAIVER	$64.20	$64.20	11/21/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/01/08	10/01/08		0830300573815410A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/02/08	10/02/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/02/08	10/02/08		0830300573815410A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/08
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/03/08	10/03/08		0829100294816600A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/24/08
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/03/08	10/03/08		0830300573815410A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/08

Avg. 08: Schools + Non-School = Total
250.00 + 3946.51 = 4196.51

GSOILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Days	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Amount Payment	Paid Date
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/04/08			08282008884165000	70	11				BENZACLIN GEL	$171.33	$153.75	10/17/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/06/08	10/06/08		08297001338115000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/06/08	10/06/08		08303005738154100	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/07/08	10/07/08		08297001338115000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/07/08	10/07/08		08303005738154100	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/08/08	10/08/08		08297001338115000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/08/08	10/08/08		08303005738154100	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/09/08	10/09/08		08297001338115000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/09/08	10/09/08		08303005738154100	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/10/08	10/10/08		08297001338115000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	10/31/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/10/08	10/10/08		08303005738154100	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/13/08	10/13/08		08303002668107000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/07/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/14/08	10/14/08		08303002668107000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	11/07/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	10/15/08	10/15/08		08303005738154200	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/07/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/20/08			08296002204075000	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	10/31/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	10/20/08			08296001954151000	70	1				BACLOFEN 10 MG TABLET	$130.24	$64.86	10/31/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/20/08	10/20/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/21/08	10/21/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/22/08	10/22/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/23/08	10/23/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/24/08	10/24/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/27/08	10/27/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/28/08	10/28/08		08317007958141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/29/08	10/29/08		08317008088141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	10/30/08	10/30/08		08317008088141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	10/31/08	10/31/08		08317008088141000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	11/21/0
CAPITAL PROSTHETICS & ORTH	CAPITAL PROSTHETICS & ORTH	11/03/08	11/03/08		08347008058123000	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	12/19/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/03/08	11/03/08		08329006668124000A	78	12	3439	Cerebral Palsy NOS	E1340	REPAIR/NONROUTN SVC DME EQU RE	$60.00	$24.44	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/04/08	11/04/08		08333007328119100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/04/08	11/04/08		08330007268123000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/05/08	11/05/08		08333007328119100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/05/08	11/05/08		08330007268123000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/06/08	11/06/08		08333007328119100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/06/08	11/06/08		08330007268123000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/07/08	11/07/08		08333007328119100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/07/08	11/07/08		08330007268123000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/10/08	11/10/08		08333007328119100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/10/08	11/10/08		08330002718124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/11/08	11/11/08		08333007328119100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/11/08	11/11/08		08330002718124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/12/08	11/12/08		08333007328119100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/12/08	11/12/08		08330002718124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/13/08	11/13/08		08333007328119100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/13/08	11/13/08		08330002718124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/14/08	11/14/08		08333007328119200A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/05/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/14/08	11/14/08		08330002718124000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/05/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/17/08			08332008914120000	70	1				BACLOFEN 10 MG TABLET	$130.24	$17.88	11/28/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	11/17/08			08324003364075000	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.49	$5.80	11/28/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/17/08	11/17/08		08343007668125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/17/08	11/17/08		08347003458176100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/18/08	11/18/08		08347003458176100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/18/08	11/19/08		08343007668125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/19/08	11/19/08		08347003458176100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/20/08	11/20/08		08343007668125000A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/20/08	11/20/08		08347003458176100A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0

South Carolina Department of Health and Human Services
Detailed Claims Report

DGSDILL, RICHARD HENRY Medicaid ID: [redacted] DOB: [redacted] Gender: Male

Provider Name	Billing Prov Name	Service Date	Last Svc Date	Rev Code	Claim ID	Provider Type Code	POS	Diag Code	Diag Desc	Proc Code	Procedure/Drug Name	Charge Submitted	Net Check Payment	Check Date
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/21/08	11/21/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/21/08	11/21/08		0834700345817610A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/24/08	11/24/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/24/08	11/24/08		0834700345817610A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
ACTIVE NURSING SVC COLUMB	ACTIVE NURSING SVC COLUMB	11/25/08	11/25/08		0834300768812500A	61	12	3439	Cerebral Palsy NOS	T1019	PERSONAL CARE SERVICES, PER 15	$51.80	$51.80	12/12/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/25/08	11/25/08		0834700345817610A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/26/08	11/26/08		0834700345817610A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/27/08	11/27/08		0834700345817620A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$160.00	$160.00	12/19/0
HOME REMEDIES ADULT CARE S	HOME REMEDIES ADULT CARE S	11/28/08	11/28/08		0834700345817620A	61	12	--	-Missing	T1019	PERSONAL CARE SERVICES, PER 15	$104.00	$104.00	12/19/0
KERSHAW CO DSN BOARD	KERSHAW CO DSN BOARD	11/30/08	11/30/08		0834700439815900A	10	99	317	Mild Mental Retardation	T2023	TARGETED CASE MANAGEMENT; PER	$250.00	$250.00	12/19/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/16/08			0835200759412500D	70	1				BACLOFEN 10 MG TABLET	$130.24	$13.97	12/26/0
HAWTHORNE CAMDEN PHARMACY	HAWTHORNE CAMDEN PHARMACY	12/16/08			0835200199413900D	70	1				LURIDE LOZI-TABS 0.5 MG CHEW	$9.48	$5.80	12/26/0

m Count:

t Paid:
,935.52

Eugene A. Laurent, Ph.D.
State Director
Robert W. Barfield
Deputy State Director
Administration
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy

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3440 Harden Street Ext (29203)
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Home Page: www.state.sc.us/ddsn/

MEMORANDUM

TO: Executive Directors, DSN Boards
Chairpersons, DSN Boards

FROM: Eugene A. Laurent, Ph.D.
State Director

SUBJECT: Apology

DATE: June 9, 2009

DDSN initiated proposed reductions and caps in the MR/RD waiver without involving the County Boards in the process, but also without notifying you that the proposal was going to the Commission. An oversight like this should not have happened. At this point, all I can do is apologize and initiate a process that ensures that it does not happen again.

The next six months or so are going to be very active programmatically. We have the issues surrounding the MR/RD waiver, potential cuts in the HASCI waiver, the renewal of the PDD waiver, the implementation of the Community Services waivers, and dealing with service reductions resulting from next year's budget.

I am going to request to the Human Service Providers Association to include programmatic issues on the monthly agenda. This will give us an opportunity to bring you up-to-date on programmatic issues and answer questions. If you have any other thoughts on enhancing communications, please share them. I am going to alter a staff person's duties to have someone specifically responsible for intra-system communication. More on this later.

Again, the executive staff and I apologize. We will do better.

EL/sd

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PO Box 758
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Whitten Center - Phone: 864-833-2733

9995 Miles Jamison Road
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DISTRICT II
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Pee Dee Center - Phone: 843-664-2600
Saleeby Center - Phone: 843-332-4104

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy



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February 26, 2010

The Honorable Daniel T. "Dan" Cooper
South Carolina House of Representatives
525 Blatt Building
Columbia, South Carolina 29201

Dear Chairman Cooper:

Yesterday the Ways and Means Committee adopted a budget plan for FY 2010-2011. As a Commission we are writing you to explain the devastating impact the budget recommendations for DDSN would have on critical services.

The budget plan reduces DDSN's base budget by $42.3 million, which equates to a 28 percent base budget reduction. In addition, the new Health and Human Services Funding Proviso appropriates $12.5 million compared to the current year budget Proviso 90.13, which appropriates $17.2 million to DDSN, resulting in a loss of $4.7 million state match. This $17.2 million is currently being used to earn enhanced Medicaid FMAP for the state and to provide services to approximately 10,000 individuals. The $42.3 million base reduction plus the $4.7 million proviso loss totals $47 million of state funds DDSN is currently matching Medicaid that would be lost.

If this budget plan is implemented, DDSN will only be able to continue residential services for the 4800 individuals/beds currently being funded. *There will not be any funding remaining for other services.* While services for the other 25,700 consumers and families are essential, the individuals receiving residential services have nowhere else to go and cannot be kicked out on the street. We believe these services must be given the highest priority.

All other services DDSN is currently funding will have to be eliminated in their entirety. These services are provided to children and adults throughout their lives. Elimination of services will impact every disability group the agency serves – autism, brain injury, mental retardation, related disabilities and spinal cord injury. These services include early intervention, day programs/workshops, respite,

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Saleeby Center - Phone: 843/332-4104

family support, acute rehabilitation for traumatic brain injury and spinal cord injury, attendant care, the Pervasive Developmental Disorder (PDD) program, specialized therapies, service coordination and more.

The significant loss of state funds also means DDSN will not be able to qualify for the enhanced Medicaid FMAP it currently is earning for the state. To qualify, the agency must be able to certify that service funding levels are maintained at the July 2008 level. The loss of $47 million state dollars prohibits this, and thus the anticipated earning of $22.3 million in stimulus funds cannot be realized. There will be no stimulus earned at all.

DDSN realizes the depth of our state's economic struggle and has not and is not asking to be exempted from budget reductions. The agency has not requested permission to run a deficit. The required cuts have been taken by reducing administration and service capacity and by reducing and eliminating services. Many individuals and families have suffered from these cuts and many staff have lost jobs. The $47 million state funds to be reduced in the Ways and Means budget plan currently earn $110 million in Medicaid for a total of $157 million worth of services. The loss of an additional $157 million of services would be catastrophic.

Should the agency be required to implement the full $47 million state reduction, it is projected that 25,700 individuals and families will lose services they receive today and more than 3100 jobs will be lost. These essential services are the difference between helping the family with supports versus replacing the family with expensive out-of-home placement. The services allow family caregivers to remain employed and allow individuals with physical disabilities to live independently or with very limited assistance. Without these services, individuals with disabilities will be left in dangerous circumstances, crisis situations will increase significantly, and the demand for more expensive state services will rise accordingly.

Again, we fully understand the state's situation. But an additional $47 million reduction is just too deep. Please give every consideration to reduce the amount of state funds DDSN's budget will be cut. Our State Director, Dr. Buscemi, and her staff are willing to provide you with whatever information you may need.

Thank you for your leadership and service to our great state. Your job is extremely difficult, and we appreciate you. All of us are eager to work in partnership with you to help these most vulnerable citizens and their families.

Sincerely,

Kelly Hanson Floyd, Chairman

Wm. Robert Harrell

Richard C. Huntress, Vice Chairman

Nancy L. Banov, M.Ed.

Otis D. Speight, MD, MBA, CPE, Secretary

Deborah C. McPherson

Beverly A.H. Buscemi, Ph.D., State Director

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF KERSHAW	)	
	)	AFFIDAVIT OF LENNIE S. MULLIS

1. I am an approved provider of behavior support and counseling for persons who receive services from the South Carolina Department of Disabilities and Special Needs.

2. I hold a Masters in Science in psychology and Bachelors of Science in psychology and have worked with persons who have mental retardation for 30 years.

3. Prior to becoming a certified provider of behavior support and counseling services for the South Carolina Department of Disabilities and Special Needs, I was the executive director of a local DSN Board and I am familiar with all of the services offered through the MR/RD Medicaid waiver.

4. My sole responsibility in this case is to advocate for Richard Stogsdill and I have no conflicting obligations to any member of his family.

5. I was asked by the Kershaw County Disabilities and Special Needs Board to perform a psychological assessment on Richard Stogsdill because of reports that he may be exhibiting depressive symptoms.

6. I performed this assessment of Richard Stogsdill on June 3, 2009.

7. At the time of my assessment, Richard had graduated from high school and he was attending a work program at Vocational Rehabilitation five days a week.

8. Based on my assessment, I determined that Richard is experiencing anxiety as a result of his physical limitations and is frustrated that he is not able to continue his education with his peers.

9. Richard's anxiety and depressive symptoms have been magnified by the fact that his peers are leaving home and going off to college.

10. Since I met with Richard, the services which were being provided by the South Carolina Department of Vocational Rehabilitation have been reduced and it is likely that they will be terminated soon because that agency was not able to place Richard in a job.

11. Richard has depended primarily on the support of his parents, who are getting older and are not physically or mentally able to continue to provide care at the level they provided prior to his reaching age 21.

12. Richard's anxiety has been increased by his level of dependence upon his parents and it is expected that this problem will increase now that Richard has no opportunity to interact

with non-disabled peers in the community, as he did when he was attending school.

13. Richard has a history of seizures and these seizures may be exacerbated by stress or sleep deprivation. When Richard was attending school and having social opportunities to interact with his peers, these seizures were under control.

14. Based on my assessment, I recommended:

X participation in volunteer work
X participation in regularly scheduled social activities
X participation in a daily exercise program
X participation in a weekly support group
X relaxation training
X daily journaling and art therapy
X participation in theatre or performing art classes
X social interaction training.

15. These goals could not be met effectively by placing Richard in a day program operated by the South Carolina Department of Disabilities and Special Needs and placing Richard in such a setting would be inappropriate to meet his medical and psychological needs.

16. Attending a congregate day program, where Richard would be surrounded by persons who have greater cognitive deficits, would be likely to increase Richard's anxiety and depression.

17. It is foreseeable that Richard's mental and physical health would decline if he were required to attend a workshop.

18. The goals Richard has set could be met, however, by providing a combination of adult companion services, personal care services and respite, all of which are services offered through the MR/RD Medicaid waiver.

19. Providing these services would be more cost effective to the State than placing Richard in an ICF/MR facility.

20. Some of the individuals in DDSN workshops exhibit aggressive behaviors and Richard would be unable to defend himself from such individuals, placing him at risk of harm.

21. In my opinion, placing Richard in a workshop would endanger his mental and physical health and welfare.

22. A combination of adult companion services, personal care services and respite services are needed to protect Richard's health and welfare and to provide respite so that his parents can continue to provide supports in his home to delay institutionalization.

23. Providing 76 hours per month of adult companion services would cost approximately the same amount as the cost for Richard to attend the DDSN workshop.

24. Richard's treating physician is most capable of determining the number of hours of personal care which are needed to protect his health and welfare and to allow him to remain in the community.

Further deponent sayeth not.

Lennie S. Mullis

Lennie Mullis is a person who is known to me and I recognize her voice. On 29 June, 2009, Lennie Mullis affirmed by telephone that she has read and affirmed this affidavit, that the above statements are true to the best of her knowledge and that the signature above is her own.

Sworn to before me this 29th day of June, 2009 by telephone.

Notary Public for South Carolina

STATE OF SOUTH CAROLINA)
) Affidavit of Thomas C. Joseph, M.D.
COUNTY OF KERSHAW)

1. I have been the treating physician for Richard Stogsdill since he was a young child and I am familiar with his medical conditions.

2. Richard was born prematurely and had respiratory distress syndrome, patent ductus arteriosis, sepsis, seizures and apnea.

3. He has severe cerebral palsy and experienced seizures through adolescence, although his seizures are currently controlled.

4. Because of the care Richard has received in his current living arrangement, his health is good, however, I expect that his condition would deteriorate if he was living in an institutional setting or if he were required to attend a congregate workshop for persons who are disabled.

5. Due to his spasticity, Richard requires total assistance with bathing, dressing, toileting, brushing teeth, grooming, purchasing food and preparing meals, housekeeping and doing the laundry.

6. Richard needs hands-on assistance with ambulation and positioning and without this assistance, it is likely that he would develop decubitus ulcers which could compromise his general health and require hospitalization.

7. Richard needs daily exercise to remain healthy and he has been able to avoid surgeries which would be required if he did not continue to receive hands on assistance with his daily exercise regime which includes gait training.

8. Because of Richard's size and weight, it is necessary to have two caregivers to safely lift him out of bed, to get him dressed in the morning, to transfer him into his wheelchair and to supervise his gait training in the afternoons. During the middle of the day, Richard requires assistance with toileting, which requires two caregivers to lift him onto and off of the toilet. He also needs two caregivers to safely transfer him when he prepares for bed in the evening.

9. Richard needs hands on assistance in preparing and taking his medications.

10. A regular toileting schedule is important to prevent fecal impaction and gastrointestinal obstructions, which could be life-threatening.

11. Richard attended school until he was twenty-one and he attended a program operated by Vocational Rehabilitation after graduation.

12. Now Richard's needs are greater, because his parents both work and he does not have the supervision he had when he was in school and at Vocational Rehabilitation.

13. I agree with the assessment of DDSN psychological services provider, Lennie Mullis, that a congregate setting with other disabled persons would be inappropriate for Richard.

14. Richard benefits from receiving adult companion services and these services are needed to prevent regression in his social skills and to maintain good mental health. He needs these services in addition to personal care attendant services.

15. If Richard were required to spent large amounts of time with persons who have lower cognitive skills, he would regress and it is foreseeable that his mental health would deteriorate.

16. Richard needs to have opportunities to spend time in the community around non-disabled peers in order to maintain and improve his cognitive and social skills and to function with as much independence as possible.

17. Richard requires a minimum of eight hours a day with two personal care aides (2 persons, for a total of 16 hours per day) to assist him in performing basic activities of daily living.

18. To maintain his physical and mental health, Richard needs an additional five hours a day of adult companion services to replace the services that were being provided by the school system and the South Carolina Department of Vocational Rehabilitation.

19. Richard would regress and lose socialization skills if he were not provided with opportunities to interact with non-disabled persons, either through a job or adult companion services. Richard and his parents have attempted to locate work, but he has not been able to find a job because of his profound physical disabilities.

20. Both of Richard's parents work. With the sixteen hours per day of personal care aide services (two persons for eight hours each) ordered above and adult companion services, as described above, Richard's parents will still be responsible for providing twelve hours per day of care during week days and sixteen hours per day on weekends.

21. Providing care on a daily basis, on top of working outside of the home, can be exhausting and his parents will need respite services as contained in his current plan of care.

22. Richard's parents are not able to provide for his care without the supports that have been in place. They are now exhausted from the demands of daily caregiving responsibilities. Richard would be at risk of institutionalization if the needed home-based services are not provided.

23. If Richard were placed in an institution, I would expect to see a marked decline in both

his physical and mental condition because of the trauma he would experience from being segregated from his community and being forced to live in a congregate setting.

24. Richard benefits tremendously from being around other friends and family who are not disabled and he would feel stigmatized if he were placed in a congregate program.

Thomas C. Joseph, M.D.

SWORN TO BEFORE ME
THIS 10 DAY OF ~~May~~, 2010.

Notary Public for South Carolina
my commission expires 7-10-2010

STATE OF SOUTH CAROLINA)
) AFFIDAVIT OF RICHARD STOGSDILL
COUNTY OF RICHLAND)

1. I am 22 years old and I live in the apartment next to my parent's home.

2. Because I have limited physical stamina, I want Sandra K. Ray to represent me as my guardian ad litem because I get tired very easily due to my cerebral palsy. Some days I simply could not attend hearings or meetings to represent myself.

3. I have severe cerebral palsy but there is absolutely nothing wrong with my mind, but it is my body that cannot cooperate.

4. My mother and father work during the day away from home.

5. I attended high school until I was 21 years old. My therapies at school took many hours during the school day and I had many surgeries.

6. I volunteer at the local fine arts center and at the Karesh Wing of the Kershaw County Medical Center reading to patients.

7. I require total assistance for all daily living skills because of my physical disability.

8. I can drive my motorized wheelchair, but I cannot move out of the wheelchair or move from the bed to the wheelchair.

9. I require assistance in bathing, dressing, preparing food and moving in and out of the bed or my wheelchair. It takes two people to safely lift me due to my extreme muscle spasms.

10. Most of my friends do not have disabilities. I attend special needs athletic events, but I choose to spend most of my time in the community with persons who do not have disabilities.

11. I would like to have a job, but I do not want to work on contracts at the workshop, where I would be required to spend most of the day sitting around a table in a metal building with other disabled persons.

12. I filed an appeal when my hours were reduced.

13. After retaining a lawyer to assist me in this appeal, we learned for the first time during this appeal that Adult Companion Services were available to me and should have been offered by my SCDDSN services coordinator as an option.

14. My service coordinator never informed me or my family that I was entitled to receive Adult Companion Services under the MR/RD Medicaid waiver.

15. I have been receiving some Adult Companion Services which has gotten me out of the house and into the community. These services will be cut on January 1, 2010 if this Court does not prohibit SCDDSN from cutting services.

16. Now I receive approximately 62 hours a week of personal care and companion services, but these services will be cut to 28 hours a week if the changes SCDDSN plans to make on January 1, 2010.

17. SCDDSN will pay for me to attend the congregate workshop operated by the DSN Board.
18. I am capable of so much more than is offered at the workshop and I would be very unhappy and frustrated if I was stuck at the workshop.

19. My physician has determined that I need additional hours of Personal Care services and Adult Companion Services.

20. The costs of these services, which would allow me to remain in my home and be an active participant in my community cost considerably less than the cost of services if I moved to an institution.

21. I want to live near my family and my friends.

22. The recent changes to the MR/RD Medicaid waiver will prevent people like me from remaining in our homes.

23. I do not understand why stimulus money is not being spent to keep services for people like me to remain in our homes when that is what we were promised.

24. Without the waiver services I need, I would have to live in an institution.

Further affiant sayeth not.

Richard Stogsdill

Richard Stogsdill

SWORN TO BEFORE ME
THIS ___ DAY OF DECEMBER, 2009

Notary Public for South Carolina My Commission Expires 11-17-2018

NOTICE OF TERMINATION OF SERVICE

To: Home Remedies

Address: 2030-A Lyttleton St.
Camden, SC 29020

Participant's Name: Richard Stogsdill DOB: [redacted] Medicaid #: [redacted]

YOU ARE HEREBY NOTIFIED TO TERMINATE THE PROVISION OF THE FOLLOWING SERVICE(S) TO THE PERSON NAMED ABOVE. ONLY THE NUMBER OF UNITS RENDERED PRIOR TO OR ON THE EFFECTIVE DATE OF 1/21/10 MAY BE BILLED.

- ☐ Adult Attendant Care Services
- ☐ Adult Day Health Care
- ☐ Adult Day Health Care Nursing
- ☐ Adult Day Health Care Transportation
- ☐ Adult Companion Services
- ☐ Adult Dental Services
- ☐ Adult Vision Services
- ☐ Audiology Services
- ☐ Behavior Support Services
- ☐ Career Preparation Services
- ☐ Community Services
- ☐ Day Activity
- ☐ Employment Services
- ☐ Environmental Modifications
- ☐ Nursing Services
- ☒ Personal Care Services
- ☐ Personal Emergency Response System (PERS)
- ☐ Prescribed Drugs
- ☐ Private Vehicle Modifications
- ☐ Psychological Services
- ☐ Residential Habilitation
- ☐ Respite Care
- ☐ Specialized Medical Equipment, Supplies and Assistive Technology
- ☐ Speech-Language Pathology
- ☐ Support Center Services

Reason:

- ☐ Change in need; no longer justifies original request
- ☐ No longer meets ICF/MR Level of Care
- ☐ Change in provider availability
- ☐ Entered an ICF/MR
- ☐ Voluntary withdrawal
- ☐ Death (do not send a copy to the family)
- ☐ Medical condition has improved
- ☐ Participant/legal guardian requested
- ☐ Medicaid ineligible
- ☒ Participant moved out of state
- ☐ Facility stay exceeded 30 consecutive days
- ☐ Other (explain in comments below)

Comments (required): Mrs. Stogsdill, mother, requested that Richard's file be transferred to the ARC of South Carolina.

Service Coordination Provider: KCBDSN Service Coordinator Name: Kimberly Bennett

Address: PO Box 310
Camden, SC 29021

Phone # 843-432-4291

Signature of Service Coordinator

1/14/10
Date

Original: Provider / Copy: Participant/legal guardian, File

APPEALS PROCESS MUST BE ATTACHED

MR/RD Form 16-B (Revised 12/09)

S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER

NOTICE OF TERMINATION OF SERVICE

To: Hawthorne Medical Equipment

Address: 1506 Taylor St.
Columbia, SC 29201

Participant's Name: Richard Stogsdill DOB: [redacted] Medicaid #: [redacted]

YOU ARE HEREBY NOTIFIED TO TERMINATE THE PROVISION OF THE FOLLOWING SERVICE(S) TO THE PERSON NAMED ABOVE. ONLY THE NUMBER OF UNITS RENDERED PRIOR TO OR ON THE EFFECTIVE DATE OF 1/21/10 MAY BE BILLED.

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- ☐ Other (explain in comments below)

Comments (required): Mrs. Stogsdill, mother, requested that Richard's file be transferred to the ARC of South Carolina.

Service Coordination Provider: KCBDSN Service Coordinator Name: Kimberly Bennett

Address: PO Box 310
Camden, SC 29021

Phone # 803-432-4841

Kimberly Bennett
Signature of Service Coordinator

1/11/10
Date

Original: Provider / Copy: Participant/legal guardian, File

APPEALS PROCESS MUST BE ATTACHED

MR/RD Form 16-B (Revised 12/09)

SCDDSN RECONSIDERATION PROCESS AND SCDHHS MEDICAID APPEALS PROCESS

The SC Department of Disabilities and Special Needs (SCDDSN) is responsible for the day-to-day operations of the Mental Retardation/Related Disabilities (MR/RD) Waiver and the Head and Spinal Cord Injury (HASCI) Waiver, Pervasive Developmental Disorder (PDD), and Community Supports Waiver (CSW). A request for reconsideration of an adverse decision must be sent in writing to the State Director at SCDDSN, P. O. Box 4706, Columbia, SC 29240. The SCDDSN reconsideration process must be completed in its entirety before seeking an appeal from the South Carolina Department of Health and Human Services (SCDHHS).

A formal request for reconsideration must be made in writing within thirty (30) calendar days of receipt of written notification of the adverse decision. The request must state the basis of the complaint, previous efforts to resolve the complaint and the relief sought. The reconsideration request must be dated and signed by the consumer, representative, or person assisting the consumer in filing the request. If necessary, staff will assist the consumer in filing a written reconsideration.

Note: In order for waiver benefits/services to continue during the reconsideration/appeal process, the consumer/representative's request for reconsideration must be submitted within ten (10) calendar days of the written notification of the adverse decision. If the adverse action is upheld, the consumer/representative may be required to repay waiver benefits received during the reconsideration/appeal process.

The State Director or his designee shall issue a written decision within ten (10) working days of receipt of the written reconsideration request and shall communicate this decision to the consumer/representative. If the State Director upholds the original adverse action/decision, the reason(s) shall be specifically identified in the written decision.

If the consumer/representative fully completes the above reconsideration process and is dissatisfied with the results, the consumer/representative has the right to request an appeal with the SCDHHS. The purpose of an administrative appeal is to prove error in fact or law. The consumer/representative must submit a written request to the following address no later than thirty (30) calendar days from the receipt of the SCDDSN written reconsideration decision.

Division of Appeals and Hearings
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The consumer/representative must attach copy of the written reconsideration notifications received from the SCDDSN regarding the specific matter on appeal. In the appeal request the consumer/representative must clearly state with specificity, which issue(s) the consumer/representative wishes to appeal.

Unless the request is made to the above address within thirty (30) calendar days of the receipt of the SCDDSN written reconsideration decision, the SCDDSN decision will be final and binding. An appeal request is considered filed at the above address if postmarked by the thirtieth (30th) calendar day following receipt of the SCDDSN written reconsideration decision. The consumer/representative shall be advised by the SCDHHS Division of Appeals and Hearings as to the status of the appeal request.

Patricia L Harrison

From: <nance48@truvista.net>
To: "Patricia Harrison" <plh.cola@worldnet.att.net>
Sent: Friday, June 05, 2009 12:10 PM
Subject: Fw: DDSN Hearing on MR/RD Waiver cuts

Thought you'd like to see this!

Sent from my BlackBerry Smartphone provided by Alltel

From: rhuntr36@aol.com
Date: Fri, 05 Jun 2009 11:57:08 -0400
To: <nance48@truvista.net>
Subject: Re: DDSN Hearing on MR/RD Waiver cuts

Ms. Stogsdill,

The special called Commission meeting just ended and I wanted to send out an email to everyone that contacted me.

Present at the meeting were many concerned families, DDSN staff, DHHS staff, and the commission. DHHS, who is responsible for submitting the MR/RD waiver, presented to the Commission the many components of developing the waiver for submission, the budget cuts, and options available.

One of the options that had been proposed was that the original waiver be submitted to CMS without changes. Due to the June 25th deadline for submission, DHHS stated they would not be able to meet that deadline if they had to change the waiver back to its original position on all services. In that situation, CMS would not approve the waiver by September 30th which would end all Federal funding of the waiver and could result in a complete cancellation of the waiver for all families.

In order to avoid that from happening, the following measures were taken by the Commission.

1. DDSN is going to request a 90 day extension from CMS which will give the Commission more time to go through each budget line item and look for places to reduce the budget without impacting services.

2. DHHS will submit the MR/RD waiver with the proposed changes in order to meet the June 25th deadline. The Commission will be working immediately on proposed amendments to be submitted to CMS on October 1st. These amendments would be retroactive in budget dollars.

3. The Commission will put together an ad hoc committee to look at the entire DDSN budget for monies that can be used for waivers to prevent cuts in services.

As a commissioner I realize this is not the best solution to a very difficult situation. We will be working diligently to reduce cuts to services and to restore any lost services through the MR/RD waiver and other waivers that provide like services.

Thank you for contacting me and as we work through this process we will keep the DDSN web site current with information.

Rick Huntress
219 Donington Drive
Greenville, SC 29615
864-609-0026

-----Original Message-----
From: Nancy <nance48@truvista.net>
To: Deborah McPherson <dcmcpherson@bellsouth.net>; Kelly Hanson Floyd <kelly.hanson.floyd@ddsn.sc.gov>; Nancy Banov <nancybanov@comcast.net>; Otis Speight <otis.speight@ddsn.sc.gov>; Robert Harrell <robert.harrell@ddsn.sc.gov>; Susan Lait <SLait@DDSN.SC.GOV>; Rick Huntress <rhuntr36@aol.com>; L. P. Mole <LPMole@ddsn.sc.gov>; Bryan Kost <KostBR@scdhhs.gov>; K. Comer <kcomer1234@att.net>; Renard Murray <RenardMurray@cms.hhs.gov>; Rick Huntress <rhuntr36@aol.com>; S. Delaney <SDELANEY@ddsn.sc.gov>; Suzanne Bosstick <suzanne.bosstick@cms.hhs.gov>
Sent: Thu, 4 Jun 2009 3:50 pm
Subject: DDSN Hearing on MR/RD Waiver cuts

Dear Ladies and Gentleman,

This letter is in regard to the DDSN hearing tonight on the proposed cuts of the MR/RD waiver. I am unable to attend, but wanted to share some thoughts with you.

My feeling are as follows:

1: No cost analysis has been made. There is no evidence that cutting services would save dollars for South Carolina. The consequences of these cuts would be that consumers would require other services. My son, for example, would have to be put in an institution! No action should be taken until a cost analysis has been performed.

2: If forced to live in an institution, the cost of an ICFMR in South Carolina is equal to more than $200.00 per day, a much higher cost than PCA services, for example.

3: I feel that when the Commissioners review actual waiver documents, they should review the fair hearing procedure content in these documents and determine whether or not Federal law is being followed in the way that the fair hearing works in practice. Federal law regulates that states provide a fair hearing and a final decision within 90 days of the participants request for a fair hearing. My son, Richard, filed a request for a fair hearing, and we have not even had the opportunity for a fair hearing much less a decision within the 90 days.

4: Revisions to the waiver need to specify the involvement of qualified medical professionals in preparing plans of care. For many years the provision of services has been based on decisions by bureaucrats who are not qualified to determine medical necessity.

I thank you for your time in reading this, and I hope you will do everything in your power to stop the cuts that would impact severely the services received by the people in South Carolina with disabilities and special needs. These services provide the people with what they need the most: a way for them to lead as normal and as fulfilling a life as possible.

Sincerely,

Nancy Stogsdill
Camden, SC

Wanna slim down for summer? Go to America Takes it Off to learn how.



ANNUAL ACCOUNTABILITY REPORT

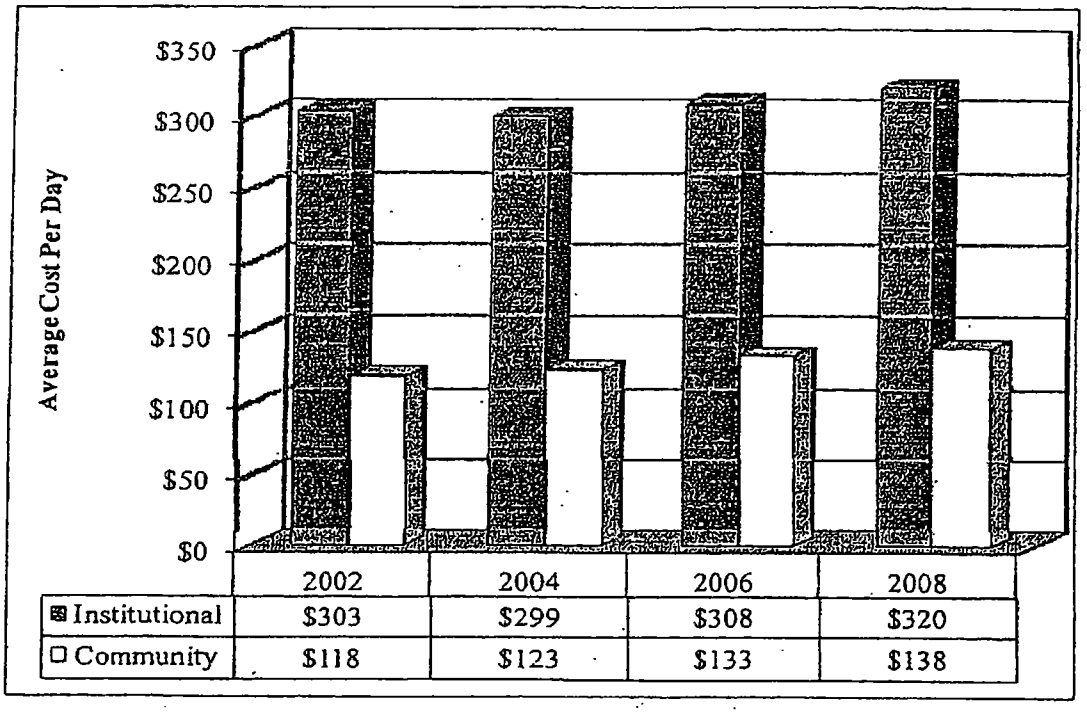
Fiscal Year 2008-09

Figure 7.3-4

Section II:
Main Services
Section III:
Category 2 – Strategic Planning
Category 4 – Measurement, Analysis, & Knowledge Management

South Carolina Department of Disabilities and Special Needs
Average Cost per Day for Residential Services
Institutional versus Community Residential

Chart A

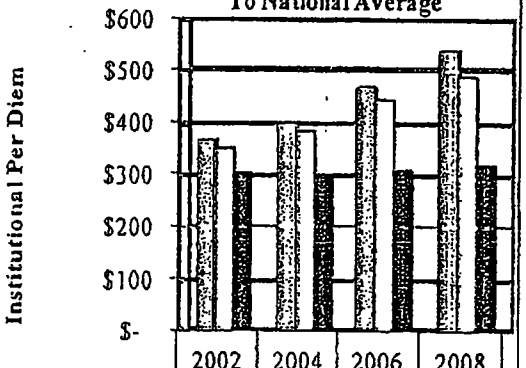


	2002	2004	2006	2008
Institutional	$303	$299	$308	$320
Community	$118	$123	$133	$138

DDSN provides residential services in a very cost efficient manner as shown in Chart A. DDSN's community residential services continue to be less than one half of the institutional (regional center) daily cost. South Carolina's institutional per diem is far less than the United States or even the Southeastern average. DDSN's residential rate is 68% less than the national rate.

Chart B

Comparing South Carolina Institutional Per Diem To National Average



	2002	2004	2006	2008
United States	$365	$399	$469	$538
Southeastern	$348	$383	$443	$490
South Carolina	$303	$299	$308	$320

Data Source:
Chart A- Community data provided by DDSN

Chart B - The State of the States in Developmental Disabilities: 2006 and 2008 (preliminary data) published by The University of Colorado

PATRICIA L. HARRISON
ATTORNEY AT LAW
611 HOLLY STREET
COLUMBIA, SOUTH CAROLINA 29205

TELEPHONE (803) 256-2017 FAX (803) 256-2213



October 20, 2010

Administrative Law Court
1205 Pendleton Street, Suite 224
Columbia, SC 29201

Dear Sir/Madam:

Enclosed for filing is the Notice of Appeal from the Office of Appeals and Hearings, South Carolina Dept. of Health and Human Services, in the matters of Richard H. Stogsdill and a check for $50.00. Please clock the enclosed copy and return to this office via my courier.

By copy of this letter, we are hereby serving the Office of Hearing and Appeals and the Office of General Counsel of the SC Dept. of Health and Human Services with a copy of this document and a request for the record and transcript in this case.

Cordially,

Patricia L. Harrison

cc: Richard Hepfer, Office of General Counsel, SCHHS
W. Jeff Bryson, Office of Appeals and Hearings, SCHHS
Nancy Stogsdill

IN THE STATE OF SOUTH CAROLINA

ADMINISTRATIVE LAW COURT

Appeal from the South Carolina Department of Health and Human Services
Office of Hearings and Appeals

Appeal from Order of W. Jefferson Bryson

Richard Stogsdill, ... Appellant,

v.

South Carolina Department of Health and Human Services, ... Respondent.

Civil Action No. 09-ALJ-_____

This matter comes before this Court on the Appeal of Appellant Richard Stogsdill from a decision by the South Carolina Department of Health and Human Services Office of Hearings and Appeals dated September 14, 2010, which was received by counsel for Appellant on September 22, 2010.

1. Name, address and telephone number of person requesting appeal:

Nancy Stogsdill for Richard Stogsdill
1 Hunt Cup Lane
Camden, SC 29020

2. **Attorney for Appellant:**

Patricia L. Harrison
611 Holly Street, Columbia, South Carolina 29205
(803) 256-2017

3. **General statement of grounds for appeal:**

This is an appeal of the decision of the South Carolina Department of Health and Human Services Office of Appeals and Hearings. This appeal is made on the following general grounds, which may be amended, supplemented or modified in the statement of issues in Appellant's brief:

1. Respondent has violated Appellant's due process rights by failing to provide notice and a hearing meeting the requirements of 42 U.S.C. §1396a(a)(3) and its implementing regulations and this violation is subject to repetition, yet it evades review.

2. Respondent has failed to adopt and apply reasonable medical standards for treatment and for the administration of the MR/RD Medicaid waiver program and has applied arbitrary distinctions based solely on diagnosis, treatment, or condition, has failed to provide services which are sufficient in amount, duration and scope to reasonably achieve the purpose of the MR/RD Medicaid waiver program in violation of 42 C.F.R. §§ 440.230(b), has applied unreasonable standards in violation of 42 U.S.C. §1396a(a)(17) and 42 C.F.R. § 440.230 which are inconsistent with the purposes of the act and has established inappropriate limits not based on medical necessity or utilization review.

3. Respondent has failed to provide MR/RD Medicaid waiver services with reasonable promptness, has violated Appellant's freedom of choice of providers by establishing barriers to non-DSN Board providers in violation of 42 U.S.C. § 1396a(a)(23).

4. Respondent has violated 42 U.S.C. § 1396a(a)(30)(A) by failing to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population.

5. Respondent has violated the comparability provision of the Medicaid Act which requires that the medical assistance available to one group of individuals "shall not be less in amount, duration, or scope than the medical assistance made available to any other individual." 42 U.S.C. § 1396a(a)(10)(B).

6. Respondent has arbitrarily denied and reduced the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition in violation of 42 C.F.R. § 440.230(d).

7. Respondent has violated the equal access provision of the Medicaid Act at 42 U.S.C. § 1396a(a)(30)(A) by failing to establish payments that are sufficient to ensure that Medicaid beneficiaries have access to covered services at least to the extent of the general population.

8. Respondent has violated the American Recovery and Reinvestment Act by failing to use funds allocated to maintain Medicaid services for the purposes intended by Congress and by diverting funds paid for Medicaid benefits to either a rainy day fund or the General Reserve Fund.

9. Respondent has failed to provide needed Medicaid waiver services which are medically necessary with reasonable promptness, including, but not limited to personal care attendant

services, adult companion services, speech and language services, physical therapy, occupational therapy and respite services which are necessary to avoid institutionalization.

10. Respondent and its agents have provided Appellant with false and misleading information about the feasible services which are available under the waiver programs operated by the South Carolina Department of Disabilities and Special Needs and failed to inform Appellant and to provide all Medicaid services which were necessary and appropriate to protect his health and safety.

11. Respondent has violated the integration mandate of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act and the requirements of the *Olmstead* decision.

12. Respondent has erred as a matter of law by failing to defer to the treatment decisions of Appellant's treating physicians.

4. **Final decision attached.** The final decision of Honorable W. Jefferson Bryson is attached.

5. **Request for transcript.** By copy of this Notice of Appeal filed with the South Carolina Department of Health and Human Services Office of Hearings and Appeals and the South Carolina Administrative Law Court, and served upon counsel for the South Carolina Department of Health and Human Services, Appellant requests a transcript of the fair hearing and a copy of the record.

Patricia L. Harrison
611 Holly Street
Columbia, South Carolina 29205
(803) 256-2017
Attorney for Appellant

October 20, 2010

PATRICIA L. HARRISON
ATTORNEY AT LAW
811 HOLLY STREET
COLUMBIA, SOUTH CAROLINA 29205

TELEPHONE (803) 256-2017

FAX (803) 256-2213

February 11, 2010

Mr. Vastine Crouch
Division of Appeals and Hearings
SC Department of Health and Human Services
PO Box 8206
Columbia, South Carolina

RE: Appeal of Richard Stogsdill

Dear Mr. Crouch:

I am writing to appeal the reductions of MR/RD Medicaid waiver services of Richard Stogsdill and the elimination of Occupational Therapy, Physical Therapy and daily respite services. The notification received from Dr. Buscemi is attached. We are requesting that Richard's services be continued during this appeal and that all waiver services reasonably prescribed by his treating physician be provided with reasonable promptness.

Specifically, Richard appeals.

1. The reduction of waiver services, including, but not limited to PCA services, adult companion services and respite.

2. Termination of daily respite as a waiver option;

3. Elimination of speech and language services, physical therapy and occupational therapy as waiver services;

4. The agencies' failure to apply reasonable medical standards to determine the medical necessity for services;

5. The violation of due process rights established under federal and constitutional law and regulations implementing the Medicaid Act, including, but not limited to notice and standard of promptness requirements established by CMS;

6. The failure to promptly determine eligibility for and to provide waiver services prescribed by Richard's treating physician;

7. Violation of the Olmstead decision and directives provided by CMS subsequent to that decision, which require services to be provided in the least restrictive setting;

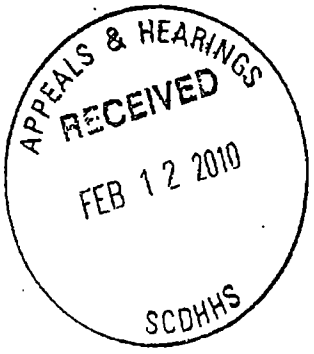
8. Failure of SCDDSN and SCDHHS to utilize federal stimulus funds to maintain Richard's eligibility for Medicaid waiver services.

Please direct all communications to my office.

Cordially,

Patricia L. Harrison

cc: Nancy Stogsdill



RECEIVED JAN 1 3 2010

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Karhi K. Lacy, Ph.D.
Associate State Director
Policy

SOUTH CAROLINA Department OF Disabilities AND Special Needs

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
V/TTY: 803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

COMMISSION
Kelly Hanson Floyd
Chairman
Richard C. Huntress
Vice Chairman
Otis D. Speight, MD, MBA, CPE
Secretary
W. Robert Harrell
Nancy L. Banov, M.Ed.
Susan K. Lait
Deborah C. McPherson

January 12, 2010

Ms. Patricia L. Harrison
611 Holly Street
Columbia, SC 29205

RE: Richard Stogsdill

Dear Ms. Harrison

We received your December 30, 2009 correspondence regarding Richard Stogsdill's Mental Retardation/Related Disabilites (MR/RD) Waiver services.

As you may know, limits or caps have been placed on services in the MR/RD Waiver. Approval for these limits or caps was obtained from the Centers for Medicaid and Medicare Services (CMS). These approved limits cannot be exceeded and must be applied to all MR/RD Waiver participants.

While we understand and appreciate the hardship these changes may cause, we are not at liberty to exceed the established limits. Therefore, I must uphold the decision to reduce Personal Care II, Companion, and Respite Services.

We understand that you have requested that Richard's Personal Care, Companion, and Respite Services continue while your reconsideration and appeal is being considered.

Thank you for the opportunity to respond to your concerns. We encourage you to continue to work with Richard's Service Coordinator to access services that will best meet his needs. If you wish to pursue this matter further, you have the right to request an appeal with the SC Department of Health and Human Services. The appeals process is attached for your information.

Sincerely,

Beverly A. H. Buscemi PhD

Beverly A.H. Buscemi, Ph.D.
State Director

Attachment
C: Kimberely Bennett, Kershaw County DSN Board
Vicki Coleman, District I
Kara Lewis, DHHS

DISTRICT I
P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II
Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

SCDDSN RECONSIDERATION PROCESS AND SCDHHS MEDICAID APPEALS PROCESS

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Division of Appeals and Hearings
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The consumer/representative must attach copy of the written reconsideration notifications received from the SCDDSN regarding the specific matter on appeal. In the appeal request the consumer/representative must clearly state with specificity, which issue(s) the consumer/representative wishes to appeal.

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2009 DOCUMENTS

PATRICIA L. HARRISON
ATTORNEY AT LAW
611 HOLLY STREET
COLUMBIA, SOUTH CAROLINA 29205

TELEPHONE (803) 256-2017

FAX (803) 256-2213

December 30, 2009

VIA FAX AND HAND DELIVERY

Dr. Beverly Buscemi
State Director of the South Carolina Department of Disabilities and Special Needs
PO Box 4706
Columbia, South Carolina

RE: Richard Stogsdill

Dear Dr. Buscemi:

The purpose of this letter is to request a formal reconsideration of the denial of MR/RD Medicaid waiver services requested by Richard Stogsdill, and the proposed reduction in his MR/RD Medicaid waiver services. SCDDSN is in violation of the Order of SCDHHS Hearing Officer Bonnie Loomis dated November 16, 2009. In that Order, Ms. Loomis issued findings of facts determining that the respite services ordered by Richard's physician (46 hours per week in addition to 1 day per week, for an equivalent of 54 hours per week) are appropriate. Contrary to that Order, the Director of the Kershaw County DSN Board recently met with Richard's mother and informed her that Richard does not meet SCDDSN's criteria as being severely disabled. The director, who to my knowledge has no medical training, informed Ms. Stogsdill that Richard's respite services will be reduced to 17 hours per week on January 1, 2009. I am respectfully requesting confirmation that the respite services Richard's treating physician and the hearing officer determined to be needed (54 hours per week) be provided during this appeal.

The hearing officer recognized in her findings of fact that Richard's treating physician determined that he has a medical necessity requiring two personal care aides for eight hours per day (total of 16 hours per day). Ms. Loomis ordered SCDDSN to redetermine Richard's need for personal care services, taking Dr. Joseph's June 29, 2009 order into account. She also ordered that this determination must be made by "qualified individuals." Ignoring this Order, the Director of the Kershaw Board arbitrarily determined that Richard's personal care and adult companion services will be limited effective January 1, 2009 to 28 hours per week. This determination was not made based on any medical assessment of Richard's needs and it violates the Americans with Disabilities Act (ADA) and the Medicaid Act. The ADA requires services to be provided in the least restrictive setting. The State has previously determined that Richard's needs can be met at home and providing the requested services will not fundamentally alter the State's system. CMS has previously determined that one-on-one services costing more than $150,000 per year may be provided to persons living in CTH II settings. It would not require a fundamental alteration in the way SCDDSN provides services to provide the personal care services Richard's physician has determined that he needs. The Medicaid Act requires "reasonable standards" to be applied in

determining how the need for services will be determined. Other requirements of the Medicaid Act have been violated, as shall be demonstrated.

Instead of complying with Ms. Loomis' order and applying reasonable standards which take into account the opinion of Richard's treating physician, the director of the Kershaw County DSN Board (who is not a "qualified person" to render a determination of medical necessity) proposed arbitrary reductions to Richard's personal care services. We are requesting that the 53 hours per week of personal care II services Richard currently receives be continued during this appeal. We are also requesting a copy of the assessment which was performed to determine that Richard's needs can be met by providing 28 hours per week of personal care services and the qualifications of the individuals who made this medical determination.

The hearing officer remanded Richard's appeal of the denial of Adult Companion Services to SCDDSN. Pursuant that order and the remand of this issue, SCDDSN began providing Richard with 15 hours a week of Adult Companion Services. Richard's behavior support therapist agrees that these services are necessary to prevent regression and to allow Richard to function with the maximum independence. Richard appeals the proposed reduction in these Adult Companion Service hours and the violation of the November 16, 2009 order requiring SCDDSN to provide Adult Companion Services, taking into account Richard's need for socialization. Richard requests that the 15 hours of Adult Companion Services he is currently receiving be continued during this appeal.

The Kershaw County DSN Board, to my knowledge, has not provided written notice of the termination and reduction in Richard's waiver services. We are appealing the failure to provide Richard with a notice of the termination, suspension or reduction in his waiver services and the failure to provide him with written notice of his right to request a fair hearing.

In summary, we are requesting that Richard receive 54 hours per week of Respite Services, 112 hours per week of Personal Care Services and 15 hours per week of Adult Companion Services. We are requesting that the services Richard is currently receiving be continued during this appeal. The proposed reductions in Richard's services are especially inappropriate considering that SCDDSN transferred more than $31 million to a rainy day fund, in violation of the American Recovery and Reinvestment Act, and the fact that the agency illegally transfers more than $5 million each quarter to this reserve account.

We are cognizant that decisions were made prior to your assuming responsibilities as Director of SCDDSN. We are anxious to work with you to create systemic changes at the agency which will remedy existing violations of federal law. Richard is a plaintiff in the lawsuit which was filed on December 23, 2009 and we reiterate and incorporate by reference our allegations contained in that complaint.

Sincerely,

Patricia L. Harrison

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*** TX REPORT ***
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TRANSMISSION OK

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SUBADDRESS		
CONNECTION ID		
ST. TIME	12/30 09:44	
USAGE T	00'42	
PGS. SENT	3	
RESULT	OK	

Stogsdill

Fax

Patricia L. Harrison
611 Holly Street
Columbia, S.C. 29205

(803) 256-2017
(803)j 256-2213(fax)

To: Dr. Beverly Buscemi

From:
Patricia Harrison

Date:
Dec. 30, 2009

Number of Pages:
3

Notes:

Dr. Buscemi, I had intended to hand deliver this to you tonight, but in the confusion, forgot to leave it with you. We have made arrangements to deliver our emergency petition to all Commissioners and we are hopeful that it will not be necessary to cut services before the Supreme Court can hear our complaint. We

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PATRICIA L. HARRISON
ATTORNEY AT LAW
611 HOLLY STREET
COLUMBIA, SOUTH CAROLINA 29205

TELEPHONE (803) 256-2017

FAX (803) 256-2213

February 13, 2009

VIA FAX AND MAIL



Dr. Stan Butkus
State Director
South Carolina Department of Disabilities and Special Needs
PO Box 4706
Columbia, South Carolina 29240

RE: Richard Stogsdill

Dear Dr. Butkus:

This letter is to notify you of our request for a fair hearing for Richard Stogsdill. DDSN has failed to provide Richard, with reasonable promptness, with MR/RD Medicaid services which are medically necessary. Richard is totally dependent upon others for all of his ADL's. He currently needs up to twelve hours per day of care and supervision. Because Richard requires two caregivers to safely lift him, a second caregiver is needed during eight and one-half hours each day. Thus, Richard's current medical needs include up to 20.5 caregiver hours of PCA services (82 units) per day. Of course, these needs may change, as Richard's treating physician assesses his medical needs.

We are also appealing the failure of DDSN to enlist sufficient providers so as to make MR/RD waiver services available to the extent that they are available to the general public. DDSN has based its determination of need for services on its desire to keep workshop seats full, instead of respecting the choice of the Appellant, and others like him, of a less restrictive plan of care. This has become increasingly apparent in the evidence showing that DDSN spent funds intended for MR/RD Medicaid waiver services to build and/or buy workshops and other real estate across the state.

DDSN's allocation of Richard's MR/RD Medicaid waiver services appears to be based on arbitrary decisions by DDSN. We are appealing the failure of DDSN to promulgate regulations, in compliance with Olmstead, to establish reasonable standards for determining medical necessity. Instead, DDSN has based its decisions for allocating services on arbitrary and capricious standards which have not been subjected to public rulemaking or compliance with the Administrative Procedures Act. We are appealing the failure of DDSN to base Richard's need for services on the opinions of his treating physician. In addition, we are appealing the Department's policies and practices which base funding on residential placement and provide greater funding for persons in more restrictive residential settings, regardless of the individual's need for services.

Exhibit 1

Richard's family has attempted to resolve this complaint with the Kershaw County Disabilities and Special Needs Board, however, they have been unable to resolve these issues because of policies and directives from the South Carolina Department of Disabilities and Special Needs. We are requesting a written decision within 10 days, as required by CMS' contract for the MR/RD Medicaid Waiver. We are also requesting a copy of the most recent SC MR/RD Medicaid Waiver Document (the contract between HHS and CMS which delegates responsibility for operating the MR/RD Medicaid waiver to DDSN). Our request for that document is made pursuant to FOIA.

Please assure us that there will be no reduction in services or other retaliatory actions taken against Richard or his family during this appeal. Mrs. Stogsdill and I would be available to meet with you if you would like to attempt to resolve this complaint during the appellate process. At this point, we would agree to resolve this complaint by agreement that DDSN will provide those Medicaid services prescribed by Richard's treating physician, up to the annual cost of care at Midlands Center. However, as you are aware, CMS has previously agreed that this cost does not set a cap on individual waiver budgets (2006 Audit of DDSN by HHS) and we do not concede that this amount is the appropriate limit. This offer should simply be considered to be an offer in compromise, which is not binding on the appellant in the event that we need to proceed with this appeal. We are not making a concession of Richard's right to have his MR/RD Medicaid waiver budget exceed this amount. This offer also should not delay the ten day deadline for your agency's response.

All communications from DDSN related to this appeal should be made through my office. Any consent or agreement which would affect this appeal should be sent to my office, not to Richard Stogsdill. Please consider this our notice that electronic records and any other records or correspondence, including e mails, related to Richard Stogsdill must be preserved during this litigation. Thank you very much for your prompt attention to this appeal.

Sincerely,

Patricia L. Harrison

cc: Nancy Stogsdill
Moultrie B. Burns, Jr., Esq.
Kathy Bradley
Gloria Prevost

IN THE STATE OF SOUTH CAROLINA

In The Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
Carolyn C. Matthews, Administrative Law Judge

Case 10-ALJ-08-0774-AP

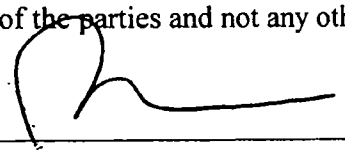
Richard Stogsdill ..... Appellant,

v

South Carolina Department of Health and Human Services ..... Respondent.

CERTIFICATE OF COUNSEL

The Undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



Patricia L. Harrison
611 Holly Street
Columbia, South Carolina 29205
(803) 256-2017
Attorney for Appellant

August 11, 2013

RECEIVED
AUG 12 2013
SC Court of Appeals

IN THE STATE OF SOUTH CAROLINA

In The Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT

Carolyn C. Matthews, Administrative Law Judge

Case No. 10-ALJ-08-0774 AP

Richard Stogsdill, Appellant,

v

South Carolina Department of Health and Human Services, Respondent.

CERTIFICATE OF SERVICE

Nancy C. Law, Assistant to Patricia L. Harrison, certifies that she has served the *Record on Appeal* in the above captioned case on The South Carolina Department of Health and Human Services by Hand Delivery to the Office of General Counsel, SC Dept of Health and Human Services, 1801 Main Street, Columbia, SC 29202 on August 12, 2013.

Nancy C. Law, Assistant to Patricia L. Harrison
611 Holly Street
Columbia, South Carolina 29205
(803) 256-2017