

THE STATE OF SOUTH CAROLINA
IN THE ADMINISTRATIVE LAW COURT

Appeal from the Division of Appeals and Hearings
South Carolina Department of Health and Human Services

Alexander Shissias, Hearing Officer

Docket Number: 17-ALJ-08-0347-AP

RECEIVED
JAN 31 2019
SC Court of Appeals

JEANETTE'S LOVING IN-HOME CARE AGENCY,

Appellant,

v.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES,

Respondent.

R 000

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JEANETTE'S LOVING IN-HOME CARE AGENCY v. SCDHHS

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no one was present. As a result, the Department suspended new client referrals for ninety (90) days as a sanction specified in the Department's Community Long Term Care Provider (CLTC) Manual. On February 20, 2017, the Department conducted a survey of the Appellant's office and cited her for numerous noncompliance issues.

The Department's survey system assesses a certain number of points for each finding of noncompliance by the provider. Each finding of noncompliance is inputted in the system and a numerical score is generated. The decision to impose sanctions depends on the number of points assessed per the CLTC manual, however, a contract can be terminated for any score exceeding 400 points. The Appellant's noncompliance findings resulted in a preliminary score of 963 points. On February 23, 2017, the Department issued the Appellant a letter requiring the Appellant to submit a corrective action plan. On March 9, 2017, the Appellant submitted her corrective action plan. After a final review, the Department assessed a final review score of 906 points. On April 6, 2017, the Department issued its termination decision.

In May 2017, the Appellant filed an appeal with the Department's Division of Appeals and Hearings. A hearing was held on June 8, 2017 and July 24, 2017. The hearing officer issued his order affirming the Department's decision to terminate the contract on August 16, 2017. The Appellant then filed a timely appeal with this court on September 13, 2017.

ISSUE ON APPEAL

Whether substantial evidence exists to support the Hearing Officer's decision to uphold the Department's decision to terminate the Appellant's contract?

STANDARD OF REVIEW

The ALC hears appeals from decisions of the Department pursuant to the Administrative Procedures Act (APA). S.C. Code Ann. § 44-6-190 (2002 & Supp. 2016); *Estate of Nicholson ex rel. Nicholson v. S.C. Dep't of Health and Human Servs.*, 377 S.C. 590, 660 S.E.2d 303 (Ct. App. 2008). Accordingly, the APA's standard of review as set forth in S.C. Code Ann. § 1-23-380 governs these appeals. *See* S.C. Code Ann. § 1-23-600(D) (Supp. 2016). That section states:

The court may not substitute its judgment for the judgment of the agency as to the weight of the evidence on questions of fact. The court may affirm the decision of the agency or remand the case for further proceedings. The court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decisions are:

- (a) in violation of constitutional or statutory provisions;
- (b) in excess of the statutory authority of the agency;
- (c) made upon unlawful procedure;
- (d) affected by other error of law;
- (e) clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or
- (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

S.C. Code Ann. § 1-23-380(5) (Supp. 2016).

A decision is supported by substantial evidence when the record as a whole allows reasonable minds to reach the same conclusion as the agency. *Friends of the Earth v. Pub. Serv. Comm'n of S.C.*, 387 S.C. 360, 366, 692 S.E.2d 910, 913 (2010). The fact that the record, when considered as a whole, presents the possibility of drawing two inconsistent conclusions from the evidence does not prevent the agency's findings from being supported by substantial evidence. *Waters v. S.C. Land Res. Conservation Comm'n*, 321 S.C. 219, 226, 467 S.E.2d 913, 917 (1996). In applying the substantial evidence rule, "a reviewing court will not overturn a finding of fact by an administrative agency 'unless there is no reasonable probability that the facts could be as related by a witness upon whose testimony the finding was based.'" *Sea Pines Ass'n for Prot. of Wildlife, Inc. v. S.C. Dep't of Natural Res.*, 345 S.C. 594, 603-04, 550 S.E.2d 287, 292 (2001) (quoting *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 136, 276 S.E.2d 304, 307 (1981)).

DISCUSSION

The Appellant appealed the Department's decision to terminate her contract to the Division of Appeals and Hearings. A hearing was held on June 8, 2017 and July 24, 2017. At the hearing, the Department's witness testified that the Appellant was enrolled in the program on June 24, 2016, following the completion of an online enrollment application and attending a pre-contractual meeting that the Appellant attended on June 2, 2016. The Department also introduced the contract between the Department and the Appellant that was signed on June 24, 2016. (Respondent's

exhibit 3). The Department's witness testified that once a provider begins receiving clients under the term of the contract, the Department starts conducting surveys of the provider to ensure compliance. The Department sent a surveyor to the Appellant's office on January 2, 2017 and again on February 3, 2017 but was unable to conduct a review because no one was at the office. The Department sent the Appellant a letter informing her of this and reminding her of the program requirement to maintain business hour between the hours of 10:00 am and 4:00 p.m. Monday through Friday. Due to the Appellant's noncompliance to the terms of her contract, the Department suspended new participant referrals for 90 days effective February 8, 2017.

The Department went to the Appellant's office on February 20, 2017 and conducted an inspection. The surveyor found numerous instances of noncompliance.¹ The Appellant's noncompliance findings resulted in a preliminary score of 963 points. On February 23, 2017, the Department issued the Appellant a letter requiring the Appellant to submit a corrective action plan, which could possibly, if the Appellant was able to show that some of the violations did not occur, reduce the Appellant's score and the corresponding sanction. On March 9, 2017, the Appellant submitted her corrective action plan but did not deny that any of the violations occurred. After a final review, the Department assessed a final review score of 906 points.

At the hearing, the Appellant argued that the Department could not terminate the Contract absent a determination of fraud or conviction of a crime related to a Provider's participation in Medicaid pursuant to S.C. Code Ann. Regs. 126-401(B); because she was still subject to the Department's previous sanctions, the Department could not subject her to additional sanctions; the Corrective Action Plan she was required to submit following the February 20, 2017 inspection was the sanction the Department chose to impose and therefore the termination was a duplicative sanction; the Appellant was entitled to a Compliance Review 90 days after initiating service with CLTC; she was entitled to training and technical support per the contract; and the termination decision should be dismissed because the Department was a day late in responding to the Appeals and Hearings' Order to Produce documents and that the Department did not fully comply with the Order to Produce because it did not provide the version of the training module that was presented

¹ The Review Report, marked as Respondent's Exhibit 4, consists of sixteen pages and notes issues like the Appellant's failure to maintain a current worker's compensation insurance policy and individual participant or employee records, employees did not have the minimum experience requirements or were not properly licensed, and employees not being up to date on required medical tests.

during her training.²

The court disagrees with the Appellant's interpretation of the CLTC manual. Section 6G of the CLTC manual outlines the Department's Compliance Review Process. On page 6-125 of the CLTC manual, it states that provider records will be reviewed periodically at the provider's office through unannounced onsite visits. (R. p 334.) The CLTC manual also states that if the reviewer arrives at the provider's office to conduct a survey and no one is there, a thirty-day suspension of new referrals will be imposed for the first occurrence and a ninety-day suspension of new referrals for a second occurrence. In addition, the CLTC manual on page 6-123, states that "[p]roviders who have two consecutive reviews that result in suspension of new referrals, will be terminated if the third consecutive review has a final score that would result in a suspension of new referrals (400 and above)." (R. p 332.)

In the Appellant's case, the surveyor attempted to perform a review of the Appellant's office on two separate occasions but could not gain access either time because no one was there. The Department then imposed a ninety-day suspension of new referrals. The Department conducted a third consecutive review of the Appellant's office and the Appellant's final score ultimately was 906, well above a score that would result in a suspension of new referrals. The Department then terminated the Appellant's contract. The court finds no impropriety with the sanctions the Department imposed.

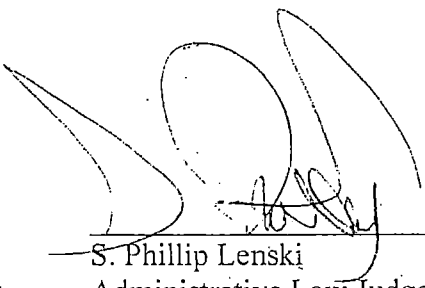
Furthermore, the contract the Appellant signed specifically requires her to, amongst other things, retain all records for five years, provide for the inspection of all records and offices by applicable state and federal agencies whenever deemed necessary, and maintain worker's compensation insurance. The Appellant's claim that she was unaware of the program requirements because the Department did not provide her with additional training is without merit. Additionally, the contract allows either party to cancel or terminate the contract for a material breach, or for otherwise materially failing to comply with their obligations under the contract. In light of the these findings, the court concludes that substantial evidence in the record supports the Hearing

² Specifically, the Appellant objected to the Department's introduction of the Medicaid Provider participation training module because it had changed from the time of her training. The Department's witness testified that the portions of the module relating to compliance and sanctions had not changed and that the training module was only being used to demonstrate that the Appellant had been informed on the requirements of the program. The Hearing Officer noted that he gave little weight to the document in arriving at his decision.

Officer's decision to uphold the Department's decision to terminate the Appellant's contract to provide Personal Care I and II Services, HASCI Attendant Care and Respite Care Services, Companion Services and MCC Respite Services under the Medicaid Home and Community Based Waiver Services program.

IT IS HEREBY ORDERED that the decision of the South Carolina Department of Health and Human Services is **AFFIRMED**.

AND IT IS SO ORDERED.



S. Phillip Lenski
Administrative Law Judge

April 11, 2018
Columbia, South Carolina

R007

HEARING PROCEDURES

- South Carolina Department of Health and Human Services (SCDHHS) administrative hearings are in person.
- Please be on time and make sure your witnesses are available on the date, time, and location of the hearing.

Nature of an administrative hearing: An administrative hearing is similar to a court trial but less formal. Like a trial, it is a contested proceeding and the purpose is to gather facts through testimony, documents, and other evidence. The Petitioner is the person appealing. The Respondent is the agency. Please see the "Hearing and Appeals Process Overview" handout for more details.

Speaking with the Hearing Officer prior to the hearing: No party may speak to the Hearing Officer about the case without all the other parties being involved. You may speak with the Hearing Officer about procedural and scheduling matters. Your opportunity to explain the facts and your position is at the hearing. Please see the "Hearing and Appeals Process Overview" handout for more details.

Things you will need for the hearing:

1. All the exhibits that you have that you want the Hearing Officer to consider. *Remember to bring at least two (2) copies of your exhibits: one for the Hearing Officer and one for the opposing party.*
2. A written list of points you want to make.
3. A written list of any questions that you want to ask of all the witnesses, both your own witnesses and the opposing party's witnesses.
4. Pen and paper so that you can take notes during the hearing.

Hearing Procedure: The hearing procedure is as follows:

1. **Burden of proof:** In this case, the Respondent has the burden of proof.
2. **Conduct:** Proper conduct to witnesses, agency representatives, and the Hearing Officer is required. The hearing is recorded. Do not interrupt witness testimony or talk with another witness during the hearing. If you need to discuss something with any of the witnesses, inform the Hearing Officer and he will go off the record and stop the recording.
3. **Hearing preamble:** The Hearing Officer will identify the parties, explain procedure and explain the rights of the parties.
4. **Identification of issue:** The Hearing Officer will identify the issue or issues in the case.
5. **Identification of exhibits:** The exhibits will be admitted into the hearing record, unless either party objects. To be "admitted" means that the Hearing Officer will consider them in reaching a decision in the case.
6. **Oath:** Testimony is taken under oath. If an individual's religious beliefs prevent him from swearing an oath, he will be asked to affirm the information he will give at the hearing is the truth.
7. **Order of testimony and evidence:** The Hearing Officer, pursuant to South Carolina Code of Regulations 126-154, will determine the order in which the parties present their arguments and any evidence.

In most cases, Respondent SCDHHS (or its agent) presents its case first. Then the Petitioner and the Hearing Officer may cross-examine each of the Respondent's witnesses. The Respondent then may present follow-up testimony, and the Petitioner may re-cross-examine the Respondent's witnesses.

Next, the Petitioner presents his case and the Respondent and Hearing Officer have the option to cross-examine each of the Petitioner's witnesses. The Petitioner then may present any follow-up testimony and the Respondent may re-cross-examine the Petitioner's witnesses.

After all testimony is given, the Respondent has the option of presenting a closing statement in which the Respondent may summarize the evidence and rules supporting its position. Then the Petitioner may do the same.

8. **Keeping the record open:** As the hearing progresses, one party may realize the Hearing Officer does not have all the available information, such as medical reports, to make an accurate decision. If so, the party may ask the Hearing Officer to hold the record open, that is, to permit the party to submit more documents after the hearing ends. The Hearing Officer may or may not grant the request. Each party has the responsibility to bring its evidence to the hearing.
9. **The decision:** The Hearing Officer will not tell you the decision on the day of the hearing. After the hearing has ended and the record closes, the Hearing Officer will review all the evidence and testimony. Each party will receive a lengthy written decision in the mail

HEARING AND APPEALS PROCESS

MEDICAID APPEALS

South Carolina Department of Health and Human Services (SCDHHS)

Who will decide your appeal?

An independent Hearing Officer at SCDHHS will review your appeal, issue orders if needed, conduct a hearing if needed, and make a decision regarding your case. The Hearing Officer works in a separate unit from the rest of SCDHHS, called the Division of Appeals and Hearings. He or she has not been involved in the prior decisions to deny your benefits or application, and he or she not may discuss the case with SCDHHS employees unless you are present or copied on the message. During the appeal, you are the Petitioner, and SCDHHS is the Respondent.

Will you have an opportunity to meet with the Hearing Officer?

Most cases have an "administrative hearing." An administrative hearing is similar to a court trial but less formal. Like a trial, it is a contested proceeding and the purpose is to gather facts through testimony, documents, and other evidence. If the Hearing Officer schedules a hearing, **it will be in-person in Columbia, and you will be required to attend.** You will receive a separate Notice of Hearing with the time, date, and location, along with the rules for a hearing.

What else should you expect during your appeal?

You may receive Orders from the Hearing Officer, similar to court orders. The Orders might request additional information, set up conferences or deadlines, or schedule hearing dates. If you receive an Order from the Hearing Officer, you must do what it asks or your appeal may be dismissed, and you may lose any further appeal rights. Below are some additional FAQs:

<https://www.scdhhs.gov/site-page/appeals-and-hearings-frequently-asked-questions>

Who else is involved in your appeal?

An employee of SCDHHS will represent SCDHHS in front of the Hearing Officer throughout the appeal. He or she will be responsible for providing the information SCDHHS used in making its decision about your benefits or application. You are encouraged to work with the SCDHHS employee to resolve the issues before the hearing, if that is possible.

Can you call the Hearing Officer or the Division of Appeals and Hearings with questions?

Neither you nor SCDHHS may speak to the Hearing Officer about the case without all the other parties involved. You may speak with the Hearing Officer about procedural and scheduling matters, but no one in the Hearing Officer's office can give you legal advice, and you should never attempt to discuss the facts of your case with any Hearing Officer or employee of the SCDHHS Division of Appeals and Hearings. Your opportunity to explain the facts and your position is at the hearing.

What will the Hearing Officer review?

The Hearing Officer will review:

- The relevant laws, regulations, & policies;
- The relevant portions of the Medicaid Policy & Procedure Manual (MPPM) or Provider Manuals
- All the information SCDHHS provides about its decision;
- Any additional information you submit;
- All testimony and exhibits submitted during a hearing.

What are your rights during this process?

You have the right to a copy of all items used to decide your appeal. You have the right to be represented by an attorney or authorized representative during the appeals process.

How will you be notified of the Hearing Officer's decision?

After the Hearing Officer makes a decision, you will receive a detailed written explanation of that decision. The written determination will explain the specific reasons for decision and will include the facts, laws, regulations, and policies the Hearing Officer used to make his or her decision. The Hearing Officer will make every effort to provide you a written determination within thirty (30) days of when the Hearing Officer has made his or her decision.

What if your Appeal is denied by the Hearing Officer?

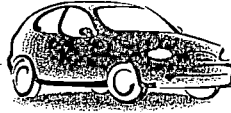
If the Hearing Officer denies your claim in whole or in part, you will have thirty (30) days to seek appellate review in the Administrative Law Court.

Do you need accommodations?

Please notify the Division of Appeals and Hearings of any accommodations you may require at (803) 898-2600 or toll free at 1-800-763-9087.

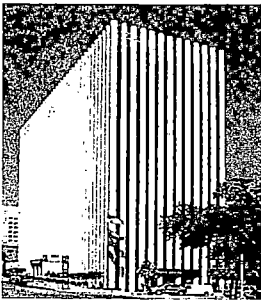
This notice and other documents and information are available for free in other languages. Please call the Healthy Connections Member Services Center at 1-888-549-0820, TTY users should call 1-800-753-8583, 8 a.m. – 6 p.m. Monday-Friday. The call is free.

Directions and Parking Info for SCDHHS Main Office — Columbia, SC



You have three parking options when attending a hearing:

- 1) The Matthew J. Perry Parking garage, which charges up to \$10 per day and does not require advance reservations. This garage is located at the corner of Main and Richland Streets. The entrance to the garage is located on Richland Street at the white "Public Parking" sign. Park in the public spaces on the four floor or above. Do **NOT** park in a reserved space. Do **NOT** park at a red meter or a "Permit Only" space.
- 2) The street, if a space is available. If you decide to park on the street, remember to bring change. If you have a handicapped parking permit, you do not have to pay the meter. Do **NOT** park at a meter with a bag on it. We will not reimburse you for a towing fee.
- 3) The attached SCDHHS parking garage, with prior permission at no charge. As space is limited, please contact us immediately if you want to park here. You will receive separate directions, an assigned space, and an access code to enter this garage. The code changes regularly. You may park in the SCDHHS garage for the duration of your hearing. Please let us know in advance if you need reasonable accommodations to access the building.



The Jefferson Square Building at 1801 Main Street is the 12 story vertically striped building at the corner of Main and Laurel Streets. **Enter the building through the courtyard on the Main Street side** and sign in at the guard station.

Driving Directions to the Matthew Perry Garage

From I-20 Westbound: Merge onto SC-277 S via exit number 73A toward Columbia. This becomes Bull Street. Turn right onto Richland Street. The Matthew J. Perry parking garage is on your left after crossing Main Street. A white Public Parking sign is at the entrance of the garage.

From I-20 Eastbound: Merge onto US-76 East/I-26/126 East via Exit 64 A toward Columbia; continue toward Columbia in inside left lane; freeway ends and becomes Elmwood Avenue/US-76/US-176. Turn right on Assembly Street/SC-48 S. Richland Street is the second street that crosses Assembly. Turn left off of Assembly onto Richland and the parking garage is on your right.

From I-26 Eastbound: Follow I-26 toward Columbia; Continue toward Columbia on 126 East/US-76 East in inside left lane; freeway ends and becomes Elmwood Avenue/US76-76/US-176. Turn right on Assembly Street/SC-48 S. Richland Street is the second street that crosses Assembly. Turn left off of Assembly onto Richland and the parking garage is on your right.

From I-26 Westbound: Follow I-26 toward Columbia. After passing Exit 110 (Lexington Medical Center), get in far right lane, take exit 108-B onto I-126 toward Columbia. Continue toward Columbia on 126 East/US-76 East in inside left lane; freeway ends and becomes Elmwood Avenue/US76-76/US-176. Turn right on Assembly Street/SC-48 S. Richland Street is the second street that crosses Assembly. Turn left off of Assembly onto Richland and the parking garage is on your right.

From I-77 Southbound: Follow I-77 toward Columbia; merge on to SC-277 S via exit number 18 toward I-20 W/Columbia/Augusta. Turn right onto Elmwood Ave/US-76; continue to follow Elmwood Avenue. Turn left on to Assembly St/SC-48 S. Richland Street is the second street that crosses Assembly. Turn left off of Assembly onto Richland and the parking garage is on your right.



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF APPEALS AND HEARINGS

May 9, 2017

EMAIL

Debora Carter
Contracts SCDHHS
PO Box 8206
Columbia, SC 29202
CARTERDB@scdhhs.gov

FIRST CLASS & CERTIFIED MAIL

Jeanette Vinson
107 Chalmers Court
Summerville, SC 29485

RE: Fair Hearing of Jeanette's Loving In-Home Care Agency v. SCDHHS
Case No: 17-0777 Provider Termination/Scope Reduction

Dear Ms. Carter and Ms. Vinson:

Enclosed is an Interlocutory Order directed to Respondent SCDHHS requiring production of all documentation underlying the Department's April 6, 2017 termination decision. The Department must produce a copy of these documents and send Petitioner a copy of them by **Monday, May 22, 2017**.

Enclosed please also find a Notice of Hearing scheduled for **June 8, 2017**. The hearing will be held in the 9th Floor Appeals Conference Room at the Jefferson Square Building, 1801 Main Street (corner of Main and Laurel), Columbia, South Carolina starting at 10:00 am. Should the Petitioner require the attendance of any DHHS staff as witnesses (for instance, any DHHS staffer who inspected or attempted to inspect your facility) you should contact Ms. Carter and request that they be present at the hearing on the 8th. Similarly, should Ms. Carter require the attendance of any member of Petitioner's agency as a witness, you should contact Ms. Vinson and request that person's attendance.

Finally, attached to Petitioner's appeal packet was a 2015 copy of the DHHS CLTC manual dealing with the compliance review process. This manual was updated on April 1, 2017. While the provisions pertaining to sanctions and contract termination may not have changed significantly, the pagination has changed. I have included a copy of pages 6-122 through 6-126 of the CLTC manual. A full copy of the manual can be found at <https://www.scdhhs.gov/provider-type/cltc-provider-manual-020105-edition-posted1142005>. This is the version of the manual that will be used at the hearing.

Jeanette's Loving In-Home Care Agency
Page ii of iii

If you have any procedural questions, please contact me at 803-540-3090 or Alexander.Shissias@scdhhs.gov.

Sincerely,



Alexander Shissias
Hearing Officer

Enclosure

cc: Ernestine Staley, DHHS via Email

R032

~~R0025~~

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-549-0820 (رقم هاتف الصم والبكم: 888-842-3620).
إذا كنت تتحدث اذك اللغة، فإن

STATE OF SOUTH CAROLINA)
)
 COUNTY OF RICHLAND)
)
 Jeanette's Loving In-Home Care Agency,)
)
 Petitioner,)
)
 v.)
)
 South Carolina Department of Health)
 and Human Services,)
)
 Respondent.)

BEFORE THE DIVISION OF
 APPEALS AND HEARINGS OF THE
 SOUTH CAROLINA DEPARTMENT OF
 HEALTH AND HUMAN SERVICES

INTERLOCUTORY ORDER

Case No. 17-0777 Provider Termination/Scope
 Reduction

INTRODUCTION

Jeanette's Loving In-Home Care Agency (Petitioner) appealed the Department's April 6, 2017 decision to terminate Petitioner's contract for Medicaid Home and Community Based Waiver Services. **Read carefully, because Respondent must respond by Monday, May 22, 2017.**

JURISDICTION

This appeal is adjudicated under the authority granted by the South Carolina General Assembly to SCDHHS to administer various programs and grants. *See, e.g.,* S.C. Code Ann. § 44-6-10. The appeal has been conducted pursuant to the SCDHHS Appeals and Hearings regulations, S.C. Code Ann. Regs. 126-150 *et seq.*, and the South Carolina Administrative Procedures Act, S.C. Code Ann. § 1 23-310 *et seq.*

FACTUAL BACKGROUND

On April 6, 2017, The Department terminated Petitioner's contract for Medicaid Home and Community Based Waiver Services. This appeal followed.

RESPONDENT ACTION REQUIRED

Respondent shall produce all documentation underlying its April 6, 2017 termination decision and shall provide a copy to Petitioner. This documentation must be received by **Monday, May 22, 2017.**

Please submit the response to: Alexander.Shissias@scdhhs.gov.

AND IT IS SO ORDERED.



Alexander Shissias, Hearing Officer
Division of Appeals and Hearings

COLUMBIA, South Carolina
May 9, 2017

APPEARANCES

HEARING OFFICER: ALEXANDER SHISSIAS
FOR THE PETITIONER: JEANETTE VINSON (PRO SE)
FOR THE RESPONDENT: DEBORAH CARTER, ESQUIRE

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EXHIBITS*

* - ALL EXHIBITS RETAINED BY THE HEARING OFFICER AND/OR COUNSEL.



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COLUMBIA, SOUTH CAROLINA 29520-0776
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R037

~~R0030~~

1 [THE HEARING COMMENCES.]

2 MR. SHISSIAS: We're on the record. This hearing
3 concerns the DHHS Division of Appeals, Case
4 Number 17-0777. This appeal was brought by
5 petitioner Jeanette Vinson, doing business as
6 Jeanette's Loving In-Home Care Agency. Ms.
7 Vinson, if I understand, there's not an LLC or an
8 incorporation, just a d/b/a?

9 MS. VINSON: Yes, sir.

10 MR. SHISSIAS: Okay. All right. Today is June 8th,
11 2017. I'm Alexander Shissias, the presiding
12 hearing officer in this case. This hearing is
13 conducted in accordance with the South Carolina
14 Administrative Procedures Act and DHHS
15 regulations 126-150 through 158. Those are our
16 regulations on appeals and hearings.

17 I will not make a decision today. When I
18 make my decision, both parties will be notified
19 of the decision in writing. During this hearing,
20 I want you to know that each party has the
21 following rights: the right to ask questions; the
22 right to call witnesses and present documents;
23 the right to cross-examine witnesses and examine
24 the documents of the other party; to ask the
25 other party about their documents; the right to

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R038

~~R0034~~

1 refute the testimony of the other party.

2 Now, the petitioner here is Jeannette Vinson,
3 doing business as Jannette's Loving In-Home Care
4 Agency, an unincorporated entity represented by
5 Ms. Jeanette Vinson. The respondent is DHHS,
6 represented by Deborah Carter, and the issue
7 involved in this case is whether the Department's
8 April 6th, 2017 decision to terminate the
9 petitioner as a provider of in-home care services
10 under the Medicaid Home and Community-Based
11 Waiver Services program was correct. Okay.

12 In this case, because it involves a
13 termination, the Department has the burden of
14 proof by preponderance of the evidence that's
15 "more likely than not." I don't have any
16 exhibits to enter.

17 Now, the -- the procedure, the way we're
18 going to do things, is each party is going to --
19 I'd like to have a brief opening statement, and
20 by that I don't mean present your case, but give
21 me a brief preview of what you intend to show me,
22 okay? You don't have to -- you don't go into
23 your cases or into any documents; just say, "This
24 is how the other" -- in the case of the agency,
25 ~~"This is what we did. This is what we believe.~~

1 This is what we're going to show you," and, in
2 your case, "This is how we believe the Department
3 is wrong, and this is what I'm going to show
4 you." It's just a brief statement, and nothing
5 in your opening statements is evidence, so
6 remember that, okay, and so, typically, the way
7 we're going to do this case is, because the
8 Department, the respondent, has got the burden of
9 proof, we make them go first, and then you'll
10 have a chance to cross-examine each of her
11 witnesses, and then you put on your case, and you
12 can testify and put in your documents and cross-
13 examine and examine your documents, and then
14 that's the end.

15 Usually, parties don't feel a need to make a
16 closing statement, but you'll certainly have an
17 opportunity to make one. I just want to make
18 sure that's clear on the hearing procedure, if
19 that's all right with you, Ms. Vinson, about how
20 to proceed. Are you okay with that?

21 MS. VINSON: I have a question.

22 MR. SHISSIAS: Sure.

23 MS. VINSON: So you said, when we start briefly, it
24 will not be recorded?

25 MR. SHISSIAS: No. It is recorded, but it's not part

1 -- it's not evidence.

2 MS. VINSON: "Not evidence."

3 MR. SHISSIAS: See, if you say, "I'm going to prove
4 this, this, this, and this," then, okay, I'm
5 going to be looking for you to go prove that when
6 it's your case. I'm going to be looking for you
7 to go ahead and prove it -- to be proving that.
8 It's a roadmap. You're giving me a roadmap for
9 what your view of the case is.

10 MS. VINSON: Yes, sir.

11 MR. SHISSIAS: Does that -- is that helpful?

12 MS. VINSON: Yes, sir.

13 MR. SHISSIAS: Okay. Okay. All right. Since the
14 Department has the burden of proof, Ms. Carter,
15 are you going to be presenting -- are you the
16 representative of the Department, presenting the
17 opening statement?

18 MS. CARTER: Yes, I am.

19 MR. SHISSIAS: Okay. Great. Okay. Well, I'll give
20 you the floor for your opening statement.

21 MS. CARTER: Okay.

22 OPENING STATEMENT BY MS. CARTER:

23 MS. CARTER: I'm Deborah Carter, representing the
24 Department of Health and Human Services,
25 Community Long-Term Care Division, here to prove

1 today that we terminated this provider with just
2 cause, based on our contract and scope
3 guidelines. The end.

4 MR. SHISSIAS: That's it?

5 MS. CARTER: That's it.

6 MR. SHISSIAS: Okay. Ms. Vinson?

7 OPENING STATEMENT BY MS. VINSON:

8 MS. VINSON: My name is Jeanette Vinson. I am
9 representing Jeanette's Loving Care. I'm here to
10 refute that the scope of service -- that I did
11 service the scope as the contract said, according
12 to the scope of service of Medicaid, that I was
13 -- I did serve all my clients, and I was
14 unwrongly -- unwrongly terminated.

15 MR. SHISSIAS: Okay. All right. That's fine. That's
16 fine. Okay. At this time, it's time for the
17 Department to go ahead and prove its case, and
18 so, if you've got -- if you've got a witness, if
19 you've got documents to bring in, let's go ahead
20 and tell me what you're going to do first.

21 MS. VINSON: Tell you what. I'm going to do?

22 MR. SHISSIAS: Yes. I'm sorry. One second. Ms.

23 Vinson, do you have a question?

24 MS. VINSON: To make a motion, I'm supposed to -- can
25 I make a motion?

1 MR. SHISSIAS: A motion for what?

2 MS. VINSON: Do I have to wait until the case has
3 started to make a motion that this case be
4 terminated?

5 MR. SHISSIAS: The case be dismissed?

6 MS. VINSON: Dismissed.

7 MR. SHISSIAS: Okay. If you -- if you have a
8 procedural ground --

9 MS. VINSON: Yes, sir.

10 MR. SHISSIAS: -- okay, and you think that there's
11 been a procedural defect in the Department's
12 process --

13 MS. VINSON: Yes, sir.

14 MR. SHISSIAS: -- that is on the record already, I'll
15 hear it. So go ahead.

16 MOTION BY MS. VINSON:

17 MS. VINSON: Okay. I move for an order terminating
18 this case adversely to the respondent, on the
19 grounds that, one, respondent failed to provide
20 petitioner with a copy of all documentation
21 underlying its April the 6th, 2017 termination
22 decision in a timely manner. All documents were
23 received on May the 24th, 2017, instead of May
24 the 22nd, 2017 as ordered. Two --

25 ~~MR. SHISSIAS: We'll start with that. What was~~

1 what was the date when it was received; May --

2 MS. VINSON: All documents were received May the 24th,
3 2017, instead of May the 22nd, 2017 as ordered.

4 MR. SHISSIAS: Okay. So that's -- that's the first
5 ground.

6 MS. VINSON: The second ground, respondent failed to
7 provide petitioner with a copy of all
8 documentation underlying this April the 6th, 2017
9 termination decision.

10 MR. SHISSIAS: Okay. That's the second ground.

11 MS. VINSON: Copies such as a copy of the provider's
12 past history reviews that were used in
13 conjunction with the current review for the
14 purpose to calculate the deficiency scores.

15 MR. SHISSIAS: Okay.

16 MS. VINSON: A copy of the reviewer time and attended
17 records that would provide dates and time of the
18 review visits. Number three, respondent failed
19 to provide petitioner with all witnesses
20 requested: Carolyn Lockard, reviewer; John
21 Stephen, who concluded termination on letter
22 dated -- termination letter dated May the 5th,
23 2017.

24 MR. SHISSIAS: Okay. So that's your third one. Okay.
25 All right. Now, let's talk about the first one,

1 okay, that they were two days late in responding
2 to that, okay, and I've got some discretion in
3 this case about -- about this -- this -- if you
4 can show that you were prejudiced, meaning that
5 because they were two days late with coughing up
6 the documents, you were unable to prepare your
7 case -- if you can explain to me how you were
8 unable to prepare your case because they gave you
9 the documents two days late -- were you unable to
10 prepare your case?

11 MS. VINSON: I was unable to prepare my case more
12 effectively than I have now, because, according
13 to the termination and the letter that I sent --
14 that they sent to me, the respondent stated that
15 the reviewer, upon review -- looking to review my
16 record, is the reason why I got deficiencies, and
17 I couldn't -- there were so many records, there
18 wasn't enough time to give me to look into all
19 the records.

20 MR. SHISSIAS: Okay. So you had -- you received the
21 documents on May 24th, and today is the 8th. I
22 -- from what I'm hearing, I don't see that that
23 is something that -- that made it impossible for
24 you to prepare your case. If they disobeyed the
25 order and they only provided the documents today,

1 or even a day ago, I really -- I could see that,
2 and while it did not escape my notice that their
3 response was late, I don't think that that
4 prejudices your case. Now, your objection is
5 noted for the record, and should this case go
6 adverse for you, that's preserved as a ground for
7 appeal. Okay.

8 I'm going to jump over to number three, that
9 all witnesses requested were not made available.
10 Okay. I sent out an e-mail to you and to -- to
11 both parties the other day, asking specifically
12 about witnesses not being able, and I asked, "Do
13 we need to have a scheduling conference? Will we
14 be able to have the hearing," and if there were
15 individuals that were not available for that
16 hearing, I was expecting to hear from the
17 petitioner, "This person is not available. I
18 need this person. I need a continuance." I
19 would have granted that continuance, and we would
20 have had a different date, and that person would
21 be here. However, the e-mail that I received is,
22 "No. We want to proceed forward with the hearing
23 on that date."

24 MS. VINSON: Yes, sir.

25 MR. SHISSIAS: Okay. Now, I understand the Department

1 has made some statement that the witness isn't
2 really necessary. I'm not even getting into that
3 issue, okay, but for -- you've been given the
4 opportunity to delay the hearing, if you really
5 needed that person, and you declined to take that
6 opportunity. So I'm going to -- I'm -- I'm going
7 to deny that motion to dismiss on that ground,
8 but again, this is something that is preserved on
9 the record, if you choose to appeal later.

10 Now, we're dealing with the -- your
11 allegation that all documents underlying the
12 decision to revoke were not provided to you, and
13 I think what I need to do is, since it's time for
14 the respondent to put their case on, let the
15 respondent put their case on, and, if there are
16 -- if it appears, from your cross-examination,
17 that there were documents underlying the decision
18 to revoke that were not provided to you, then I
19 may fashion a remedy. I could dismiss it. I
20 could strike whatever ground -- there's multiple
21 grounds for revocation -- strike that ground from
22 the case. I could continue the hearing and
23 reconvene the hearing. There's -- there's many
24 things that I could do, but I don't know what all
25 ~~the documents are yet, and there seems to be some~~

1 disagreement on what all the documents are, and,
2 until we've gotten into the documents, I -- I
3 cannot make that decision yet. So your second
4 ground for your motion to dismiss, I'm going to
5 take that under advisement. Okay.

6 All right. Now -- and that being said, these
7 are purely pretrial procedural motions to
8 dismiss, not motions to dismiss based upon the
9 evidence. So essentially what we've had is the
10 equivalent of a motions hearing, and so now we're
11 going to go ahead and have the hearing on the
12 merits, and, Ms. Carter, if you would go ahead --
13 and you can go ahead and present your case --

14 MS. CARTER: Okay.

15 MR. SHISSIAS: -- and, if you intend to testify, I do
16 need to swear -- swear you in. Do you intend to
17 testify?

18 MS. CARTER: Yes.

19 MR. SHISSIAS: Okay. All right. Do you solemnly
20 swear or affirm that the testimony you are about
21 to give is the truth, the whole truth, and
22 nothing but the truth?

23 MS. CARTER: I do.

24 MR. SHISSIAS: Okay. You may proceed.

25 MS. CARTER: Okay. Based on the documentation that I

1 did provide to the petitioner and to the hearing
2 officer, I'm going to go in that order.

3 MR. SHISSIAS: -- copies of that. You go ahead.

4 We'll get copies of that.

5 MS. CARTER: You have one.

6 MR. SHISSIAS: Okay, and I have been handed a large --
7 a large stack of documents, and there -- they are
8 numerous, but I assume you are going to, as you
9 present your case, you're going to introduce them
10 into evidence.

11 MS. CARTER: Yes.

12 MR. SHISSIAS: Okay. Great.

13 TESTIMONY BY MS. CARTER:

14 MS. CARTER: Okay. So the first -- well, let me start
15 by saying that Jeanette's Loving Care -- In-Home
16 Care was enrolled in Medicaid effective 6/24/16.
17 That's following completing an online enrollment
18 application and attending -- what we have in CLTC
19 is a pre-contractual meeting. The first document
20 on the stack is the sign-in sheet showing that
21 Ms. Vinson did attend that meeting on June 2nd,
22 2016.

23 MR. SHISSIAS: Okay. Would you like to admit this as
24 an exhibit?

25 MS. CARTER: Yes.

1 MR. SHISSIAS: Okay. All right. Ms. Vinson, do you
2 have any objection to this document being
3 admitted into evidence?

4 MS. VINSON: Reject -- I object to the document being
5 entered, because it doesn't help -- for what
6 ground?

7 MR. SHISSIAS: Okay.

8 MS. VINSON: It's just a sign-in sheet.

9 MR. SHISSIAS: Okay. She -- she stated that it shows
10 that you attended a pre-contractual meeting on
11 June 2nd, 2016. That's the ground that she wants
12 to admit it.

13 MS. VINSON: Can I still just reject --

14 MR. SHISSIAS: You can object --

15 MS. VINSON: Yes. I object.

16 MR. SHISSIAS: -- and I overrule your objection, and
17 this is admitted as Respondent's Exhibit 1.
18 Proceed.

19 MS. CARTER: Okay. So Ms. Vinson attended the class,
20 and the next document is the presentation that is
21 presented at the meeting, our PowerPoint
22 presentation that we present to all new, incoming
23 providers, when they come to that pre-contractual
24 meeting. We have this meeting to kind of go over
25 guidelines that our providers are to follow, to

1 go over our scope guidelines, to go over
2 confidentiality, solicitation.

3 There are a lot of different areas. Phoenix,
4 our automated systems are covered, so we just
5 kind of give an overview of the program and the
6 program requirements, the contracting process,
7 what's going to happen after that meeting, such
8 things as that. So this is just showing the
9 information that was shared with her and other
10 providers who were in attendance at that meeting.

11 Particularly, we go over the scope
12 requirements, and we also go over provider
13 compliance, and we talk about what is reviewed
14 when our reviewer goes out and does a review at
15 the provider's office, in terms of the
16 administrative requirements that the provider
17 must meet, the service requirements the provider
18 must meet, and that includes the participant
19 workers that are being reviewed, and the staffing
20 requirements that the provider must meet, and
21 that includes the information that is required to
22 have for providers when she looks at the staffing
23 records, when she goes on site. We also talk
24 about the compliance reviews receiving a score
25 based on the identified deficiencies and why we

1 developed that process to ensure that reviews are
2 reportable and providers know what to expect when
3 they are reviewed.

4 So I just want to highlight that we go over
5 these things prior to a provider being
6 contracted, so that they are aware of what to
7 expect as a provider, in terms of being reviewed
8 and in terms of their requirements.

9 That -- that document --

10 MR. SHISSIAS: Do you want this admitted as an
11 exhibit?

12 MS. CARTER: Yeah.

13 MR. SHISSIAS: Okay. Have you -- this has been
14 proposed to be admitted. Do you have any
15 objections to it being admitted as an exhibit?

16 MS. VINSON: I have one objection to it being admitted
17 as an exhibit, because this was not the
18 PowerPoint that was used on the 6th, the 20th, or
19 the -- on that date, and the reason why is they
20 did not use the same PowerPoint.

21 MR. SHISSIAS: Okay.

22 MS. VINSON: This was not the PowerPoint used, and for
23 -- the respondent stated that they went over the
24 service -- they went over the reviews. That was
25 not discussed in that constructural -- in that

1 orientation, because, if they had, I would have
2 known what was a review, what to expect at a
3 review. This was not the PowerPoint --

4 MR. SHISSIAS: Okay --

5 MS. VINSON: -- used.

6 MR. SHISSIAS: Okay. So the objection is that this is
7 different from what was presented to her at this
8 meeting --

9 MS. CARTER: Okay.

10 MR. SHISSIAS: -- and -- now, I note that it's got a
11 date, 6/7/2017, but that's the date -- that's the
12 date of the hearing. That's the date you printed
13 it. Is this document different from what was --
14 and who provided -- who presented -- who made
15 this presentation; was it you?

16 MS. CARTER: Tony and I make the presentation.

17 MR. SHISSIAS: The two of you make up the
18 presentations. Okay. All right. Are any
19 responses different from what you presented?

20 MS. CARTER: I would need to see what she has, because
21 they are given this presentation at the meeting.

22 MR. SHISSIAS: They are given a copy of that
23 presentation?

24 MS. CARTER: They are given a copy of the

25 ~~presentation. So she did state in her e-mail~~

1 that it was not the same. I was hoping that she
2 would bring what she had. It may be different,
3 but those things don't change, the things that we
4 go over in terms of what to expect, you know, the
5 requirements as service administration, services
6 after --

7 MR. SHISSIAS: Specifically, Ms. Vinson, what are you
8 saying was not provided in this presentation?
9 What page are we looking at?

10 MS. VINSON: Okay. In the presentation that was
11 provided on June 2nd of 2016 --

12 MR. SHISSIAS: Uh-huh.

13 MS. VINSON: -- this -- the presentation about
14 compliance review --

15 MR. SHISSIAS: Okay. What page? Direct me to --

16 MS. VINSON: I'm looking at this one. I've never seen
17 -- this is my first time seeing this one here, as
18 well, but I heard when the respondent stated that
19 compliance review is one of the presentations
20 that they went over at the orientation, so I'm
21 trying to find that page.

22 MR. SHISSIAS: Okay. Provider --

23 MS. VINSON: Okay.

24 MR. SHISSIAS: -- compliance. If you'll just start at
25 page --

1 MS. VINSON: 7, on this page 7 --

2 MR. SHISSIAS: Okay.

3 MS. VINSON: -- that was not discussed at that
4 orientation.

5 MR. SHISSIAS: Provider compliance wasn't discussed at
6 all?

7 MS. VINSON: No, sir. It was not discussed. Now,
8 however, this here was not discussed, because
9 only -- the notes that I had, the only thing that
10 was discussed is -- in detail from Ms. Carter --
11 is to make sure that, when we go over the
12 authorization and how it works, the authorization
13 starts on time, the plan of care starting on
14 time, and the abuse of the client. The provider
15 compliance review, this was not discussed at that
16 orientation.

17 MR. SHISSIAS: Okay, and -- and, Ms. Carter, has this
18 document changed since last year? Has it been
19 changed?

20 MS. CARTER: If it has, I don't have -- I don't keep a
21 copy of it. It changes periodically, and I
22 couldn't say for sure.

23 MR. SHISSIAS: You don't know whether or not you've
24 changed it?

25 ~~MS. CARTER: Right, but I'd know if I changed~~

1 anything. That would not have changed.

2 MR. SHISSIAS: Okay. So --

3 MS. CARTER: The only time I change something is if we
4 change a requirement in terms of -- we had some
5 changes with some of the automated systems, and
6 we may add something related to that, but this
7 has always been the same, because it comes
8 directly from our scope of services.

9 MR. SHISSIAS: All right. So one thing -- let me try
10 to get this straight. The part about provider
11 compliance, which starts on page 6 --

12 MS. CARTER: 6.

13 MR. SHISSIAS: -- 7, 9, 12 -- 10, 11, 12, 13 -- 13 --
14 have those slides changed?

15 MS. CARTER: No.

16 MR. SHISSIAS: Now, you're certain that they haven't?

17 MS. CARTER: I'm certain those slides have not
18 changed.

19 MR. SHISSIAS: All right. So --

20 MS. CARTER: We have a presentation today that --
21 used.

22 MR. SHISSIAS: All right. Based -- I understand the
23 objection --

24 MS. VINSON: May I object? Based on her -- what she's
25 stating, that they haven't changed, and the e-

1 mail that I sent her and a copy to you, where I
2 request the correct PowerPoint, but she stated
3 that it has changed some. It's not the same, but
4 it has changed some --

5 MR. SHISSIAS: And I believe that --

6 MS. VINSON: -- from her e-mail.

7 MR. SHISSIAS: -- and I believe that was her testimony

8 --

9 MS. VINSON: That was her testimony?

10 MR. SHISSIAS: -- and, based on that, I am -- I'm

11 inclined -- I'm going to grant your objection in
12 part and I'm going to overrule it in part, and
13 the only thing that I'm going to accept this for,
14 as Respondent's Exhibit 2, are the contents of
15 the pages 6 through the top side on page 13,
16 regarding provider compliance, based on Ms.
17 Carter's testimony that that part is identical to
18 what was presented to you. I understand your
19 objection, that you did not see this, and that
20 you're saying it wasn't in there. Okay. I
21 understand that objection, and -- and I
22 understand your testimony, but I'm going to
23 accept it for that limited purpose.

24 Go ahead and proceed.

25 ~~MS. CARTER: Okay. So we did go over that. Following~~

1 those meetings, I request the providers'
2 contracts, and the next -- well, it's not the
3 next documents, it's further back in the stack --
4 is the contract between Jeanette's Loving Care
5 in-home care agency and the Department for the
6 services that she is contracting to provide.

7 MR. SHISSIAS: All right, and you're referring to a
8 contract between DHHS and the petitioner, dated
9 June 24th.

10 MS. CARTER: Yes.

11 MR. SHISSIAS: That's the document you're talking
12 about?

13 MS. CARTER: Yes, it is.

14 MR. SHISSIAS: And if there is any part of the
15 document that you would like me to specifically
16 look at --

17 MS. CARTER: Yeah. Article Three, that's on page 4 of
18 22 --

19 MR. SHISSIAS: Okay.

20 MS. CARTER: -- titled "Scope of Services" --

21 MR. SHISSIAS: Uh-huh.

22 MS. CARTER: -- that statement basically refers the
23 providers back to -- back to the fact that they
24 are required to follow the guidelines in the
25 scopes, the provider manual, any bulletins or

1 anything that comes out, in terms of following
2 program policy.

3 MS. VINSON: I don't have that.

4 MS. CARTER: It's toward the end of the packet.

5 MR. SHISSIAS: I believe it's towards the end of the
6 packet that's been handed out. This is what the
7 cover looks like.

8 MS. VINSON: Okay.

9 MS. CARTER: That. That's what I want to present --
10 Article Three, page 4 of 22 --

11 MR. SHISSIAS: Uh-huh.

12 MS. CARTER: -- entitled "Scope of Services," where it
13 states that the provider is required to follow
14 the guidelines as set forth in the contract and
15 in the scopes of services, in the bulletins, the
16 provider manual, et cetera, in terms of
17 delivering services.

18 MR. SHISSIAS: Okay. All right.

19 MS. CARTER: We talked about, in the meeting, the --

20 MR. SHISSIAS: Hang on a minute. Do you want to make
21 this part of the record?

22 MS. CARTER: Yes.

23 MR. SHISSIAS: This is Ms. -- this is the contract,
24 and the respondent is proposing to make this an
25 exhibit, to admit this. Do you have an

1 objection?

2 MS. VINSON: No objection.

3 MR. SHISSIAS: No objection, okay, and it's so
4 admitted as Respondent's Exhibit 3. Please
5 proceed.

6 MS. CARTER: Okay. So the provider was enrolled,
7 dated June 24th of 2016 as the effective
8 enrollment date, and, when the provider receives
9 reviews, we -- the provider receives clients,
10 then our surveyor, Ms. Carolyn Lockard, goes out
11 and does reviews of providers when she's in that
12 area. Carolyn works -- she's the only person who
13 does our reviews, and she works areas in the
14 State and stays for a week, two weeks, whatever
15 is necessary to capture the providers in that
16 area. So she was in the Charleston area, and she
17 went to review Ms. Vinson's records on February
18 20th, 2017.

19 MR. SHISSIAS: Okay, and I see you're referring to
20 this document.

21 MS. CARTER: -- report dated --

22 MR. SHISSIAS: -- okay. All right.

23 MS. CARTER: -- 2/20/17, and she has -- we have a
24 program, our automated system, Phoenix, and our
25 review is basically in that system. Carolyn

1 pulls up -- downloads the provider for review,
2 selects a sample of clients and staff to review,
3 and questions come up in the system, based on the
4 services that are being reviewed, so she answers
5 those questions on site. She comes on site. She
6 asks the provider for the records that she needs
7 to review. She gets those records, staff and
8 client records, and she then reviews those
9 records for the criteria that needs to be met,
10 based on the scope guidelines.

11 Some of those things are, as you noticed on
12 this one, maintaining Workers' Comp insurance,
13 Workers' Comp and general liability provider. So
14 that she's saying, in this review, that the
15 provider did not maintain a Workers' Compensation
16 policy, and so that's one of the administrative
17 requirements that the reviewer is saying was not
18 met.

19 Service review; she looks at client records
20 in the service review. I believe she reviewed
21 twenty or twenty-one clients in this review. I
22 sent Ms. Vinson a listing of those clients, but,
23 anyway, she reviews those records and ensures
24 that there is a record. In one instance, it's
25 saying here that the provider did not maintain a

1 record for six of twenty-one, so she did twenty-
2 one. Six of twenty-one clients she's saying did
3 not have a record for review. She looks at all
4 the pertinent information.

5 So, following that review, she uploads it.
6 She'll upload the review into Phoenix. Once
7 she's completed and all her responses are in,
8 then the system gives the review a score, and the
9 score for this review was 963, based on the
10 identified deficiencies. So that was completed,
11 and I would like to enter that.

12 MR. SHISSIAS: All right. Respondent has proposed the
13 admission of this, of the review report. Do you
14 have any objection?

15 MS. VINSON: I reject -- I have an object --

16 MR. SHISSIAS: You object. All right.

17 MS. VINSON: Yes, sir.

18 MR. SHISSIAS: State your objection.

19 MS. VINSON: Because the respondent stated that the
20 reviewer looked at -- reviewing this file, the
21 reviewer did not review all twenty-one files.
22 She only reviewed six out of twenty-one files,
23 and after she reviewed six, she was sitting at --
24 the reviewer sat at the computer. I was standing
25 at -- she had me standing at the cabinet, handing

1 her twenty-one files she did have listed for me
2 to pull. After I pulled twenty-one files, she
3 had me to hand her six. The six that I handed
4 her were six terminated files. The file was
5 terminated, and I told her that the file was
6 terminated; the file she was asking for was
7 terminated, and I -- I did not -- I destroyed the
8 file.

9 The next thing, the reviewer informed me
10 that, according to Medicare, I had to pull the
11 whole -- all terminated files for five years. I
12 didn't know that. So she said, "Ain't no need"
13 -- she would look into the other files, because I
14 already had six out of twenty-one.

15 MR. SHISSIAS: Okay.

16 MS. VINSON: So she did not look at the --

17 MR. SHISSIAS: Okay. So I want to make sure I -- I
18 understand your objection. You're -- you said
19 you're objecting because the reviewer only looked
20 at six files.

21 MS. VINSON: Yes, sir.

22 MR. SHISSIAS: Okay. What is this about terminated
23 files?

24 MS. VINSON: Okay. She asked for -- she asked me to
25 hand her six out of those, those twenty-one

1 files, and let the record be known that those
2 twenty-one files that she gave me, 80 -- 80% was
3 terminated --

4 MR. SHISSIAS: Okay.

5 MS. VINSON: -- and then the --

6 MR. SHISSIAS: But the --

7 MS. VINSON: -- participant file, 80% were already
8 terminated, and with the workers' files, 80% were
9 either terminated or inactive.

10 MR. SHISSIAS: Okay. So, out of the twenty-one -- 6
11 minus 21 -- fourteen of them were -- sorry --
12 fifteen of them were terminated or inactive
13 clients, and you had -- and you did not have the
14 file on the terminated client, and that's your
15 objection. Okay. Is -- now, we don't have the
16 person who did the review here. Is there
17 anything in the contract or in -- or in the plan
18 that talks about file retention for terminated --

19 MS. CARTER: Yes.

20 MR. SHISSIAS: -- clients?

21 MS. CARTER: In the contract.

22 MR. SHISSIAS: In the contract that has already been
23 admitted as Respondent's Exhibit 3.

24 MS. CARTER: It's in Article Six.

25 MR. SHISSIAS: Is that page 7?

1 MS. CARTER: Page 7 of 22, A-1.

2 MR. SHISSIAS: A-1, and it says, "The provider must
3 maintain an accounting system" --

4 MS. CARTER: Uh-huh.

5 MR. SHISSIAS: -- "provider must maintain all
6 financial programmatic records" -- "as
7 statistical records, and other records of
8 participants related to delivery of care for a
9 period of five years after last payment made
10 under this contract." Okay.

11 All right, and Ms. Vinson, if -- if your
12 objection is that fourteen of the files that she
13 asked for were for terminated clients and it
14 wasn't appropriate for her to ask about that, I'm
15 going to overrule that objection, because the
16 contract says five years. I understand you're
17 saying you weren't aware of that requirement, but
18 it's in the contract --

19 MS. VINSON: Yes, sir.

20 MR. SHISSIAS: -- that you signed.

21 MS. VINSON: Yes, sir.

22 MR. SHISSIAS: So I'm going to admit that as
23 Respondent's Exhibit --

24 MS. VINSON: So is --

25 MR. SHISSIAS: -- sorry -- Exhibit 4.

1 MS. VINSON: And, sir, is it fair to ask, can it be
2 submitted under prejudice, because I have -- the
3 files that I have with those on there, she's the
4 one -- okay. I'll just wait until --

5 MR. SHISSIAS: Yeah. That would be good, to wait --
6 [OVERLAPPING CONVERSATION.]

7 MR. SHISSIAS: -- will give you an opportunity to
8 refute all of this --

9 MS. VINSON: Yes, sir.

10 MR. SHISSIAS: -- so Exhibit 4 -- okay. Proceed.

11 MS. CARTER: Okay. When the review was uploaded --
12 when the reviews are uploaded, I pull the reviews
13 off of Phoenix, and I send them out to the
14 providers to respond. I sent a letter dated
15 February 23rd, 2017. I sent Ms. Vinson the
16 review in a letter, asking her to respond with a
17 corrective action plan and any supporting
18 documentation by no later than March 9th, 2017.

19 MR. SHISSIAS: Okay. Is that -- I believe that's at
20 the end of these documents --

21 MS. CARTER: Yeah --

22 MR. SHISSIAS: It's a --

23 MS. CARTER: That's not the letter. It's that one.

24 MR. SHISSIAS: It's the e-mail?

25 MS. CARTER: It's on the other side.

1 MR. SHISSIAS: Okay. All right. February 23rd, 2017,
2 and what's on the backside of that?

3 MS. CARTER: That -- I was hoping she didn't want to
4 do that -- that's an e-mail that -- this is the
5 e-mail --

6 MR. SHISSIAS: All right.

7 MS. CARTER: -- I sent her the letter by.

8 MR. SHISSIAS: Okay. So -- so this is the cover --

9 MS. CARTER: Right.

10 MR. SHISSIAS: -- the e-mail, and --

11 MS. CARTER: -- the attachment --

12 MR. SHISSIAS: -- the attachment --

13 MS. CARTER: -- and the review was also attached.

14 MR. SHISSIAS: The review, which has been admitted as
15 Exhibit 4, is attached. Okay. All right.

16 MS. CARTER: And, in the letter, I explained -- I
17 included a note to the provider that, if the
18 final score is above 400 points, then your
19 contract will be terminated.

20 MR. SHISSIAS: Okay. All right.

21 MS. CARTER: This -- we would enter this.

22 MR. SHISSIAS: You'd like to admit this as an exhibit?

23 MS. CARTER: Yes.

24 MR. SHISSIAS: The letter, the cover e-mail together,
25 okay, without objection, is admitted as

1 Respondent's Exhibit Number 5. Okay, and that is
2 the notice letter, okay, after that inspection.

3 MS. CARTER: Ms. Vinson did respond.

4 MR. SHISSIAS: Okay.

5 MS. CARTER: I believe this was faxed in.

6 MR. SHISSIAS: Is this the document from --

7 MS. CARTER: On March 9th, the UPS store.

8 MR. SHISSIAS: The UPS store. Okay.

9 MS. CARTER: Her response was reviewed by myself, and
10 -- and any other documentation that she
11 submitted, and, as a result, the score was
12 reduced to 906 points, I believe, for the final
13 score, and that was based on, in the review --
14 the review counts nurse supervisors separate, in
15 terms of providing the required PPD skin test,
16 and that makes the scores queue up 60 points
17 higher than it should be. So that person was
18 counted separately, and I added that person to
19 the PCA staff, which brought that score down by
20 57 points, so that the provider doesn't have --
21 the system does that, and it shouldn't, so I
22 always correct that in reviews, when it's done.

23 MR. SHISSIAS: All right. I don't usually ask
24 questions, but let me just see if I can make this
25 straight. So, if the participant, the contractor

1 is given a score, they're given an opportunity to
2 respond, and is that an opportunity to correct
3 the deficiency?

4 MS. CARTER: It's not necessarily an opportunity to
5 correct. Where there was not appropriate -- at
6 the on-site visit, it's not appropriate. The
7 only thing that they can correct may be like if
8 there were supervisory visits that were not done
9 timely, and they have a valid reason such as the
10 client was not available, being in the hospital,
11 out of town, or whatever, then that would be a
12 valid reason for us to adjust that score.

13 Other documentation as required -- they're
14 required to have all documentation in the
15 client's record within 30 days of the last date
16 of service. If that documentation is not in the
17 record when the reviewer -- when the provider
18 does the review -- and the provider may have it
19 somewhere else in the office, but they didn't
20 have it in the record where it's required, and
21 they send it to me after the review, then no, I
22 would not change the score based on that --

23 MR. SHISSIAS: Okay.

24 MS. CARTER: -- but this was something that -- the
25 ~~reason I changed the score was something that our~~

1 system calculates incorrectly.

2 MR. SHISSIAS: And so, if you can -- if you can,
3 explain to me that, on a specific -- what the
4 system calculated incorrectly.

5 MS. CARTER: On page 3 of 16 --

6 MR. SHISSIAS: Right.

7 MS. CARTER: -- the third deficiency that says, "Staff
8 person does not have a current PPD tubercular
9 skin test," and it says "one of one," and it
10 gives them 100% deficiency, that's 60 points for
11 that score.

12 Still in that review summary, we have -- this
13 is page 2 -- one, two -- one, two, three, four --
14 the fifth down. "If staff person does not have
15 the current PPD tubercular skin test" -- that's
16 one of twenty-one. That one of one should have
17 been counted in that twenty-one, because they are
18 counted in the twenty-one that she reviewed, but
19 they separate the nurse out in the system for
20 some reason, and so that shouldn't be, so I just
21 added that one and made it two of twenty-one and
22 made the other one zero of twenty-one.

23 MR. SHISSIAS: So how many points did you reduce --

24 MS. CARTER: 57.

25 MR. SHISSIAS: 57 points. Okay. All right.

1 MS. CARTER: So that added three points to that score
2 and took 57 off of that 60.

3 MR. SHISSIAS: Okay. So thank you for helping. So
4 I'm back to the petitioner's response. Okay, and
5 it's 50-some-odd -- 53 pages, including the
6 cover.

7 MS. CARTER: Right.

8 MR. SHISSIAS: Do you want to admit this as an
9 exhibit?

10 MS. CARTER: Yes.

11 MR. SHISSIAS: Okay, and this is your response, Ms.
12 Vinson. Do you have any objection to admitting
13 it?

14 MS. VINSON: No, sir. No objection.

15 MR. SHISSIAS: Okay. All right, because I figured it
16 might end up being one of your exhibits, so we
17 might as well put it in already as Exhibit 6,
18 your response. Okay. Great.

19 MS. CARTER: And the provider stated in the service
20 summary that -- in the one that said they don't
21 maintain individual participant records, her
22 response was that she developed an audit
23 checklist to maintain individual participant
24 records, and charts were audited biweekly, so
25 she's doing a plan of correction. Basically, her

1 statements are a plan of correction, not saying
2 that it was inappropriately cited.

3 MR. SHISSIAS: So what you're saying in the response
4 is, "I'm going to fix it" --

5 MS. CARTER: Correct.

6 MR. SHISSIAS: -- rather than, "It was never out of
7 order"?

8 MS. CARTER: Right.

9 MR. SHISSIAS: Okay. I understand what you're saying.
10 Okay. Go ahead.

11 MS. CARTER: Okay. Back on -- issue, Workers' Comp,
12 she's in the process of acquiring that, and not
13 giving information about advanced directives,
14 she's saying that she has issued 98% of
15 provider/patient handbook -- that includes
16 information regarding advance directives.

17 So basically she's saying that's what she's
18 doing to correct the deficiencies throughout this
19 document, and she also included some documents,
20 one being, I guess, the proposal pricing for the
21 Workers' Comp coverage; a timesheet, it appears;
22 and the audit checklist that she says she's going
23 to implement; her patient handbook; I guess
24 that's to show that patients are getting
25 information about advanced directives and rights

1 to complain, I would assume; and the document
2 that she did submit, that was signed by the
3 client, about consent to -- service agreement,
4 clients' right to complain, those were all signed
5 after the review in March of 2017, so none of
6 those things were changed, in other words. The
7 only thing that was changed was the one score
8 that the system calculates incorrectly.

9 So, as a result of the score being over 900
10 points -- and I want to point to -- in the
11 outline, in the actual termination letter, that I
12 brought along also the scope of services, which,
13 on page 6-120, section G, goes into detail about
14 the compliance review process. It talks about
15 the scoring and the sanction level, severity
16 levels of sanctions, and, on page 6-122, it
17 outlines that score scale and sanction level,
18 showing that, based on the review score, which
19 sanction the provider will receive. That goes in
20 the outline, in the letter.

21 MR. SHISSIAS: You would like to -- this is a CLTC
22 standard, and this says "manually updated
23 5/1/15." Is that -- is that the version of the
24 manual that was in existence at the time of the
25 -- at the time the decision was made?

1 MS. CARTER: Yes.

2 MR. SHISSIAS: Okay. All right. Ms. Vinson, this is
3 -- this is the manual, and in essence it's sort
4 of like -- it's referenced in the contract. It's
5 sort of like the law, and we've had some
6 discussion making sure it's the proper version.
7 Do you have any objections to --

8 MS. VINSON: I have objections to -- that version is
9 an old version. They updated it on 4/30/17. The
10 manual was updated.

11 MR. SHISSIAS: That manual was updated?

12 MS. VINSON: Yes, sir.

13 MR. SHISSIAS: 4/0 --

14 MS. VINSON: '17.

15 MR. SHISSIAS: -- '17?

16 MS. VINSON: Yes, sir --

17 MR. SHISSIAS: Okay. So --

18 MS. VINSON: -- and according to the officer --
19 according to the officer, the hearing officer, he
20 stated that, "We will be going by this manual to
21 proceed in this case."

22 MR. SHISSIAS: Right. Okay. Now, I did send out a
23 copy of the portion of the CLTC manual dated 4 --

24 MS. VINSON: 4/1/17

25 MR. SHISSIAS: -- 1/17, and I believe that version of

1 the manual is the one that we -- that is
2 applicable to the decision that was made in April
3 of 2017.

4 Now, I know manuals change, but we do need to
5 have the right manual, and you have provided an
6 earlier one, and I think, if you're going to do
7 this -- and it's not necessary to admit part of
8 the manual at all, but at least we need to know
9 what the rules are -- I think we need to get a
10 copy of the current manual.

11 So, with that being said, I think it would be
12 a good idea to go get -- to have a quick recess
13 and have a break for everybody, and, in the
14 meantime, we'll go and get a copy of that version
15 of the manual, which I -- I did provide to -- I
16 believe I provided a copy to the petitioner in
17 one of my -- let's go off the record to get that.

18 [OFF THE RECORD.]

19 [THE HEARING CONTINUES.]

20 MR. SHISSIAS: All right. We're back on the record.

21 While we were off the record, we obtained updated
22 copies of the relevant manual. The petitioner
23 had objected to the introduction of the offered
24 manual, in that the date was an earlier version
25 of the manual, and so we've got the manual

1 updated 4/1/17. I typically introduce these,
2 even though they are essentially sort of part of
3 the law that governs the contract. Would you
4 like to admit this?

5 MS. CARTER: Yeah.

6 MR. SHISSIAS: Do you have any objection?

7 MS. VINSON: No, sir.

8 MR. SHISSIAS: Okay. Without objection, admitted as
9 Respondent's Exhibit 7, the 4/1/2017 update
10 manual, a copy of the Medicaid Scope of Services
11 for PC Care Two, pages 6-108 through page 6-126
12 of the manual. Okay. All right. Please
13 proceed.

14 MS. CARTER: Okay, and in the updated version, April
15 1st of 2017, "provider compliance with the client
16 review process," again it's on page 6-122. It
17 starts there and goes through to page 6-125.
18 Again, the part here in the scoring and sanction
19 levels are the same as the earlier version.
20 Those -- that's what you use to determine the
21 provider's sanction as a result of their review
22 and the score, the final score.

23 MR. SHISSIAS: Okay. Now, one thing that we -- we
24 haven't -- well, actually, we might as well do
25 this at this point. I don't believe there's been

1 different --

2 MS. VINSON: Yes, sir, but just that -- like this part
3 right here, with the score scale and sanction
4 level, they cut it off. They cut this right --
5 if you look at the exhibit she gave you --

6 MR. SHISSIAS: What you're saying is that they chose
7 not to -- not to include part of the CLTC waiver
8 manual.

9 MS. VINSON: Yes, sir.

10 MR. SHISSIAS: Okay, and -- and I understand that, and
11 I -- and it's underlined -- I'm sorry -- part of
12 it's underlined, where it isn't in the original.
13 Part of it -- it's all bolded, but the numbers,
14 the zero to 99 -- here it's zero to a hundred --
15 zero to 149, 100 to 199, 150, 249, 200 -- 2 --
16 otherwise, the document is completely different,
17 but the point is that the cutoff where
18 termination is called for is 400 points with a
19 history of 450 points. That's the same. I don't
20 think there's anything that's been altered or
21 that this wasn't the original document that the
22 agency issued.

23 So, based on that, I'm going to overrule that
24 objection. I'm going to admit this as Exhibit 8.

25 I don't think anybody's tried to forge or falsify

1 a document here. Proceed.

2 MS. CARTER: That's all I have.

3 MR. SHISSIAS: That's all you have. Okay. All right.

4 Do you have any other testimony --

5 MS. CARTER: That's it.

6 MR. SHISSIAS: All right. At this point, I'm going to
7 give Ms. Vinson the opportunity to ask any
8 questions that you may have about these documents
9 and about her testimony. Now, if you have other
10 documents that you want to bring in later, you
11 need to bring that in in your case, but about
12 what she has said on the record and about these
13 documents, I'm going to give you your chance to
14 go ahead and ask her questions.

15 Now, by the way, if you forget something and
16 you need to go back later on, I'm going to give
17 you that chance to go back later on. I'm not --
18 it's not like -- anything you need to bring in up
19 to the date of hearing is -- up to the time the
20 hearing has closed, I'm going to let you get that
21 into the record, okay, because I want a complete
22 record. All right. So go ahead and -- and
23 present your case --

24 MS. VINSON: Do you think --

25 MR. SHISSIAS: -- actually, not present your case, but

1 go ahead and cross-examine Ms. Carter.

2 MS. VINSON: Okay.

3 CROSS-EXAMINATION OF MS. CARTER

4 BY MS. VINSON:

5 Q Issue one, the review -- did you -- did you
6 terminate Loving Care's contract because you
7 determined that Loving Care abused the Medicaid
8 program?

9 MR. SHISSIAS: Loving Care -- Loving Care --

10 MS. VINSON: Loving Care.

11 Q Did you terminate Jeanette's Loving Care's
12 contract because you determined that Loving Care
13 abused the Medicaid program?

14 MR. SHISSIAS: "Abused." "Abused."

15 A I terminated Loving Care's contract based on
16 the review score.

17 Q So, according to the letter, Exhibit --

18 MR. SHISSIAS: Are you talking about Exhibit 8?

19 Q -- 8 -- the letter that terminated -- it
20 states that -- it states -- okay -- "terminate"
21 -- okay.

22 MS. VINSON: Can I ask that question again?

23 MR. SHISSIAS: Sure.

24 Q You said that you terminated the letter
25 because of the reviews.

1 A Right.

2 Q Okay, because of -- okay. Now, did you
3 terminate -- did you terminate the Loving Care
4 contract because you determined that Loving Care
5 to be guilty of fraud or conviction of a crime
6 related to her participant in the Medicaid or
7 Medicare program?

8 A No, I didn't.

9 Q Are you aware that, in accordance with 126-
10 41A and B of the South Carolina Health and Human
11 Service regulations, these are the only grounds
12 for imposing administrative sanctions against
13 Medicaid providers? The fourth issue I had is --
14 MR. SHISSIAS: Hang on. There was a question pending.

15 The question is, "Are you aware" --

16 MS. VINSON: "Are you" --

17 MR. SHISSIAS: -- "that fraud and abuse are the only
18 reasons for terminating this contract?" So
19 that's the question.

20 A No, I'm not aware of that. I'm aware of the
21 guidelines that we set forth to providers as
22 reasons for terminating a contract.

23 MR. SHISSIAS: Okay.

24 Q But according to 41 -- that's the regulation
25 of South Carolina Health and Human Service

1 regulation, that administrative sanctions against
2 Medicaid providers --

3 MR. SHISSIAS: Let's stop for one second and grab a
4 copy of the reg, because we have a site to the
5 reg, and if Nicholas could go ahead and grab
6 that, we'll go off --

7 "NICHOLAS": Do you need the entire regs?

8 MR. SHISSIAS: I need the Medicaid regs in the red
9 book, turned to the page of 126 --

10 MS. VINSON: 401.

11 MR. SHISSIAS: -- 126-401. They're in a red binder.
12 We'll go off the record for a second to get that.

13 [OFF THE RECORD.]

14 [THE HEARING CONTINUES.]

15 MR. SHISSIAS: We are back on the record. While we
16 were off the record, I went and obtained a copy
17 of the relevant regulation, 126-400,
18 administrative sanctions for the Medicaid
19 providers, to assist the petitioner making her
20 case. Ms. Vinson, please proceed.

21 MS. VINSON: Okay.

22 [THE EXAMINATION OF MS. CARTER BY MS.

23 VINSON CONTINUES.]

24 Q Go to the next -- right there. Okay. I

25 asked the question, are you -- are you aware

1 that, in accordance with 126-401A and B of the
 2 South Carolina Health and Humane Service
 3 regulations, these are the only grounds for
 4 imposing administrative sanctions against a
 5 Medicaid provider?

6 A -- grounds.

7 MR. SHISSIAS: Okay. All right. This is -- this is
 8 -- it says "sanctions." "If the administrator
 9 names one or more of the following sanctions
 10 against a provider who has been determined to
 11 have abused the program," and includes
 12 termination, and it says, "may invoke one or more
 13 sanctions against a provider determined to be
 14 guilty of fraud," and that includes termination.

15 Now, there are, under 403, there are other
 16 sanctions, "presenting or causing to be presented
 17 for payment, submitted or causing to be submitted
 18 false information, failing to disclose records,
 19 continuing a course of conduct after receiving
 20 notice, breach of terms of the Medicaid provider
 21 agreement, overutilization, rebating, submission
 22 of a false or fraudulent application, conviction,
 23 failure to meet standards required by law,
 24 exclusion because of fraud, failure to correct a
 25 decision" -- "decision deficiencies, and failure

1 to repay."

2 Now, under -- I might need a copy and then I
3 can attach that. Okay. Now, under "sanctions,"
4 under 10403F, it says "breach of the terms of the
5 Medicaid provider agreement" as being grounds for
6 sanctions. So I am -- I not seeing anywhere in
7 here where it says that the only reason that you
8 can terminate someone --

9 MS. VINSON: But a healthcare provider agency -- I
10 think the obvious sanction is -- when I looked up
11 like facilities, like a facility to house the
12 client, this one here, under 126-401, "sanction
13 for the administrator of the healthcare provider
14 agency." I'm an agency. Our company is not a
15 "facility." The other sanctions that you're
16 reading are sanctions for like facilities,
17 nursing homes, a residential home, et cetera, but
18 126-401 is the sanction for --

19 MR. SHISSIAS: All right. I'm reading 126-401 as the
20 grounds for sanctions. The grounds for
21 sanctioning providers -- and you are a provider,
22 and that is -- and that is breach of the terms of
23 the Medicaid provider agreement. I -- I
24 understand your legal objection, and I'll take it
25 for the record, but go ahead and continue with

1 your cross-examination.

2 [THE EXAMINATION OF MS. CARTER BY MS.
3 VINSON CONTINUES.]

4 Q On or about January the 3rd, 2017, you called
5 me to ask if Loving Care was still located at the
6 same address. Why?

7 A Because the reviewer had been to that
8 address, and no one was there when she arrived to
9 conduct her review.

10 Q Okay. So what is the procedure to be
11 followed when a compliance reviewer is unable to
12 conduct a review because no one is at the
13 provider's place of business when she arrives?

14 A A suspension of new referrals.

15 Q Okay. What is the -- okay. "A suspension of
16 new referrals." Why was I not allowed to get a
17 suspension of new referrals the first time that
18 the reviewer claimed that she came by and nobody
19 was there on January the 20th? Because I was
20 there.

21 A Okay. She was not able to get into your
22 office to review records, for some reason. I
23 spoke to you about that, and --

24 Q I don't recall.

25 A You said I called you.

1 Q No --

2 A But you just said I called you.

3 Q No.

4 MR. SHISSIAS: I'm sorry. I'm confused, okay, and I
5 -- I have seen, in the record and in the appeal,
6 something about not being able to review and
7 something occurring in January.

8 MS. VINSON: Yes.

9 MR. SHISSIAS: However, the only things that I have on
10 the record for the termination are the 2/20/2017
11 survey.

12 MS. VINSON: -- was terminated based on nobody being
13 there in January.

14 MR. SHISSIAS: Okay. So --

15 MS. VINSON: Could I --

16 MR. SHISSIAS: Absolutely.

17 MS. VINSON: Okay.

18 [THE EXAMINATION OF MS. CARTER BY MS.
19 VINSON CONTINUES.]

20 Q On or about January the 3rd, 2017, you called
21 me to ask if Jeanette's Loving Care was still
22 located at the same address. Why? You said
23 because the reviewer couldn't get in. Okay.
24 What is the procedure to be followed when a
25 ~~compliance reviewer is not able to conduct a~~

1 review because no one is at the provider's place
2 of --

3 A What procedure are you referring to?

4 Q Ma'am, the provider -- when the reviewer --

5 A What procedure the reviewer is to follow?

6 Q What is the procedure to follow when a
7 compliance reviewer is unable to produce -- to
8 produce a review because no one is at the
9 provider's place of business when she arrives?

10 A Our procedure --

11 Q What is her procedure?

12 A She leaves.

13 Q What is the --

14 A She -- she leaves. She's reviewing a lot of
15 providers in your area for the week. She doesn't
16 have time to wait for people. She doesn't -- she
17 has a lot of work on her record -- on her plate
18 that week. She's the only one doing this. So
19 you are expected to be at your office, as
20 outlined in the scope, between the hours of ten
21 a.m. and four p.m., Monday through Friday, or the
22 hours that you've indicated to us that you will
23 be open.

24 MS. VINSON: Sir, please let the record be ignored
25 that she is still not answering the question,

1 because I'm asking the procedure of the reviewer.

2 Q Okay. My next question --

3 MR. SHISSIAS: Whoa. Whoa. Whoa. Okay. All right

4 --

5 Q What is the procedure to be followed -- okay

6 --

7 MR. SHISSIAS: When --

8 Q -- okay -- what is the procedure to be
9 followed when a reviewer is unable to locate a
10 provider's place of business, in order to conduct
11 a review?

12 A To locate it?

13 Q Yes.

14 A She located the business. The procedure --
15 she calls me, usually, and lets me know that the
16 provider was not available, was not there. In
17 turn, she leaves -- she usually leaves a message
18 for the provider. She calls, and, if she doesn't
19 call, she calls me. As you stated, I called you
20 to verify that you were still at that address.

21 Q Okay, and you said yes, you did call me.
22 Okay. On the day that you called me, Ms. Carter,
23 you stated -- asked me if I was located at the
24 same address. I told you "yes" and asked you
25 why. You said because a young lady told you that

1 I had relocated.

2 I told you, "No. I am still at the same
3 address."

4 You asked, "What is the address?"

5 I said, "107 Chalmers Court."

6 Now, when the reviewer came out to review,
7 she was sitting in your office, when you called,
8 and asked me for my relocation, but -- however,
9 in your letter, you stated that she came out and
10 nobody was there, when she went to the wrong
11 location. That's why I'm asking.

12 A Where did she go?

13 Q She said -- she said she went to 207 Chalmers
14 Court, and so that's why I'm asking you --

15 A She said that to you?

16 Q Yes.

17 A Okay. Well, she didn't say that to me.

18 Q Well, she's not here, so that's why I'm
19 asking you.

20 A -- I asked --

21 Q -- that's why I'm asking.

22 A I can't speak to what she said.

23 Q Yeah --

24 A -- you're arguing to what I may have said --

25 Q Ms. Carter, that's why I'm asking you --

1 A -- right now.

2 Q -- that's why I'm asking. After the reviewer
3 goes to a location and she cannot locate that
4 physical location, what is her procedure? Does
5 she go back to the office and let you know that
6 that location can't be -- or does she call --

7 A I just said she calls me.

8 Q She calls -- does she call the provider?

9 A She may call the provider; she may not in all
10 instances.

11 Q I was there --

12 A On that day --

13 Q -- because when you called me, I was there.
14 I was there, so she was not there. That's why
15 I'm saying, when you called me on that day,
16 January the --

17 A I can't argue that, because I wasn't there.

18 Q But I was.

19 A All I can speak to is what I was told.

20 Q You were -- I was there. I was there January
21 the 3rd, 2017, and your reviewer did not come to
22 this address. However, you called on that day
23 and asked me the right location. So why would
24 you call and ask for that location? Because she
25 was not -- I was there, but, on your letter, you

1 stated that I got suspended because -- two
2 reasons. On January the 3rd, nobody -- your
3 reviewer was unable to get in. Nobody was there.

4 A Well, I recall speaking to you, and you
5 saying that you had a young lady there, and that
6 she had left.

7 Q That's the second visit -- let me -- if you
8 will let me finish, then we'll get to that.

9 A Of course.

10 Q Okay. My next question is -- okay. In your
11 letter of suspension dated February the 8th,
12 2017, you allege that a reviewer was unable to
13 conduct a review on January the 3rd --

14 A Right.

15 Q -- because no one was at Loving Care when she
16 arrived. That's why I asked that question. I
17 was there on -- on -- okay. That was in your
18 letter, okay, and according to the regulation,
19 when the reviewer is unable to conduct a review
20 because no one is at the provider's place of
21 business, the first occurrence "shall result in a
22 30-day suspension of new referral." Why was this
23 not done in my case?

24 A You didn't get a suspension of referrals?

25 Q I got a suspension. My -- I got a 90-day

1 suspension.

2 A Okay. You just talked about a second time
3 that she was --

4 Q No. My question is -- you said that the
5 first -- on this letter, it says "January the
6 3rd." According to your -- according to the
7 regulation, when the reviewer is unable to --

8 A Can I have a copy of that letter?

9 MR. SHISSIAS: This -- this --

10 A It's in the regulation.

11 MR. SHISSIAS: -- this letter is not -- this letter is
12 --

13 A You're asking me questions about a letter
14 that I don't --

15 MR. SHISSIAS: -- this letter -- you're trying to
16 question her about a letter that's not in the
17 record.

18 MS. VINSON: No, sir. I'm not. No, sir. It's in the
19 record. I'm -- it's the regulation.

20 MR. SHISSIAS: Okay.

21 MS. VINSON: This is the letter right here. That is
22 in the record.

23 MR. SHISSIAS: Okay.

24 MS. VINSON: Okay?

25 MR. SHISSIAS: -- the letter -- that letter --

1 MS. VINSON: Right here. September the 8th --

2 MR. SHISSIAS: -- 2017. Okay. All right. Where --
3 which exhibit is it in the record? I don't
4 believe that the February --

5 MS. VINSON: I just --

6 MR. SHISSIAS: Okay. All right. If we're going to
7 review this, it needs to be made part of the
8 record, and I'm perfectly willing to go ahead and
9 admit -- and propose it be admitted so you can
10 cross-examine her with it.

11 MS. VINSON: Yes, sir.

12 MR. SHISSIAS: Do you have other copies of this?

13 MS. VINSON: Yes, sir.

14 MR. SHISSIAS: Okay. Great. Here's a copy of that,
15 and do I have -- do you have other copies?
16 Because we made copies earlier, and I'm fine with
17 taking things out of order, and we can make this
18 Petitioner's Exhibit Number 1, if you like.

19 MS. VINSON: Yes, sir.

20 MR. SHISSIAS: We've recessed. The record is still
21 running, but please wait.

22 [PAUSE IN PROCEEDING.]

23 MR. SHISSIAS: I assume you want this February 8th,
24 2017 letter to be admitted into the record.

25 MS. VINSON: Yes, sir.

1 MR. SHISSIAS: Do you have an objection?

2 MS. CARTER: I would have an objection. This has
3 nothing to do with the termination.

4 MR. SHISSIAS: All right. I'm going to overrule that.
5 I'm going to let it in and admit it as
6 Petitioner's Exhibit 1. Okay. All right.
7 Please proceed, Ms. Vinson.

8 [THE EXAMINATION OF MS. CARTER BY MS.
9 VINSON CONTINUES.]

10 Q Okay, and "in accordance with the regulation,
11 when the reviewer is unable to conduct a survey
12 because no one is at the provider's place of
13 business, the first occurrence should result in a
14 30-day suspension of new referral." Okay. That
15 was the review right here, and the regulation --
16 and the contract --

17 A That's in the scope.

18 Q I have it -- right there. I'm trying to get
19 the updated one, the updated manual -- updated
20 manual at --

21 MR. SHISSIAS: That is Respondent's Exhibit 7 --

22 MS. VINSON: Yes, sir.

23 MR. SHISSIAS: -- and --

24 Q On the scope -- on 624 -- on page 624, it
25 states that --

1 MR. SHISSIAS: 6-124.

2 MS. VINSON: I'm sorry. 6-124. Let's see. I'm
3 sorry, sir. 6-125.

4 Q It states, "The scope of" -- "calculating a
5 computer-generated compliance review program" --
6 okay -- "provider's records will be reviewed
7 periodically at the provider's office, on-site
8 visit or unannounced. If the reviewer arrives at
9 the provider's office to conduct a survey and no
10 one is there, the following sanctions will be
11 imposed. First time, 30 days suspension of new
12 referral."

13 According -- on page 124 -- 30 days of
14 suspension from new referral was not given to me.
15 I should have gotten the 30 days new referral,
16 because you stated that you all were out there on
17 January the 3rd the first time.

18 Also, on 6-125, it states, "The second time;
19 a 90-day suspension should be" -- "90 days
20 suspension of new referral should be imposed."
21 On the same letter, on Exhibit 1, February the
22 8th -- on February the 8th, it has, "Survey at
23 your office on January the 20th, '17" -- "January
24 3rd, 2017 and February the 3rd, 2017. No one was
25 in the office on either date per your scope," so

1 therefore I received a 90-day suspension, whereas
2 on page 127 of the manual, it says I should have
3 received a 60-day suspension --

4 A Where does it say that?

5 Q Right here, under "review."

6 MS. VINSON: Can I use page 125 and 126?

7 MR. SHISSIAS: That's Respondent's Exhibit 7, page 126
8 and 125 -- 6-125, where it says, "first time, 30
9 days suspension. Second time, 90 days suspension
10 new referrals."

11 MS. CARTER: Third time --

12 MR. SHISSIAS: "Third time, contract termination."

13 Okay. Yes. All right, and so I've read that.

14 MS. VINSON: Yes, sir. I had no first time, because
15 she went to the wrong address, and I had no
16 second -- and no -- and the second time, nobody
17 was there.

18 MR. SHISSIAS: Okay. I -- I follow you about what
19 your argument is. Now --

20 MS. VINSON: Right.

21 MR. SHISSIAS: -- stop. Now, did the Department issue
22 a suspension for this, a suspension of new
23 referrals?

24 MS. CARTER: Yes.

25 MR. SHISSIAS: "Yes." Okay. Did the petitioner file

1 a request for a fair hearing for the suspension
2 of new referrals?

3 MS. CARTER: No, she didn't.

4 MR. SHISSIAS: Okay. The case that I have
5 jurisdiction over --

6 MS. VINSON: Yes, sir.

7 MR. SHISSIAS: -- is the termination.

8 MS. VINSON: Yes, sir.

9 MR. SHISSIAS: It is not the suspension of new
10 referrals. Had you filed an appeal of this
11 within -- within 30 days, I would have
12 jurisdiction to hear your dispute over the
13 suspension of new referrals. However, I do not,
14 because I have no appeal. What I have
15 jurisdiction over is your appeal of the
16 termination, which occurred on a separate date.

17 MS. VINSON: Yes, sir.

18 MR. SHISSIAS: I cannot adjudicate this issue.

19 MS. VINSON: Okay. I understand. So that's why, on
20 my -- when I did my petition -- I'm confused
21 because I don't know whether I got terminated
22 because, on the letter, it's stating that I got
23 terminated because of the inability for a
24 reviewer to come and review twice. I didn't --
25 so that's why I'm going --

1 MR. SHISSIAS: Ma'am, I believe all the testimony in
2 the record is that the termination was for the
3 review that occurred in February, and had nothing
4 -- and was not for this, and the testimony that I
5 heard from Ms. Carter -- is that correct?

6 MS. CARTER: Correct.

7 MR. SHISSIAS: Fine. You cleared up my confusion. I
8 don't have jurisdiction over the suspension of
9 new referrals in Petitioner's Exhibit 1. I
10 cannot adjudicate that issue. Please proceed
11 with your case.

12 MS. VINSON: Okay.

13 [THE EXAMINATION OF MS. CARTER BY MS.
14 VINSON CONTINUES.]

15 Q "Review" -- "compliance review issue. In
16 accordance with community long-term care,
17 provider manual compliance review process, the
18 sanction of termination is to be imposed when a
19 provider has had two consecutive reviews
20 resulting in suspension. If the third review was
21 a final score that would result in suspension of
22 new referral, 100 and above" --

23 MR. SHISSIAS: Please respond to her question about
24 what's in the manual, and direct -- direct me --

25 A "According to the sanction level" --

1 MR. SHISSIAS: -- and direct me to the page.

2 MS. CARTER: The page that she's referring to is 6-
3 123, and, at the top of that page, it starts with
4 the plan of correction. It basically gives a
5 description of each sanction level, and so "plan
6 of correction" is the first one, "30-day
7 suspension" is the next one, and it determines
8 how that will be applied. You know, it's just
9 the definition of that deficiency -- of that
10 sanction level, 60-day suspension, 90-day
11 suspension, and termination, and "termination"
12 states -- indicates a final review score of 400
13 or more points, very serious and widespread
14 deficiency generally coupled with a history of
15 reviews -- of bad reviews, and the "bad reviews"
16 is three consecutive reviews.

17 "Providers who have two consecutive reviews"
18 -- and that's separate from these things -- "that
19 result in suspension" -- "new referrals will be
20 terminated upon the third consecutive review with
21 a final score that results in suspension of new
22 referrals," which means they would have a score
23 of 100 or above -- or above the final review
24 score, but termination, as indicated in the
25 score, scale, and sanction level shown on 6-124,

1 at the bottom, it says that, if you have a score
2 of 400 or above, termination is the sanction.

3 Q But it's a -- if they have had two
4 consecutive -- two consecutive reviews. I
5 haven't had -- right there, it says two
6 consecutive reviews. Are you aware that Loving
7 Care has had only one compliance review, total,
8 while under contract with you, only had one?

9 A I'm aware of that.

10 Q But how -- this -- according to this
11 contract, it says two consecutive -- according to
12 the community long-term manual review process,
13 the sanction of termination is to be imposed when
14 a provider has had two consecutive reviews
15 resulting in suspension, if the third review has
16 a final score that would result in suspension of
17 new referrals, 100 and above," and I just had one
18 --

19 MR. SHISSIAS: Please -- please answer the question.

20 A -- your question --

21 MR. SHISSIAS: Well, she's asking you about the
22 termination process, and I believe what she is
23 saying is that the only way you can terminate --
24 that you cannot terminate on the first
25 inspection. I believe that's -- I believe that

1 is what the petitioner is saying, that the CLTC
 2 manual does not allow you to terminate based on a
 3 single inspection. If you'd like to respond to
 4 that --

5 MS. CARTER: Okay.

6 [THE EXAMINATION OF MS. CARTER BY MS.
 7 VINSON CONTINUES.]

8 A As stated on page 6-123 at the bottom, where
 9 it says "termination," indicates a final review
 10 score of 400 or more points, and then it goes on
 11 to include various -- very serious large
 12 deficiencies generally coupled with a history of
 13 bad reviews, three consecutive reviews that
 14 receive suspension of new referrals. So those
 15 are the circumstances under which we can
 16 terminate --

17 MR. SHISSIAS: But I noted the word "generally" --
 18 "generally coupled" --

19 MS. CARTER: "Generally."

20 MR. SHISSIAS: Does "generally" mean "always"?

21 MS. CARTER: It does not.

22 MS. VINSON: Okay. So again, right here, she's still
 23 -- on the bottom, right here, says it has to have
 24 -- it has to have at least two --

25 MR. SHISSIAS: It says "generally."

1 MS. VINSON: No, sir.

2 MR. SHISSIAS: Ma'am -- ma'am --

3 MS. VINSON: Right here -- okay --

4 MR. SHISSIAS: -- I'm not -- I mean, I'm not going to

5 argue with you about what it says, but it says

6 right there -- we were -- the testimony --

7 MS. VINSON: Yes, sir.

8 MR. SHISSIAS: -- we're getting into the manual, 6-124

9 -- all right --

10 MS. CARTER: 123.

11 MR. SHISSIAS: -- 123 --

12 MS. VINSON: 6-123.

13 MR. SHISSIAS: -- under where -- under the dot where

14 it says "termination."

15 MS. VINSON: Okay. Now, if you look at 6-122 -- let's

16 see -- 123 -- okay, on the bottom of 1 -- okay.

17 Okay. On the bottom of 6-123, exactly,

18 "Termination is indicated if final re-score" --

19 "score of 400." Okay, but, right here, it says

20 that "very seriously and widespread deficiencies

21 generally coupled with a history of bad review"

22 -- "reviews, three consecutive reviews that

23 receive suspension of new referrals." I never

24 had nothing but one review, but this is saying

25 three consecutive reviews.

1 MR. SHISSIAS: Okay. All right, and --

2 MS. VINSON: I never had --

3 MR. SHISSIAS: -- so, if I'm hearing you correctly,
4 you -- you're saying that the word "generally"
5 here --

6 MS. VINSON: Not --

7 MR. SHISSIAS: -- does not -- well, look --

8 MS. VINSON: Yes, sir.

9 MR. SHISSIAS: -- I see the word "generally."

10 MS. VINSON: Yes, sir.

11 MR. SHISSIAS: And you're saying that that word,
12 "generally," doesn't apply; that it has to be
13 three consecutive reviews?

14 MS. VINSON: No, sir. I'm not saying that. Now, the
15 next paragraph says a provider "has two
16 consecutive reviews that result in suspension of
17 new referrals will be terminated, if the third
18 consecutive review has a final score" -- right.
19 When you look up at the top, I was given a plan
20 of correct action, a plan of correct action.
21 They only -- on this letter here, it stated a
22 "correct plan of action" -- in this document, the
23 one that's dated on the 23rd of February, the
24 23rd --

25 MS. CARTER: (unintelligible).

1 MR. SHISSIAS: Right. Okay.

2 MS. VINSON: Okay. On the 23rd, according to the
3 manual --

4 MR. SHISSIAS: Okay.

5 MS. VINSON: -- the Department gave me a plan of
6 action because of one review, to do a plan of
7 action. I did a plan of action --

8 MR. SHISSIAS: Okay, and --

9 MS. VINSON: -- according to the manual, it says a
10 "plan of correction. This is the lowest
11 sanction, and indicates that the provider is in
12 suspended compliance with the structural
13 requirement. The provider will be required to
14 submit a plan of correct action outlining
15 deficiencies, a detailed plan to correct the
16 deficiencies. At an effective date, the plan
17 will be implemented."

18 MR. SHISSIAS: Now I'm understanding. Did you
19 implement a sanction as a sanction in that
20 letter, a plan of corrective action?

21 MS. CARTER: Yes. All providers submit a plan of
22 correction in order to --

23 MR. SHISSIAS: Right.

24 MS. CARTER: -- determine whether that score can be
25 reduced.

1 MR. SHISSIAS: Okay.

2 MS. CARTER: The score is a preliminary score.

3 MR. SHISSIAS: Okay.

4 MS. CARTER: They may have something that may change
5 the score, so we give them the opportunity to do
6 that.

7 MR. SHISSIAS: Okay, but that letter was -- was that
8 an imposition of a plan of corrective action as
9 your final sanction?

10 MS. CARTER: No, it wasn't.

11 MR. SHISSIAS: It wasn't?

12 MS. CARTER: That's initially sent to the providers,
13 when they get the review, so they can review it
14 and respond.

15 MR. SHISSIAS: What the respondent's witness is saying
16 is that -- that the chosen sanction -- that
17 letter didn't say, "Your sanction is a corrective
18 action;" they're saying, "Respond to us." It
19 doesn't say -- do you follow me? They didn't
20 select corrective action as -- as -- as the
21 sanction. The sanction hadn't been selected yet.
22 Is that --

23 MS. CARTER: Correct.

24 MR. SHISSIAS: Okay. I think that's -- I think that's
25 what she's saying, but -- is that right?

1 MS. CARTER: That's correct.

2 MR. SHISSIAS: All right.

3 MS. CARTER: Just for the record, all of them, you'll
4 notice -- 30-day, 60-day, 90-day -- say that a
5 plan of correction will be submitted. Okay.

6 MR. SHISSIAS: Okay.

7 MS. VINSON: Okay. For approval.

8 MS. CARTER: Okay. "And approved."

9 MS. VINSON: Okay. Let me finish my question.

10 MR. SHISSIAS: Okay.

11 MS. VINSON: Let me finish with the question.

12 [THE EXAMINATION OF MS. CARTER BY MS.
13 VINSON CONTINUES.]

14 Q By the letter of February 23rd, I was
15 required to submit a corrective plan of action by
16 March the 9th, which I did. Are you aware that
17 the plan of corrective action is the lowest
18 sanction in your review process to indicate that
19 the provider is in suspension? You say you are
20 aware of that, but this letter requests that I
21 give -- put in a plan of corrective action, and
22 that's what I did.

23 So, when I called you -- when I got this
24 letter, I called you, I called your office. I
25 could not get hold of you. I called three days

1 later, when you and I spoke, and I explained to
2 you about the letter -- actually, about the
3 letter and the plan of action -- "How do I go
4 about getting my scores down?"

5 You -- you stated to me, "It's through the
6 plan of corrected action, and then you go from
7 there" -- "I'll go from there," but now the
8 reviewer, when she came back, she said her
9 procedure is to come back after the plan of
10 correct action has been done, so she could review
11 to see that I have implemented and put these
12 things in place. Nobody came back. I got a
13 letter saying that I was terminated. Nobody came
14 back to review the plan of action that I did put
15 in place --

16 A That's not --

17 Q -- and, according to --

18 A -- saying that she would go back --

19 Q -- and, according to the manual, they say --

20 I'm just going -- "The plan of action" -- okay.
21 "The 30-day suspension at this level now requires
22 a suspension of 30 days." Okay. "If the correct
23 action plan is not approved, the provider will be
24 given an additional 10 days to submit another
25 correct plan of action for review and approval.

1 The suspension will remain in place until an
2 approved correct plan of action is received. If
3 the second submitted correct plan of action is
4 not approved, the provider's contract will be
5 terminated."

6 Now, while I was under the 90-day suspension,
7 that's when you all came to do a review, and I
8 got terminated. You say it was -- I got like
9 double conflict --

10 MR. SHISSIAS: Can you respond to this question, or to
11 whatever -- to this -- can you respond to this?

12 A The 90-day suspension was in place when the
13 reviewer went back to conduct her review that she
14 was unable to complete in January or February,
15 early February. She can review records while
16 you're on suspension. You still have records
17 that you are required to keep. So she's
18 reviewing records; that's a normal process.

19 When she reviews the records, as stated in
20 your scope and contract, depending on the final
21 results of that review, you will receive the
22 appropriate section. All providers receive their
23 review along with this letter and are asked to
24 respond, depending on their review score. This
25 is not your final letter, obviously. That's why

1 you're asked to respond, so that we can review
2 what you've sent and then make our final decision
3 based on the final results of your review. You
4 have a preliminary score, and, based on whatever
5 you submit -- I asked you in this letter that, if
6 you have additional documentation, please provide
7 that with it, and you did. So those things, all
8 considered --

9 Q My question is, where is it in your manual
10 that states that why, under my 90-day suspension
11 of receiving -- the officer said, "We can't do
12 nothing about that," but I was under my 90-day
13 suspension. What is in your manual that states
14 why I'm -- my 90-day suspension that a reviewer
15 can come out two weeks into my 90-day suspension
16 and review me and terminate me? That's -- to me,
17 I just --

18 MR. SHISSIAS: Okay. That's the question. What, in
19 your rules, allows you to inspect somebody during
20 the pendency of a suspension?

21 A The rules that say that the reviews are
22 unannounced, and we can come at any time --

23 MR. SHISSIAS: Okay.

24 A -- but, based on your active status or
25 suspended status --

1 Q Okay, but also the rule on page 626, they
2 say, "90-day suspension indicates serious" --
3 okay -- "serious and widespread deficiency. New
4 referrals are suspended for 90 days. The 90-day
5 suspension of new referrals will only be lifted
6 after an acceptable plan of correction is
7 reviewed. After review" -- "after a corrective
8 action plan is not approved, the provider will be
9 given an additional" -- okay.

10 I was under my 90 days of suspension. I did
11 not get a chance to -- I did not get due process
12 to do this 90 days. What they say -- statement
13 that the 90-day suspension indicates -- that the
14 90-day suspension of new referrals will only be
15 lifted after an acceptable plan of action is
16 received. That's my problem. That's my
17 question. Why wasn't I given 90 days -- a plan
18 of action for my 90-day suspension, which my 90-
19 day suspension was not to be over until four
20 weeks -- six weeks -- and you came -- and the
21 review, during the 90-day suspension, which I
22 don't see why didn't I get my 90-day suspension
23 and do my correction plan under my 90-day
24 suspension? According to the manual --

25 A Your 90-day suspension wasn't as a result of

1 a review. Your 90-day suspension was as a result
2 of no one being in the office.

3 Q Okay. So --

4 A That suspension does not allow for a
5 corrective action plan. You are required to be
6 in your office. There was no plan of correction,
7 as you were not there when the reviewer arrived.

8 Q So where is that in the manual?

9 A I just read it to you.

10 Q No. 90 days --

11 [OVERLAPPING DISCUSSION.]

12 MR. SHISSIAS: Okay. You're --

13 A -- 6-125. "Provider will be reviewed
14 periodically at provider's office. On-site
15 visits are unannounced. If the reviewer, CLTC,
16 program integrity, or any other government entity
17 arrives at the provider's office to conduct a
18 survey and no one is there, the following
19 sanctions will be imposed. First time, a 30-day
20 suspension of new referrals; second time, a 90-
21 day suspension of new referrals; and the third
22 time, contract termination." There's nothing in
23 this paragraph and that suspension section that
24 allows for the opportunity for the provider to
25 submit a plan of correction --

1 Q Okay.

2 A -- because there can be no plan of correction
3 if you were not there.

4 Q According to -- okay, this is -- under Code
5 Seven, can -- let's see -- under Code Seven,
6 "termination of contract" --

7 MR. SHISSIAS: Are you referring to Respondent's
8 Exhibit 3, the contract, on page 17?

9 MS. VINSON: I was trying to get -- yeah. I was
10 trying to find the review of compliance, the
11 compliance review -- the compliance review --

12 MR. SHISSIAS: What page are we on?

13 MS. VINSON: That's on page -- I think -- it's even
14 not in this one -- a, b, c, d, e, f, g -- I'm
15 sorry. I thought it was -- I thought it was
16 under "compliance review." According to the
17 compliance review -- let me find -- let me see --
18 okay. Can I just get back -- can I ask the Court
19 to allow me to get the other information in,
20 because -- and I could continue to go ahead and
21 just --

22 MR. SHISSIAS: You can put this in during your case --

23 MS. VINSON: Okay.

24 MR. SHISSIAS: -- because you're still going to have
25 an opportunity to testify and present your case.

1 If you can't find the page in the document that
2 you're looking through right now, you can present
3 it -- okay. Go ahead.

4 MS. VINSON: Okay.

5 [THE EXAMINATION OF MS. CARTER BY MS.
6 VINSON CONTINUES.]

7 Q Okay, so my question -- "How long have" --
8 "have your reviewer" -- "was employed with
9 Medicaid?" You know, how long she has been
10 employed, your reviewer, Ms. Carolyn, the
11 reviewer.

12 A I don't know. Over 20 years.

13 Q How is it determined what provider you are --
14 how is it determined what provider she goes to
15 visit?

16 A How is it determined?

17 Q Yeah.

18 A It's based on when the provider was last
19 reviewed, or, for new providers, it's based on
20 when they receive their first referrals and
21 authorizations, and when she's in the area.

22 Q Okay. The reason why I'm asking this
23 question is because, right here, on your -- on
24 the exhibit -- the review report, they have right
25 here, at the bottom, the score 963. The reviewer

1 read from the fifth month to 2016, line 31, 2017.
 2 The reviewer -- also -- and it says you have to
 3 have two consecutive reviews, therefore letting
 4 me know that I have to have some other reviews
 5 before you could have come up with that
 6 termination, because right here --

7 MR. SHISSIAS: Ma'am, I understand your argument, and
 8 you're cross-examining this witness. If you have
 9 an argument to make during your testimony, please
 10 make it then --

11 MS. Vinson: Okay.

12 MR. SHISSIAS: -- but go ahead with any other
 13 questions that you have --

14 MS. VINSON: Yes, sir.

15 MR. SHISSIAS: -- about her testimony.

16 MS. VINSON: Okay. One question.

17 [THE EXAMINATION OF MS. CARTER BY MS.
 18 VINSON CONTINUES.]

19 Q Okay. You stated earlier -- you stated
 20 earlier that the PowerPoint that you submitted
 21 earlier was the PowerPoint that was used at the
 22 orientation. Correct?

23 A I did not. It was brought up that it was --
 24 you said it was different. You rejected it being
 25 -- I entered it into evidence, but you said it

1 was not the same. I said we may have made some
2 changes --

3 Q No --

4 A -- minor changes, but those issues that we
5 talked about remain the same. That's what I
6 said.

7 Q We can check the record -- the officer asked
8 if what you said -- that was the one. However,
9 according to your e-mail, when I requested it, I
10 said, "I am requesting a copy of the correct
11 PowerPoint that was used at orientation on June
12 2nd, 2016," because this one was not the one, the
13 attached one. Your answer was, "We don't have a
14 copy of the PowerPoint that was used" --

15 A Uh-huh.

16 Q -- "when you attended the meeting. The
17 presentation is updated periodically. However,
18 most of the content remains the same," but,
19 sitting here today, you stated that that was the
20 PowerPoint that was used, and those -- because I
21 -- the reason why I reject it is because it was
22 not the PowerPoint, because those reviews, the
23 compliance reviews and all that, were not on
24 there. You said it was, but now, in your e-mail,
25 you state -- you -- you mentioned that --

1 When I submitted -- when you submitted -- right
2 here -- when you submitted an -- okay, not this
3 one -- "service review summary. The provider
4 does not maintain individual participant records.
5 29" -- "six out of twenty-one." You said that a
6 corrective action plan, which I did answer to it,
7 and I did not state that -- that the participant
8 record was not -- that I state that everything is
9 corrected, but, when the reviewer came out to do
10 the 21 files, she looked at six. The six that
11 she looked at was terminated. I told her that I
12 had --

13 MR. SHISSIAS: Ms. Vinson, you're crossing -- you're
14 asking questions of this witness about what
15 you're asking, and it sounds like you're
16 testifying.

17 MS. VINSON: Okay.

18 MR. SHISSIAS: What's your question?

19 Q My question is, on the corrective action
20 plan, why did I not get any scores for the things
21 that I did correctly? The only scores that you
22 -- that I got -- you said you scored me for was
23 the 50 points. So why didn't I get scored for
24 the other points?

25 A As I stated earlier, in most instances, the

1 score is not going to be adjusted, if the
2 documentation was not present when the reviewer
3 conducted the review. You cannot go back and
4 update things after the fact. They are required
5 to be in the record when it's reviewed.

6 Q It was in the record. She did not look into
7 the records, so that -- I understand what you're
8 saying, but that's how I answered my plan of
9 action.

10 MR. SHISSIAS: Any other questions for Ms. Carter?

11 Q Ms. Carter, is it fair to say that, as a new
12 provider, when a new provider enters your
13 orientation, as a new provider, as huge as the
14 contract is, is it fair to say that the provider
15 should know everything in the scope of the
16 contract and extension within four months?

17 A If you signed it, yes, it's fair to say that.

18 Q Okay. Why is it in the PowerPoint that
19 states the reason why the compliance review
20 extension was created is to give all the
21 providers -- to give all the providers clarity on
22 how the sanction is worked -- so they can be
23 clear about how the sanction is worked, and to
24 be, you know, productive and stay, you know, a
25 productive provider, because for me -- for four

1 months, and send somebody out and review them
2 four months -- I was just learning how -- I was
3 just getting an understanding of some of the
4 contract. That's why I didn't -- so that's why I
5 asked you was it fair to say that's a reasonable
6 time for a provider to know the whole scope of
7 the contract. You all don't give no -- is it
8 fair to say that you all don't ever give classes
9 or workshops to get the new provider to know what
10 it is or what it's all about?

11 A That's why we do it at orientation, and
12 that's why we go over those things in detail. We
13 -- the presentation is there. We expound on
14 those things in the meeting. Tony usually states
15 that the scope is your Bible, and you need to
16 learn that cover to cover. So yes, it is fair.
17 If you sign the contract, you agree to those
18 terms, and we expect you to follow it --

19 Q So --

20 A -- within four months.

21 Q -- within four months and one day --

22 A -- services.

23 Q -- so all of that is inside the manual?

24 A Because it's not.

25 A Is all of what inside the manual?

1 Q That four -- four -- four months and four
2 days that you all -- that they expect to -- for
3 all your -- thank you, Jesus -- this is --
4 according to this manual -- I'm sorry. This is
5 the compliance review process on page 6-120,
6 because --

7 A -- gives a timeframe for providers to be in
8 compliance --

9 Q Okay. According to section G, "compliance
10 review process," "the South Carolina HHS Division
11 of Long-Term Care waiver management provider
12 compliance. The Department has developed this
13 policy for clarification of the provider
14 compliance process. The policy gives detailed
15 information on how provider compliance sanctions
16 are implemented."

17 A Uh-huh.

18 Q "Provider review receives a score based on
19 the sanction skill."

20 A Uh-huh.

21 Q "Review score will determine if the provider
22 will receive a sanction; if so, the level of the
23 sanction. The sanction scoring process will
24 develop and ensure that the reviews are equitable
25 or fair, and for provider to note what to expect

1 at their review."

2 So why I'm bringing this up -- we're going
3 back into the early one on page 123, where it
4 says a provider "shall have two consecutive
5 reviews." How could -- so is it fair to say
6 that, based on this, without getting any review,
7 I should already know what to expect -- the
8 clarity of how it worked, as a provider?

9 A Based on G?

10 Q On the compliance review process.

11 A Well, this section is in here to outline
12 what's expected, so we expect you to read this
13 section, as well as all of the other sections in
14 here, to be aware of what you need to do. We
15 tell you in that pre-contractual meeting that, if
16 you have any questions or concerns, to e-mail or
17 call us, and we give you our e-mail and phone
18 numbers to call us or e-mail us with any
19 questions, specific questions, when you start
20 providing services. Tony always says that he
21 knows that, by the time you get to the
22 Interstate, you will forget everything you've
23 just learned, so please --

24 Q Right.

25 A -- follow back up with us, once you start.

1 In any instance, we tell providers this all the
2 time, when they come in, that we know that you
3 can hear things in a presentation, but it's not
4 the same as applying it and doing it. So, once
5 you start, we ask you to notify us if you have
6 specific questions. It's your responsibility, as
7 a provider, when you sign the contract and
8 Medicaid begins paying you, to know what your
9 guidelines are that you're following.

10 Q Okay, and I agree. However, I called you
11 from the beginning. When I called -- when I
12 called the Department, I couldn't get no --

13 MR. SHISSIAS: Okay.

14 Q -- but, anyway --

15 MR. SHISSIAS: Again, this is cross-examination --

16 MS. VINSON: Yes, sir. I'm sorry.

17 MR. SHISSIAS: -- and you are testifying. You have
18 not been sworn yet --

19 MS. VINSON: Okay.

20 MR. SHISSIAS: -- so -- so --

21 MS. VINSON: Okay. One more question.

22 MR. SHISSIAS: Please. As many questions as -- but
23 just questions about what her testimony has been.

24 MS. VINSON: Okay.

25 MR. SHISSIAS: Okay.

1 [THE EXAMINATION OF MS. CARTER BY MS.
2 VINSON CONTINUES.]

3 Q Correct me, if I'm wrong. You also stated
4 that -- the scoring never -- based on the scoring
5 level of the deficiency, right, you said that you
6 go then and you take out whatever it's supposed
7 to be. You calculate it, and you know what to
8 give and what not to give them. So right here,
9 with the score -- okay. On this -- let's see.

10 MS. VINSON: I'll be going back to cross-examination
11 -- okay.

12 MR. SHISSIAS: You can go ahead and do that on your
13 case -- if you'd like.

14 MS. VINSON: Okay. I'll save that for --

15 MR. SHISSIAS: Okay. All right. Okay, and, if you --
16 if you, later on, need to ask Ms. Carter any
17 questions for the completeness of the record,
18 that is okay --

19 MS. VINSON: Okay.

20 MR. SHISSIAS: -- but we're getting -- your cross-
21 examination versus your direct --

22 MS. VINSON: Yes, sir.

23 MR. SHISSIAS: -- very confused --

24 MS. VINSON: I understand.

25 MR. SHISSIAS: -- and it really isn't helping the

1 process.

2 MS. VINSON: Yes, sir.

3 MR. SHISSIAS: I did have -- do you have any other
4 testimony?

5 MS. CARTER: I don't.

6 MR. SHISSIAS: Okay. Do you have any other witnesses?

7 MS. CARTER: No.

8 MR. SHISSIAS: Okay. So, at this point, you're going
9 to rest your case?

10 MS. CARTER: I rest my case.

11 MR. SHISSIAS: Now, one thing that we've got here
12 that's remaining is that the petitioner made a
13 dispositive motion requesting dismissal based on
14 the fact that all documents underlying the
15 decision have not been -- have not been revealed.
16 What documents are you contending, underlying the
17 decision, were not revealed, were not disclosed
18 to you? Because I told you -- I told you I would
19 hold that, and, when she was done with her case,
20 give you a chance to say, "Okay. These other
21 documents underlying the decision were never
22 disclosed to me, and I was unable to prepare my
23 case as a result." What documents are you
24 talking about?

25 MS. VINSON: This -- on Exhibit -- let's see. Wait a

1 minute. The document is -- I don't know if you
2 would -- to wait for it -- it's -- the document
3 is the copy of the reviewer, when she came out to
4 review my -- Jeanette's Loving Care more than one
5 time, when she came out to review the document --
6 her documents stating that, you know, the score
7 of the previous review --

8 MR. SHISSIAS: The previous -- the two January
9 reviews?

10 MS. VINSON: Yes. The document --

11 MR. SHISSIAS: That those were not disclosed to you?

12 MS. VINSON: Yes.

13 MR. SHISSIAS: Okay. Now, I believe there has already
14 been testimony that what happened in January,
15 that -- that was not the basis of this
16 termination. Is that correct?

17 MS. CARTER: That's correct.

18 MR. SHISSIAS: Okay. So nothing that happened in
19 January was the basis of the -- of this
20 termination.

21 MS. VINSON: Yes, sir.

22 MR. SHISSIAS: Did you hear that?

23 MS. VINSON: Yes, sir.

24 MR. SHISSIAS: Okay. So the fact that those documents
25 were not turned over to you, because they did not

1 play a part in the termination, I don't see how
2 those two inspection reports could prejudice you.
3 Okay. Are there any other documents that you are
4 contending were not provided to you, that were
5 the basis of the termination?

6 MS. VINSON: Well, according to the respondent, that
7 the score -- the score that she does, that she
8 goes and -- and looks at the score, based on the
9 reviewer -- the reviewer goes and looks in the
10 files. So therefore the reviewer -- I don't --
11 maybe I need clarity from the review range from
12 562 --

13 MR. SHISSIAS: So you're saying that there is some
14 document that the reviewer prepared on-site --

15 MS. VINSON: Yes, sir.

16 MR. SHISSIAS: -- that -- that --

17 MS. VINSON: Would give you a score.

18 MR. SHISSIAS: -- that would -- that would give you a
19 score? Okay. Did you have access to any such --
20 does such a document exist? Do you have access
21 to it, or was this document here -- was this --
22 was this what you based your termination --

23 MS. CARTER: That's what I based my termination on.

24 MR. SHISSIAS: Okay. So -- so you didn't see any
25 other document. Did you see another document?

1 MS. CARTER: No.

2 MR. SHISSIAS: Okay. So she's -- she's saying that
3 this is the only document she saw and the only
4 thing she based her termination decision on.

5 Now, I -- I understand that -- that there was
6 a reviewer that came to your house, and she's not
7 at this hearing, but I did specifically state in
8 my orders, if you needed other people to be
9 there, to specifically ask for it. You asked for
10 Mr. Stephens. I understand Mr. Stephens didn't
11 play a part in the role, and then I specifically
12 asked, "Is there somebody that you need who is
13 not present? Do I need to continue the hearing?"

14 You said, "No." I have that e-mail. You
15 said, "No. We're going to" --

16 MS. VINSON: Right.

17 MR. SHISSIAS: -- so, if you needed somebody, if
18 you're saying that there was some disconnect
19 between the reviewer at your office and what she
20 reviewed, then you should have asked for that
21 person to be present at the hearing, and you
22 didn't.

23 MS. VINSON: I did. Yes, I did, sir. For the
24 reviewer; I asked for the reviewer. I e-mailed.
25 I sent her an e-mail and I sent you an e-mail, a

1 copy.

2 Now, as I understand, I was reading on the
3 paper that you sent me, sir, according to these
4 papers -- according to these papers, I state that
5 -- according to the -- according to the Court's
6 order, it states that she -- that this department
7 was supposed to give me --

8 MR. SHISSIAS: Right.

9 MS. VINSON: -- witnesses --

10 MR. SHISSIAS: Right.

11 MS. VINSON: -- that could help -- that could back up
12 who I requested. I requested --

13 MR. SHISSIAS: And who is this person?

14 MS. CARTER: Carolyn Lockard.

15 MS. VINSON: It's the reviewer.

16 MR. SHISSIAS: Carolyn Lockard. Okay, and I -- did
17 she request the attendance of Ms. Lockard?

18 MS. CARTER: Yes, she did request the attendance of
19 Ms. Lockard, and my response to her was that Ms.
20 Lockard is on leave today, and that, if she
21 needed her, she may need to request that the
22 hearing be postponed until she --

23 MR. SHISSIAS: And at that time, I asked you, "Do you
24 want" -- "to have a status conference, and do we
25 need to have the hearing date changed, or are we

1 going to go forward," and you said, "Let's go
2 forward."

3 MS. VINSON: Yes, sir. The reason why I said --
4 because I was reading the procedure of this -- I
5 want -- I want -- just for the record, I'm new at
6 this. I was reading the procedure. I read that
7 the respondent has the proof over why should I --
8 I had to schedule my days off. I had to schedule
9 -- Ms. Carolyn Lockard works for her. The Court
10 ordered her to send these things a couple of
11 weeks --

12 MR. SHISSIAS: You were on notice that this person was
13 not going to be at this hearing.

14 MS. VINSON: That was --

15 MR. SHISSIAS: You did not request a continuance.

16 MS. VINSON: Well --

17 MR. SHISSIAS: There's only -- there's only two
18 choices here.

19 MS. VINSON: Okay.

20 MR. SHISSIAS: We can either proceed, or I can suspend
21 this hearing. We can wait until that individual
22 is ready, reconvene the hearing, and then proceed
23 with that. Those are our only two choices, and,
24 from what I reviewed when you said, "Let's
25 proceed" -- because I was offering you a

1 continuance --

2 MS. VINSON: Yes, sir.

3 MR. SHISSIAS: -- what I got from you is that you said
4 you did not want a continuance.

5 MS. VINSON: Because I was going by what this
6 document, this letter from the Court was stating
7 --

8 MR. SHISSIAS: There is no "court." There's a hearing
9 officer.

10 MS. VINSON: Yes, sir.

11 MR. SHISSIAS: That's me --

12 MS. VINSON: Yes, sir. I know.

13 MR. SHISSIAS: -- and again, if you required the
14 attendance of that person that she said was going
15 to be unavailable on that date, I was offering
16 you an opportunity to postpone the hearing and
17 reschedule it, and you said to me, "Let's
18 proceed."

19 Now, I don't understand if you were confused,
20 but what I -- fine. I'll give you another
21 chance. We can close the record today and then
22 reconvene on another date, where this person can
23 be made available, if you want to cross-examine
24 her, if you want to --

25 MS. VINSON: Yes, sir.

1 A Yes, ma'am. That would be possible, but, in
2 this case, it's not true, because I was there. I
3 saw the sign in the window that's backwards, that
4 said it was Jeanette's Loving Care.

5 Q Yes, ma'am. Okay. Correct me, if I'm wrong.
6 When -- okay. Let me go on. Were you present --
7 okay. Were you present on January the 3rd, 2017,
8 when Deborah Carter called and asked me if Loving
9 Care had a change of address?

10 A I don't know if I was present when Deborah
11 called you or not. I was in my car.

12 Q Okay. You said your procedure is, if nobody
13 is there, you call Deborah Carter --

14 A Right.

15 Q -- and let her know, then you go to your next
16 visit. Okay. On February the 3rd, 2017, you
17 made a second visit to visit Jeanette's Loving
18 Care, and no one was there, you said. Is that
19 correct?

20 A Yes. Did you say February 3rd?

21 Q You said the 2nd. Correct me, if I'm wrong.
22 You said the 2nd.

23 A February the 3rd. February the 3rd, on a
24 Friday. No one was there.

25 Q So -- was mistaken with the 3rd. No one was

1 there. Okay. When no one was there, why didn't
2 you -- why didn't you do the same thing that you
3 -- on February the 3rd, when you called and said
4 no one was there, I received -- you called and
5 left a message stating that you were out there to
6 visit and you were unable to get in. So why
7 didn't -- the first time nobody was there, you
8 didn't leave a call or call and leave a message?

9 A I don't know if I didn't leave a call the
10 first time or not. I don't -- I don't write that
11 down, whether I call you or not. I'm assuming I
12 probably did, but I can't swear to that.

13 Q Okay. What do Department rules require you
14 to do, if you can't locate a provider's place of
15 business?

16 A To notify Ms. Carter.

17 Q On your third visit, February the 20th, 2017
18 to Loving Care, were you able to conduct a
19 compliance review?

20 A Yes, ma'am.

21 Q Okay. How many files to be pulled were on
22 your list during this third visit?

23 A I don't have that list. I don't know how
24 many files were there.

25 Q Correct me, if I'm wrong.

1 A I asked for 20 files. That's my standard
2 procedure.

3 Q So, the earlier question, you said that all
4 your assignments come -- you get it from your
5 computer.

6 A Yes, ma'am.

7 Q So therefore your assignment would already
8 pull lists of -- would it be in your computer as
9 well?

10 A I don't understand your question.

11 Q Earlier, when I asked, "How do you get your
12 assignments," you stated that you get it from off
13 your computer.

14 A Yes, ma'am.

15 Q So therefore, if you came with the 20 -- you
16 said 20 files -- how do you get that from off
17 your computer? So you wouldn't have that now?
18 You say you don't have no way of knowing how much
19 it was, but earlier --

20 MR. SHISSIAS: You've started testifying. I don't
21 know what question you're trying to ask her.

22 MS. VINSON: Okay.

23 MR. SHISSIAS: I don't understand.

24 MS. VINSON: Okay.

25 Q The next question is, what do you do when you

1 learn that the -- the six of the files that you
2 asked me to pull were terminated employees?

3 A I answered the questions "no." I answered
4 the question. I have no file, and so all the
5 answers are negative, because I know there's
6 nothing there, that there's no file.

7 Q So a question. When you came out with the 20
8 -- the 20 lists of participants and 21 lists of
9 the participants and 21 lists of the workers, you
10 didn't ask to pull six files?

11 A I asked to pull 20 files.

12 Q Okay. What do your rules require you to do?

13 A Pull 20 files.

14 Q Twenty, okay. According to Department rules
15 and regulations, can an unannounced visit be made
16 prior to giving a provider technical assistance?

17 A A provider has technical assistance before
18 they sign the contract. Once they sign the
19 contract, a compliance review can be performed at
20 any time, and they're always unannounced.

21 Q Uh-huh. Okay. According to South Carolina
22 rules and regulations, an unannounced visit can
23 be -- may be made prior to giving a provider a
24 technical assistance. So, according to section
25 one, "General Information, policies and

1 procedures" -- "General Information" -- let me --
 2 okay. According to -- according to "General
 3 Information," section one, "General Information,
 4 administration," "Provider participants in
 5 Medicaid" -- okay -- it says -- okay -- I'm
 6 sorry.

7 MS. VINSON: I've got the wrong section. I'm sorry.
 8 That's the wrong section. I apologize for that,
 9 sir.

10 Q Section number two, "Policy and Procedure,
 11 compliance and review," it explains right there,
 12 "Before entering" -- "Before entering into any
 13 contractual agreement, the provider and the
 14 Department will have" -- "compliance and review
 15 are completed approximately 90 days after
 16 initiation of service" -- "CLT. Unaware" --
 17 "unannounced reviews are conducted thereafter.
 18 After enrollment" -- "after enrollment, visits
 19 are made to provider" -- "and upon request. The
 20 purpose of those visits is to coordinate
 21 information concerning the Medicaid program and
 22 provide technical assistance as required."

23 So therefore, is it fair to say that, after
 24 enrollment, a field service representative comes
 25 out to the provider and gives them -- and helps

1 them coordinate technical -- to go into the
2 computer, to show -- to give them -- to show them
3 how it works, and then, after --

4 MR. SHISSIAS: Okay. You've got a question, ma'am.
5 Please answer that question.

6 A I'm not really qualified to answer this
7 question. This is for the field services
8 representatives. As far as I know, that's the
9 regional office person that comes to your office
10 and shows you how to use the Phoenix and goes
11 through other things that I -- I really can't
12 answer that.

13 Q So my question is -- so one visit that you
14 did on --

15 A Has nothing to do with this visit.

16 Q Okay.

17 MS. VINSON: Can I have this submitted? I would like
18 to have this -- I would like to have the policy,
19 one, the general one, and two submitted.

20 MR. SHISSIAS: I've got -- let's see. Ms. Vinson has
21 proposed -- has requested that page 1-9 of the
22 provider manual and -- this is the other page,
23 "Program Requirements." It's cut off. There is
24 no page number there. What page number is that,
25 where it says "Compliance Review" --

1 MS. VINSON: Two is "Compliance Review."

2 MS. LOCKARD: -- "Field Service Review."

3 MS. VINSON: Yeah. It's at 2-4. 2-4, "Compliance" --

4 MR. SHISSIAS: Okay, and that is page 2-4. So she's
5 proposing that page 1-9 of the manual and page 2-
6 4 of the manual be entered as Petitioner's
7 Exhibits 2 and 3. Any objection?

8 MS. CARTER: No objection, sir.

9 MR. SHISSIAS: No objection. Okay. Without
10 objection, 1-9 is admitted as Petitioner's
11 Exhibit 2, and page 2-4 of the manual is admitted
12 as Petitioner's Exhibit 3. Proceed.

13 MS. VINSON: Okay. Thank you, ma'am.

14 MS. LOCKARD: You're welcome.

15 MR. SHISSIAS: No other questions? Okay. Any cross-
16 examination? Do you have any other questions of
17 this witness? Okay. All right.

18 MS. VINSON: Okay --

19 MR. SHISSIAS: Hang on. I don't have any other
20 questions of this witness. All right. You can
21 call your next witness.

22 MS. VINSON: Okay. I would like to call Jeanette
23 Vinson.

24 MR. SHISSIAS: Okay. Great. All right. Do you
25 solemnly swear or affirm that the testimony

1 you're about to give is the truth, the whole
2 truth, and nothing but the truth?

3 MS. VINSON: I do.

4 MR. SHISSIAS: Okay. Go ahead and give me your
5 testimony.

6 MS. VINSON: Ms. Vinson --

7 MR. SHISSIAS: It's not necessary to ask yourself
8 questions.

9 MS. VINSON: Oh. Okay.

10 MR. SHISSIAS: Just go ahead and testify.

11 MS. VINSON: Okay. On -- on -- you want me to -- but
12 I have a question for myself.

13 SELF-EXAMINATION

14 BY MS. VINSON:

15 Q On January the 3rd, 2017, were -- were you
16 present--

17 MS. VINSON: So I can't -- when you say don't ask
18 myself questions --

19 MR. SHISSIAS: Well, you -- it's not necessary, but
20 you can do whatever you like.

21 MS. VINSON: Okay.

22 MR. SHISSIAS: Go ahead.

23 [THE SELF-EXAMINATION BY MS. VINSON CONTINUES.]

24 Q On January the 20 -- on January the 3rd,
25 2017, were you present at Loving Care's place of

1 business during the hours -- during regular
2 business hours?

3 A Yes, I was.

4 Q On that date, were you visited by anyone from
5 the Department of Social -- the South Carolina
6 Department of Health and Human Services?

7 A No, I was not.

8 Q Were any phone calls or messages left?

9 A No. There was no phone call and no cards
10 left and no messages stating that someone was
11 there.

12 Q On February the 3rd, 2017, were you present
13 at Loving Care's place of business during regular
14 hours?

15 A No, but I didn't -- but I did have office
16 personnel there, who I found out, through Ms.
17 Lockard leaving a message on that day, that no
18 one was there, which I terminated that right
19 away.

20 Q So, on February the 20th, were you visited by
21 anyone from the Department?

22 A Yes.

23 Q What happened at the visit?

24 A At the visit, Ms. Lockard came and introduced
25 herself as a reviewer from the Department. She

1 came in and asked to see my license, the face of
2 my license from DHEC. She came in and asked me
3 to see my insurance policy, and she also came and
4 had a list of 21 participants and 21 employees.

5 When Ms. Lockard came in, she also asked me
6 to hand her six of the participants from -- with
7 the list of the 21 clients, which I would like to
8 be submitted -- and the 21 workers.

9 MR. SHISSIAS: One second. Is that -- it may already
10 be in the record. All right. I don't believe --
11 is this list of 21 participants, is this -- is
12 this already in the record?

13 MS. CARTER: -- on the review, the participants are on
14 the actual --

15 MR. SHISSIAS: On the review. Okay. Now, this
16 document is -- is this a document that you sent
17 out?

18 MS. VINSON: This is the document that I sent,
19 required from the Department to send, with the
20 list of clients, the e-mail -- from the
21 Department --

22 MS. CARTER: Yeah. I sent her that. I should have
23 sent it to you.

24 MR. SHISSIAS: You -- okay. I don't have anything --
25 who sent this to whom? Somebody tell me. Where

1 did it come from? Ms. Vinson?

2 MS. VINSON: That came from the Department.

3 MR. SHISSIAS: That came from the Department. Okay.

4 Did that come -- can you confirm that you sent
5 that? This is an e-mail?

6 MS. VINSON: Yes.

7 MR. SHISSIAS: Okay. All right. Do you have any
8 objection to this being entered as Petitioner's
9 Exhibit -- I believe it's 4 --

10 MS. CARTER: No, I don't.

11 MR. SHISSIAS: Okay. Without objection, this is
12 admitted as Petitioner's Exhibit 4. Proceed.

13 MS. VINSON: Okay.

14 [THE SELF-EXAMINATION BY MS. VINCENT CONTINUES.]

15 A After -- after the reviewer asked for the six
16 participant records, I told her that those six
17 that she asked for, they were terminated and I
18 had shredded those files. She asked for six of
19 the workers. Those six of the workers' records
20 she asked for, they were terminated, and I had
21 shredded their files.

22 Then the reviewer asked -- I asked the
23 reviewer would she like any other else records to
24 look into. The reviewer stated, "No," because I
25 already had six that weren't there, of the

1 employees, and six of the clients that was not
2 there. She didn't need to see any more.

3 Q So did this reviewer look into 21 files?

4 A No, she did not. The reviewer then asked --
5 told -- made a statement and said that,
6 "According to DHEC, you are allowed to hold files
7 for five years."

8 My -- my -- my answer to the reviewer, "I did
9 not know that." So therefore she did not look
10 into the rest of the files.

11 So, after that, the reviewer asked to see a
12 copy of -- a copy of my -- let's see -- the
13 reviewer asked to see a copy of -- asked me to
14 make a copy of -- the reviewer asked me to make a
15 copy of a criminal report, background report, for
16 one of the workers. She stated -- the reviewer
17 stated that she would have -- the criminal
18 background report didn't look right. The copy
19 didn't look right, so she would have to get with
20 Ms. Carter to see if it was acceptable.

21 After that conversation, the reviewer and I
22 were conversating. We got off on -- and that's
23 when the reviewer stated to me that anytime when
24 I have a problem or need some question, that I
25 could call her. The reviewer gave me her card.

1 I stated to the reviewer -- I thanked her for
2 that, because every time, as a new provider --
3 any and every time that I called to the main
4 office in Columbia, I could never get no response
5 from Deborah Carter or Mr. Tony Matthews. As a
6 new provider, according to the procedure and
7 policy, I was not allowed -- applying -- the
8 applying period to have somebody, a field
9 representative, to come out and make sure that
10 everything was in compliance. So therefore I
11 didn't know, but she -- the reviewer did not look
12 in no 21 files.

13 After that, the reviewer and I sat. We
14 talked a little, made conversation. I asked the
15 reviewer, "What happen" -- "what happens from
16 now?" -- what would happen.

17 The reviewer stated to me that Ms. Carter
18 "will get back" with me, and she will -- the
19 reviewer said that she "will be back."

20 After the reviewer left, that -- that -- that
21 was -- that was pretty much it. However, when --

22 MS. VINSON: I want to put these in as an exhibit.

23 MR. SHISSIAS: Okay. If you have specific documents
24 that you want to introduce, you're going to need
25 to introduce them one by one.

1 MS. VINSON: Okay.

2 MR. SHISSIAS: Do you have copies for the other side
3 to look at?

4 MS. VINSON: Yes, sir.

5 MR. SHISSIAS: Okay. Good.. Proceed with your first
6 exhibit.

7 MS. VINSON: My next exhibit is the contract.
8 Jeanette's Loving Care came into contract on the
9 24th of June.

10 MR. SHISSIAS: I believe -- isn't the contract already
11 in evidence?

12 MS. CARTER: Yes.

13 MR. SHISSIAS: Somebody help me with that. Which --

14 MS. CARTER: I don't know which number it is.

15 MR. SHISSIAS: Okay. Okay. The contract is already
16 in -- in the file. It's Respondent's Exhibit 3.
17 It's already in.

18 MS. VINSON: Yes, sir. I was unaware --

19 MR. SHISSIAS: So we don't need to re-admit it, do we?

20 MS. VINSON: No, sir.

21 MR. SHISSIAS: Okay. Then we can proceed.

22 MS. VINSON: Okay. B -- okay. I have -- B is the --
23 the super -- the supervisory letter --

24 MR. SHISSIAS: Okay.

25 MS. VINSON: -- which, on -- I don't know whether the

1 Court still has, dated February the 8th --
2 MR. SHISSIAS: Okay. This is the letter -- this is
3 the February 8th letter, and it has to do with
4 the surveys on January 3rd and February 3rd.
5 Now, we've had a discussion about this before and
6 the Department's decision to stop sending new
7 referrals and the findings that nobody was there.
8 There wasn't an appeal within 30 days of that,
9 and I mentioned this at the last hearing, okay,
10 and so nothing in that -- nothing about what
11 happened or didn't happen on those two dates is
12 relevant to this hearing.

13 I did allow you some leeway, when you were
14 questioning -- questioning your witness, but
15 nothing about what happened on the dates when
16 someone was allegedly not there -- that doesn't
17 have anything to do with this case. It's only
18 about the alleged deficiencies that were noted on
19 the 23rd. So I'm -- I'm not going to take that
20 into evidence, okay, because it's not relevant.

21 MS. VINSON: Well, this here -- it's January the 3rd,
22 and on this letter it has January the 3rd and
23 February the 3rd, and I'm asking the Court -- I
24 know, at the previous hearing, that the Court
25 stated that it wasn't relevant because they did

1 not do an appeal. However, I didn't -- there is
2 no way in the policy and procedure that you could
3 appeal a new referral.

4 MR. SHISSIAS: Okay.

5 MS. VINSON: So, if I didn't have information, as I
6 had, that I could appeal this here, then I would
7 have appealed. There's no way, on the policy or
8 procedure, that I could have appealed.

9 MR. SHISSIAS: What you're saying is that you were
10 unaware --

11 MS. VINSON: Yes, sir.

12 MR. SHISSIAS: -- that you had a right to appeal.
13 Unfortunately, you're presumed to be aware of the
14 law and what the law allows, okay, and so that's
15 not relevant.

16 MS. VINSON: Sir, according to the contract of this
17 law here, it does not have -- it does not state
18 "new referral suspension." It only states
19 "suspension."

20 MR. SHISSIAS: Ma'am, that may be true, that decision
21 that occurred about the first two -- the first
22 two visits. You may have a point there, but
23 again, there was no appeal within 30 days, and I
24 can't hear it. I don't have jurisdiction to
25 consider it.

1 MS. VINSON: Okay.

2 MR. SHISSIAS: Thank you.

3 MS. VINSON: Yes, sir.

4 MR. SHISSIAS: Thank you. Please proceed.

5 MS. VINSON: Okay. So on the deficiency I received on
6 -- let me see --

7 MR. SHISSIAS: Are you talking about what's been
8 admitted as Respondent's Exhibit 4?

9 MS. VINSON: Yes, sir.

10 MR. SHISSIAS: Okay. That's already in the record.

11 MS. VINSON: That's already in the record. Okay. On
12 -- on those deficiencies, it states that -- let
13 me give you this document. Let me give you one.
14 Let's see.

15 [THE SELF-EXAMINATION BY MS. VINSON CONTINUES.]

16 A For instance, on the deficiency, it states
17 that, "The reviewer does not maintain individual
18 participant records," six out of twenty-one not
19 complying. Now, the act occurred with that,
20 because those were the six that she asked for
21 that was terminated and I then shredded, by not
22 knowing that I was supposed to hold those for
23 five years.

24 The next one says, "The CLT service plan is
25 not in the participant record." This one is not

1 so. She did not look into these records. These
2 -- they say twenty out of twenty-one. Why -- she
3 did not look into twenty of the records. She
4 only -- she only asked for six. She didn't look
5 in the six that I told her that I didn't have.
6 She never looked into it. Correct.

7 "The proprietor did not inform participant of
8 his or her right to complain," twenty-one out of
9 twenty-one. The reviewer did not look in 21 --
10 21 records. Just as she just got through
11 stating, she just looked -- asked for six. When
12 she did not get the six, the other records were
13 there. She told me she didn't need to look into
14 it. So twenty-one out of twenty-one, she didn't
15 even look at twenty-one out of twenty-one.

16 "Provider did not give participant written
17 information regarding advance" -- twenty-one out
18 of twenty-one. The reviewer did not look into 21
19 records.

20 "All service authorizations for the review
21 period are not in the participant's file,"
22 twenty-one out of twenty-one. Again, she did not
23 look into 21 records.

24 "Records have not contained documentation
25 that CM was notified that services were not

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1 started on authorized dates" -- "stated dates,"
2 six out of twenty-one. Those were the same six
3 that she really didn't look in, because I told
4 her I destroyed them.

5 "Records have not contained daily task sheets
6 per scope of services required," twenty-one out
7 of twenty-one. Again, twenty-one -- she did not
8 look into 21 files.

9 "Laws reviewed by nurse supervision as
10 specified in the scope of service 90% of the
11 time," twenty-one out of twenty-one. Again, she
12 did not look into 21 files.

13 "Services are not being delivered consistent
14 with service plan," twenty-one out of twenty-one.
15 Again, she did not look into the files.

16 "Provider did not notify CM within two days
17 of participant changing," five out of twenty-one.

18 Q Where did she get the five from?

19 A I don't know, but, just like I said, the six
20 that I already told her that I didn't -- that was
21 it.

22 "A backup plan was not used appropriately for
23 this participant," five out of twenty-one.
24 Again, I don't know where that five of twenty-one
25 comes from, because she never looked into those

1 files.

2 "Staff review summary; provider does not
3 maintain an individual record for the workers,"
4 twelve out of twenty-one. Again, she did not
5 look into the files.

6 "Any file that does not contain assurance
7 that the" -- "meets minimum requirements" --
8 again, she did not look into the files.

9 MR. SHISSIAS: Let me stop you there. So you are
10 contending that, with regard to the service
11 reviews, that she only asked for six?

12 MS. VINSON: Yes, sir.

13 MR. SHISSIAS: Okay, and now for staff, how many are
14 you contending she asked for?

15 MS. VINSON: Six.

16 MR. SHISSIAS: She only -- you're saying she only --
17 you're saying she only asked for six?

18 MS. VINSON: Yes, sir.

19 MR. SHISSIAS: Okay. There's no need to go through
20 all the staff reviews. The summary of your
21 testimony is that she only asked for six?

22 MS. VINSON: Yes, sir.

23 MR. SHISSIAS: Now, you -- any contentions on the
24 universal review summary part of it?

25 MS. VINSON: Yes. The universal --

1 MR. SHISSIAS: About how many of those files requested

2 --

3 MS. VINSON: The same thing; the six. She never --

4 after that, she did not look into any more files.

5 MR. SHISSIAS: Okay. All right. I understand you're

6 saying that she did not look at 21 files, that

7 she only looked at six. All right. I understand

8 your testimony.

9 MS. VINSON: Yes, sir.

10 MR. SHISSIAS: Okay. Proceed. Proceed with the rest

11 of your case.

12 MS. VINSON: Okay.

13 [THE SELF-EXAMINATION BY MS. VINSON CONTINUES.]

14 A And then, on the back -- on the back, you
15 will see provider's signature. "My signature
16 below verifies that a review was conducted on
17 2/20/2017, and I have been given a copy of this
18 review." That's not my signature there.

19 Miss Carolyn just stated earlier that she
20 used her computer, so therefore she did not even
21 have her computer on that day to count and do
22 that review. However, if she did, I would have
23 signed, but I surely wouldn't sign that she
24 looked into twenty-one of the files, so that's
25 why my signature is not there.

1 MR. SHISSIAS: All right. I understand.

2 A Also, the correct plan of action --

3 MR. SHISSIAS: All right. The corrective plan of
4 action has been admitted as Petitioner's Exhibit
5 6.

6 MS. VINSON: Miss Carolyn, do you have one, "correct
7 plan of action" -- thank you. As stated -- as
8 stated in policy and procedure, that -- and on
9 letter -- did you already see -- accepting these
10 letters, so --

11 MR. SHISSIAS: This has already been admitted as
12 exhibits.

13 MS. VINSON: Okay.

14 MR. SHISSIAS: Exhibit 6.

15 MS. VINSON: Okay.

16 [THE SELF-EXAMINATION BY MS. VINSON CONTINUES.]

17 Q So, as stated in the policy, that the correct
18 plan of action, which was never sent to me to do
19 a correct plan of action -- she sanctioned me --
20 a correct plan of action --

21 MR. SHISSIAS: Okay. Let's stop you there. I
22 understand your argument --

23 MS. VINSON: Yes, sir.

24 MR. SHISSIAS: -- that you believe that the sanction,
25 the Department sanction against you, were -- the

1 alleged noncompliance that occurred on that day
2 was a plan of correction.

3. MS. VINSON: Yes.

4 MR. SHISSIAS: Okay. I understand that you believe
5 that. All right? There's testimony in the
6 record from Ms. Carter that that was not the
7 sanction, okay, that -- that they always require
8 a plan of correction. Okay? I want -- I mean, I
9 want you to understand that, okay, that that's
10 the testimony of the Department. You're saying
11 that the only penalty that was taken against you
12 was that you were required to fix it. That's not
13 the testimony I have on the record from the
14 Department. Okay?

15 MS. VINSON: Yes.

16 MR. SHISSIAS: Okay. Go ahead. Proceed.

17 [THE SELF-EXAMINATION BY MS. VINSON CONTINUES.]

18 Q But according -- okay -- but according to the
19 policy and procedure and the contract on page --
20 let's see -- I have the -- according to the --
21 the sanction is -- I think we have -- the
22 sanction -- they give you the scores and how they
23 came up with the sanction, and, as it states
24 that, to come up with the sanction does -- I was
25 not given -- I earlier stated that I was not

1 given the proper training from the field
2 representative that was supposed to come out,
3 according to the policy.

4 The sanction is -- like the third -- the
5 history of reviews and the current -- it's stated
6 that the history of reviews -- when they come
7 out, the first review -- this was just my first
8 review. So there was no history, and the policy
9 stated that they would take the history of the
10 two reviews and the current review, and that's
11 how it gets graded, the percentage gets graded.

12 If the history of -- if the history review
13 were like 50 and the current review is 120, they
14 take that history and current and put it in the
15 computer, and that's how we come up with my
16 deficiencies, and that's how they come up with
17 the sanction score.

18 However, I'm stating that I had no history of
19 reviews, because February the 20th was my first
20 review, and, according to policy and procedure,
21 "After enrollment, reviews are made to provider
22 periodically and upon request. The procedure of
23 each visit is to coordinate information
24 concerning the Medicaid program and provide
25 technical assistance as required, when compliance

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1 reviews are completed 90 days after the initial
2 service."

3 So therefore I did -- I did not have
4 announced -- the announced review -- they did not
5 give me an announced review; they only gave me
6 the unannounced, which is the initial -- after
7 that initial 90 days, which Miss Carolyn did on
8 February the 20th. So Jeanette's Loving Care is
9 stating that I did not receive the due process of
10 the compliance -- of the compliance and the
11 compliance reviews, as stated in the policy and
12 procedure, which is after enrollment. That's
13 when it starts, after enrollment.

14 Jeanette's Loving Care got enrolled -- let's
15 see -- were enrolled -- got enrolled on May the
16 20th. May the 20th, I got enrolled. According
17 to the policy, on May the 20th -- May the 20th is
18 when I received notification from the provider
19 enrollment that my application had been processed
20 from Mister Tony, from the Department head. This
21 application -- this notice gives me, according to
22 the procedure -- according to the procedure, this
23 is my invitation to enter into the pre-
24 constructual meeting, which I went to on June the
25 2nd. During that pre-constructual meeting, at

1 the orientation, the policy and procedure were
2 not given. So therefore --

3 MR. SHISSIAS: Do you want this letter --

4 MS. VINSON: Yes.

5 MR. SHISSIAS: -- admitted as an exhibit?

6 MS. VINSON: Yes, sir.

7 MR. SHISSIAS: Any objection? No objection? All
8 right. This is admitted as Petitioner's Exhibit
9 5, a May 20th, 2016 letter pertaining to the pre-
10 contractual meeting.

11 [THE SELF-EXAMINATION BY MS. VINSON CONTINUES.]

12 A Okay. So, on May the 20th, I received my
13 notification. You have that. May the 2nd, I
14 attend my mandatory pre-constructural meeting.
15 That meeting -- there, I was not a new provider.
16 I was a participant -- you know, it was for
17 prospective providers. If I had known -- if I
18 was given the policy and procedure, all the work
19 that comes with it, you know, I may have not
20 agreed to the contract, and therefore I did not
21 get due process.

22 The only thing I got is -- they gave -- the
23 only thing I received from the orientation that
24 they gave was catered to new providers. There
25 was nothing on orientation with this exhibit on

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1 the PowerPoint that stated the procedure and
2 policy, which, according to the Medicaid manual,
3 the procedure and the policy is the guideline and
4 the requirements that keep the providers on the
5 right track, but, without me getting the policy
6 and procedure, I didn't know, so -- and after --
7 and according -- so therefore that's why I'm
8 here, saying that, due to the failure of the
9 Department not following their written procedure,
10 is why Jeanette's Loving Care got terminated.

11 So Jeanette's Loving Care did not breach the
12 contract, whereas the Department breached,
13 because they failed to supply or give me the most
14 vital information that I needed and the service,
15 according to the procedure, the -- the -- the
16 field representative to come out and help me
17 along the way, to show me how it worked.

18 For instance, I need -- I feel -- I feel real
19 distraught about this, because this is my
20 livelihood and this is my life. This is my
21 passion, especially certain -- the people --
22 MS. VINSON: I want to put this in as an exhibit.

23 These are surveys from the clients that I have
24 served, which I feel that it goes with it,
25 because, on the deficiency, it states that

1 Jeanette's Loving Care did not service the
2 clients. Jeanette's Loving Care did not have all
3 the clients' proper paper in. These are
4 information from the clients themselves, and I
5 would like to see if I could have this --

6 MR. SHISSIAS: Hand up a copy to Ms. Carter. Okay.

7 Do you have any -- do you object to these being
8 admitted as exhibits?

9 MS. CARTER: I do.

10 MR. SHISSIAS: Okay. Let's hear your objection.

11 MS. CARTER: The reason being, the termination was
12 initiated April of 2017. These are dated after
13 the termination. In our opinion, it's a HIPAA
14 violation for a former provider to contact
15 clients following a termination. They should not
16 be -- she should not be contacting clients at all
17 after she's been terminated from providing their
18 services.

19 Second, it does not address the
20 documentation, which is what we review. We don't
21 do client satisfaction surveys in our -- in our
22 role.

23 MR. SHISSIAS: All right. I -- I have no comment on
24 the HIPAA -- alleged HIPAA violation, but these
25 documents postdate your termination, and she's

1 saying that they have nothing with the reason you
2 were terminated, which was because of other
3 record-keeping violations. I find that they're
4 not relevant to this discussion. They're not
5 relevant to the decision that Ms. Carter made in
6 this case.

7 MS. VINSON: Well, if they're not relevant, could I
8 get my copies back?

9 MS. CARTER: Yes.

10 MS. VINSON: Thank you. If you look -- all of these
11 were after termination.

12 MR. SHISSIAS: Were all of them after the termination?

13 MS. CARTER: The letters? It appears that they were
14 received after the termination. Some of them
15 weren't dated. Those questionnaires, I didn't
16 see a date on those --

17 MR. SHISSIAS: Well, if they're not dated, then I -- I
18 can't figure out the date upon which -- and
19 again, I'm not changing -- I'm not changing my
20 ruling on this. I don't believe that they are
21 relevant to the decision Ms. Carter made. Please
22 proceed.

23 MS. VINSON: Okay. For the record -- I want to make
24 note for the record, Jeanette's Loving Care did
25 not breach the contract with the Department. My

1 conclusion -- Jeanette's Loving Care did not
2 breach the contract with SCDHHS.

3 However, SCDHHS's failure to provide and
4 follow written procedure, policy and procedure
5 under section two of the provider manual, which
6 contract with Jeanette's Loving Care, therefore
7 resulting in Jeanette's Loving Care involuntary
8 termination.

9 I'm asking this Court to please look into
10 what I'm saying, because I would never -- I would
11 never -- I would never go and break the law,
12 because I'm a part of the law myself. I'm out
13 here to serve people, to help, and to -- I'm an
14 officer of the law as well, but I would like the
15 Court to put in the record that I was not given
16 the proper procedure to work with.

17 So therefore I need to be -- Jeanette's
18 Loving Care needs to be reinstated under
19 contract, and reinstated as previous -- as a
20 previous new provider, to get the -- to get the
21 same previous things that are stated in the
22 contract that she should have gotten, that the
23 new -- the compliance review period fine or
24 assistance -- or technical assistance.

25 MR. SHISSIAS: Okay. All right. Anything else? Any

1 other testimony?

2 MS. VINSON: Can I call Ms. Carter?

3 MR. SHISSIAS: You -- you've had a chance to cross-

4 examine Ms. Carter, I believe --

5 MS. CARTER: Yes.

6 MR. SHISSIAS: -- and I will allow you some leeway

7 later on, but now, at this point, it's Ms.

8 Carter's turn to cross-examine you.

9 MS. VINSON: Okay.

10 MS. CARTER: Okay.

11 CROSS-EXAMINATION OF MS. VINSON

12 BY MS. CARTER:

13 Q Ms. Vinson, you stated that Ms. Lockard only
14 reviewed -- asked for six records, or are you
15 saying that she asked for twenty-one?

16 A She asked -- she had -- she had twenty-one on
17 her list. She asked me for six. She -- she
18 asked me for six out of this twenty-one. She
19 said, "Give me the first six of the twenty-one."
20 She was saying -- I went in the files. I got the
21 first six. I pulled all of the twenty-one and
22 set them on top of the file.

23 When she asked for the first six, I said,

24 "Oh, they are terminated. I don't have them."

25 She asked for the first six of the clients. I

1 said, "Oh, those are terminated as well. We
2 don't have them." I said, "Do you want another
3 file?"

4 She said, "No. Forget it, because you
5 already have six out of" -- that I terminated,
6 "You don't have it, so I don't need to see it,"
7 and she went on to the next stack, which was
8 asking me for a copy.

9 Q Okay. So the six that you are referring to,
10 is that in addition to the twenty-one, or is that
11 a part of the twenty-one?

12 A It's a part of the twenty-one.

13 MS. CARTER: I just wanted to clarify that. That's
14 all I wanted to clarify.

15 MR. SHISSIAS: Okay, and I don't have any questions
16 for this witness. However, I am -- I am
17 concerned about the question about the six versus
18 twenty-one. Would you like to go ahead and
19 recall Ms. Lockard?

20 MS. CARTER: Yes.

21 MR. SHISSIAS: Okay, because I would like to hear
22 about this dispute. Ms. Lockard, you are already
23 under oath. Let's go -- let's go ahead and
24 recall you and do some direct.

25 MS. LOCKARD: All right.

EXAMINATION OF MS. LOCKARD

1
2 BY MS. CARTER:

3 Q So, Carolyn, the provider is contending that
4 you asked for the 21 records initially, but she's
5 testifying that, when she told you that the six
6 were terminated, that she no longer had them in
7 her possession, that you did not review the
8 remaining records. Is that the case?

9 A No, ma'am. I reviewed the records that she
10 had, that she gave me. I couldn't review the six
11 that she did not have. However, I answered
12 questions about them, but I did not have the
13 file. So therefore the nurse didn't sign; the
14 provider questions were not checked. She had no
15 documentation.

16 Q And that's for the six, or is that for all,
17 as far as a combination?

18 A The six --

19 Q You could not review --

20 A -- there was no file. The other ones I
21 answered the questions --

22 Q Are you saying --

23 A -- in the records.

24 Q I'm sorry. On site at her office?

25 A At her office. Yes, ma'am.

1 MR. SHISSIAS: All right. If you have nothing
2 further, I -- I will let you cross-examine her
3 about this one issue, all right, because you've
4 already had a chance to cross-examine her once.
5 All right?

6 MS. VINSON: Okay.

7 CROSS-EXAMINATION OF MS. LOCKARD

8 BY MS. VINSON:

9 Q Ms. Lockard --

10 A Yes.

11 Q -- do you remember when I had all the files
12 on top of the --

13 A I didn't get all the files.

14 Q -- and you sat down? You said can you sit
15 down, and I told you, "Yes, ma'am," that you
16 could sit in my chair, and I was up there, and I
17 was handing you -- and that's when you said you
18 did not look -- do you have -- that's what I'm
19 saying. That's what I was asking. Do you have
20 any documentation that states I did not -- that
21 you did not -- that you looked into -- my
22 question is this. How -- okay. My question is,
23 twenty-one out of twenty-one of my workers did
24 not have their PPD.

25 Ms. Lockard, you are a mandated reporter; I

1 am a mandated reporter. How in the world, if you
2 look at twenty-one files and see that the workers
3 did not have PPD or background checks, why -- how
4 in the world they did not -- I did not get
5 stopped -- because, why I was allowed to use
6 these workers pretty much on serving these
7 clients, and they didn't have their PPDs and
8 their background checks.

9 A That's why I reported to Ms. Carter. I'm not
10 the one that stops you. I have no authority to
11 stop you. I just answer the questions.

12 Q Yes, ma'am, but you do have -- well, as a
13 mandated reporter -- as a mandated reporter,
14 according to DHEC, it should have been stopped.
15 I should have been shut down. The reason why I
16 was not shut down because, Miss Carol, you did
17 not look into those files.

18 A I looked into those files. I answered the
19 questions. I turned my report in by computer to
20 Ms. Carter, who in turn terminated you, which
21 means you were shut down because of the report.

22 Q Okay. I was not shut down. I was allowed to
23 work four months after it. I did not terminate
24 -- the terminating letter came -- I was supposed
25 to get terminated on the 21st. However, even by

1 the terminating letter, I was still allowed to
2 work until the 25th.

3 February -- you've got February, you've got
4 March, February, March, April, May. You've got a
5 whole four months. You mean to tell me these
6 aids are going into the clients' home without the
7 PPD tests or criminal background checks? The
8 reason why it can't be so is because you didn't
9 look in the files.

10 MR. SHISSIAS: Do you have any other -- you've
11 presented all your testimony, and you've had a
12 couple of chances to cross-examine the witness.
13 Do you have anything further?

14 MS. VINSON: Yes, sir.

15 MR. SHISSIAS: What do you have?

16 MS. VINSON: I would like to put in an exhibit, that
17 -- this here is documents that -- all the
18 documents that the nurses -- the girls had -- my
19 workers had training. I didn't know which ones I
20 was allowed to bring, but these are in-home
21 training.

22 MR. SHISSIAS: Do you have a copy I can give her?

23 MS. VINSON: Yes, sir.

24 MR. SHISSIAS: I'll hand Ms. Carter the copy you've
25 given me, to take a look at. Do you have any

1 objection to it being admitted?

2 MS. CARTER: I only object to this because I don't
3 even see where this was a deficiency, one, and
4 this one also, I believe.

5 MR. SHISSIAS: All right. Okay. So which alleged
6 deficiency does this training document pertain
7 to? I want you to show me, in Exhibit
8 Respondent's 4, which one it pertains to. It's
9 in the staff review section --

10 MS. VINSON: Right here. It says filed in document
11 10, "documentation of competency evaluation."

12 MR. SHISSIAS: "Competency" --

13 MS. VINSON: That's -- that's where that -- yes.

14 MR. SHISSIAS: -- "evaluation."

15 MS. VINSON: Yes. That's --

16 MS. CARTER: This is not a competency evaluation form.

17 MS. VINSON: Yes, but, when you go on and read, it
18 says that we could do in-home training with our
19 RN nurse, but the Department said that they have
20 to be on a competency -- on CLT competency, which
21 is this here, "competency evaluation." It's the
22 same training -- handling documentation. It's
23 the same training, but it's just not on CLT
24 competency -- competency evaluation form.

25 MS. CARTER: This appears to be an in-service training

1 sign-in sheet. The competency evaluation is
2 required prior to someone providing services.
3 The nurses are required to do this competency
4 evaluation to ensure that the worker is competent
5 to do the work that they are going to need to do
6 in the home.

7 This looks like a class sheet with several
8 people signed in, that's taking a course, which
9 goes to our in-service training requirements.
10 They're required to have ten hours of in-service
11 annually. There is no deficiency for the in-
12 service.

13 MR. SHISSIAS: There's no deficiency --

14 MS. CARTER: In the deficiency for the competency, it
15 says "1921, denied this document in the record,"
16 but --

17 MS. VINSON: But they did have this document in the
18 record, because she didn't look in the record.
19 There's the document there.

20 MR. SHISSIAS: All right. This document concerning
21 training on abuse and neglect, I don't -- I don't
22 see where it speaks --

23 MS. VINSON: Not only that, it's more than one
24 training. If you go, you'll see the client's
25 right. In the contract, it has "Alzheimer's,

1 dementia;" it has "autism," the same thing as
2 this has.

3 MS. CARTER: No. It doesn't have --

4 MS. VINSON: According to the contract, an RN nurse
5 can do it, but just not on their document. If
6 you look at this here, it says "basic infection
7 control procedure, Alzheimer's." It has "trans"
8 -- "transportation," the same thing, training on
9 this different thing.

10 MS. CARTER: Can I clarify one more time? The
11 competency evaluation will be between the nurse
12 and one employee, that new employee. That form
13 right there, the competency, that would be the
14 nurse and that employee, one on one. The nurse
15 evaluates their competence to perform those
16 activities. This form is signed by several
17 people, meaning that several people are in
18 attendance at this training, which is an in-
19 service training, which is different, so no --

20 MS. VINSON: "In-service training" means we do it
21 inside our house or inside our office.

22 MS. CARTER: That's not what that means. I'm sorry.

23 MS. VINSON: We had attained -- we just had -- we had
24 attained at one time, doing the nurse one on one.
25 It's the same. It's in the contract. It's the

1 same thing.

2 MR. SHISSIAS: All right. Okay. So you're saying
3 that these documents refute the -- the allegation
4 that the file does not contain documentation of
5 competency evaluation?

6 MS. VINSON: Yes, sir.

7 MR. SHISSIAS: Okay. I'm inclined to admit it, and I
8 will give it what weight I judge appropriate.
9 It's admitted. I understand you're objecting.
10 It's admitted, over your objection, as
11 Petitioner's Exhibit 6.

12 MS. VINSON: I have one more question --

13 MR. SHISSIAS: Yes, ma'am.

14 MS. VINSON: -- for Ms. Carter.

15 MR. SHISSIAS: All right.

16 [THE EXAMINATION OF MS. CARTER BY MS.
17 VINCENT CONTINUES.]

18 Q It has "review range" -- because we discussed
19 this on the previous meeting, and --

20 MR. SHISSIAS: I gave you an opportunity -- what do
21 you want -- what do you want to ask --

22 MS. VINSON: Well, I just found -- read the policy and
23 procedure, how to get the review range, and, in
24 section 1 and 2, how the review range comes about
25 is, we use the Phoenix -- as Ms. Carter said

1 earlier, we use the Phoenix to go in and whatever
2 we put in, the range, that's what comes out.
3 Again, the range -- the review range is from
4 5/1/2016. As you can see, I just turned in my
5 enrollment. Provider enrollment wasn't until --
6 the acceptance letter wasn't until May 20th,
7 2016, so how could my review be read from 5/1,
8 and also --

9 MR. SHISSIAS: All right. I understand your point
10 about the dates, and I have noted it.

11 MS. VINSON: Yes, sir, and also, in the procedure,
12 it's stated that the range normally is a year,
13 like a year. Now, this range here, it would put
14 me at a year, but my first client -- I did not
15 serve my initial client until August, so ain't no
16 way they could put this in and get this range,
17 because --

18 MR. SHISSIAS: I understand. I understand your
19 objection. I've made a note about your
20 allegation about the range.

21 MS. VINSON: And also Ms. Carter stated at the last
22 hearing that the Power -- can I bring that back
23 up? The PowerPoint --

24 MR. SHISSIAS: You're still testifying. That's fine.

25 MS. VINSON: The PowerPoint that were used, that was

1 submitted, was the very same PowerPoint that were
2 used --

3 MR. SHISSIAS: Ma'am, I believe I recall the testimony
4 about the PowerPoint, that there were some
5 changes to it and that you objected to it, and
6 that you had a different recollection of what was
7 in the PowerPoint. I have that in my notes.

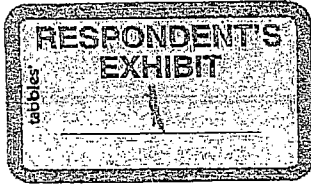
8 MS. VINSON: Right, and the Court asked her -- the
9 Court asked her again if that's the very same
10 PowerPoint, which she said "yes," but, on her e-
11 mail, I think the e-mail, the letter -- it stated
12 -- she stated that I requested for the same
13 PowerPoint that was used on the 6th and 7th. She
14 stated on that e-mail, "We don't have the same
15 PowerPoint that was used on the 6th and 7th."

16 However, in the last meeting, when the Court
17 asked her if this was the very same PowerPoint or
18 anything updated, she said, "The very same
19 PowerPoint, and no, nothing was updated."

20 MR. SHISSIAS: Anything else, ma'am?

21 MS. VINSON: No, sir. That's it.

22 MR. SHISSIAS: Okay. Normally, I allow parties to
23 present closing arguments, but you've already
24 presented a closing argument during your
25 testimony. Anything further from Respondent?



Community Long Term Care
Pre-Contractual Meeting - June 2, 2016

Sign-In Sheet

Attendee's Name

Company Name and City

Signature

Jeanette Vinson	Jeanette's Living Care	Jeanette Vin
Rebecca V. Eason	Jeanette's Living Care	Rebecca V. Eason

R193
R0186

RESPONDENT'S EXHIBIT
2



Provider Orientation

Debora Carter
Tony Matthews
SC Department of Health & Human Services

Introduction

- Welcome!
- Introductions

R194
-R0187

Agenda

- Purpose of Orientation
- Contracting Process/Licensing
- Scopes
- Compliance
- Solicitation and Marketing
- Confidentiality
- Care Call and Phoenix
- DDSN Billing

Why are we having this orientation?

- We would like for new providers to have all of the information needed to start their business on the right track
- To give potential providers information regarding CLTC guidelines and requirements
- To stress the importance of following guidelines
- Trend of new providers receiving sanctions due to lack of understanding what is required

Contracting Process

- Contract request will be sent to the Contracts Division following this meeting
- Contracts Division will send a contract to you for a signature
- Contracts Division notifies CLTC of receipt of signed contract and pertinent forms

Contract Process cont'd

- Contracts are finalized in approximately 3-4 weeks
- Provider information and ID# will be placed in our resource directory when the contract is finalized
- Appropriate area offices and DDSN are notified of new provider information

R196

~~R0189~~

Scope of Service

Scope of Services

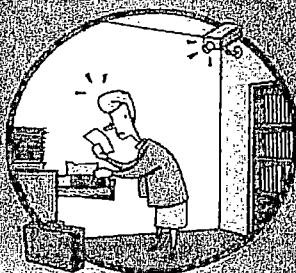
- There are scopes for all provider types with specific guidelines based on the type of service
- Scopes of Service (scopes) can be found in section 6 of the CLTC provider manual at www.scdhhs.gov
- The scope defines the providers conduct of service

Scope Requirements

- Scope requirements include:
 - Staffing requirements
 - Administrative Requirements
 - Service Requirements

Provider Compliance

- Provider Compliance is used to ensure that providers are meeting Scope of Service requirements



Provider Compliance cont'd...

- CLTC conducts on-site reviews of all providers
- Reviews are conducted during normal working hours, and are unannounced
- They include administrative, staff and service components

Provider Compliance cont'd...

- Administrative review includes
 - Verification of current Liability and Workers Compensation Insurance coverage (if required per State law)
 - Verification of posted Business Hours
 - Review of Organizational Chart (with names)
 - Ensure records are kept in a secure environment
 - Review of company's Service Backup Plan
 - Verification of current In-Home Care License

Provider Compliance cont'd...

- Service Backup Plan
 - Formalized plan for providing services when the primary worker is unavailable include:
 - Policy for the worker to notify agency when he/she is not able to provide authorized services to waiver participant
 - Plans for all areas of coverage
 - Method for notifying participant when backup plan is needed
 - Means of notifying case manager in the event that the backup plan fails

Provider Compliance cont'd...

- Service review includes:
 - Reviews records of participants in sample
 - Service authorization(s) and service plans
 - Task sheets
 - Included in the individual's record no more than 30 days after service date
 - Documentation of any change in the participant's condition
 - Service started on authorized start date
 - ODSN Waiver participants task sheets must be initialed daily & signed weekly
 - Supervisory review of task sheets bi-weekly (for Nursing & Personal Care Services)

R200

~~R0193~~

Provider Compliance cont'd...

• Nurse Supervisory Visits for Personal Care II

- Supervisory visits must be made before start of service, within 30 days after the start of service, and every four (4) months thereafter
- ongoing visits must be made by the end of the fourth month following the prior visit
- All visits must be documented on-site using the Care Call IYR and in the participant record
- One of the three annual visits must be made when the worker is in the home

Provider Compliance cont'd...

• Staff review includes

- Reviews records of staff in sample
 - Employment application
 - Competency evaluation for aides (PC2)
 - State Background check

Provider Compliance cont'd...

- In-service training
 - documentation to verify annual requirement being met (10 hours calendar year for PC2 see Scope of Service for in-service requirements for other services)
- Current licensure for nurse
 - documentation of experience (for Nursing services only)

Provider Compliance cont'd...

- Nursing Service Requirements include
- Physician's Orders – obtained prior to beginning services and every 90 days during duration of the authorization period (90 day orders must specify the from and to certification period)
- Physician's orders must be very specific to the treatments the nurse will provide for the participant and include medications (see form CMS-415 included in your packet)

R 202

~~R0195~~

Provider Compliance Cont'd...

- Supervision for nursing services must be conducted by an RN
- Supervision must be conducted at least every 90 days for LPN services and every 180 days for RN services (more often if necessary)
- The supervisor must complete the initial assessment and develop a plan of care prior to the start of services

Provider Compliance Cont'd...

- Nurses providing services to pediatric participants must:
 - Have at least one year of clinical pediatric nursing experience
 - Have additional training in caring for participants with tracheostomy, mechanical ventilator, gastric or jejunostomy tubes and indwelling catheters
 - All nurses must have at least one year of experience in public health, hospital or long term care nursing

Provider Compliance cont'd.

- Following the Compliance review you will receive a summary report of the identified deficiencies.
- Minor deficiencies are handled by completing an approved corrective action plan.
- More major deficiencies will result in suspension of new referrals for a period of time.
- Very serious deficiencies or a history of substandard reviews may result in termination.

Provider Compliance cont'd.

- Compliance reviews will receive a score based on identified deficiencies. This process was developed to ensure equitable reviews and so providers would know what to expect when they are reviewed. Sanctions are imposed based on the review score.

Provider Compliance cont'd...

- Provider compliance also deals with various complaints against providers, aides, participants, etc....
- Some of the types of complaints we receive include:
 - Improper treatment of participant by an aide (verbal or physical)

Provider Compliance cont'd...

- Inappropriate interaction between the participant and the personal care aide
- Participant refuses to allow provider access to their home to render services
- Allegations of theft by personal care aide
- Allegations of personal care aide not doing job appropriately i.e. sleeping, talking on personal cell phone, watching TV, etc.

Provider Compliance cont'd...

- CLTC has the right to conduct a review at any time and may conduct a special review based upon complaints or provider conduct.

Service Authorizations

- All services are prior authorized
- CLTC case managers and DDSN service coordinators are trained to assess participants needs and authorize services based on identified needs
- When needs are identified, participants are given a list of providers in the area to choose whom they would like to provide their services
- Participants/family members are encouraged to call providers on the list so they can make an informed choice

Service Authorizations

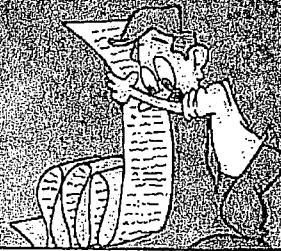
- Once a participant or family member chooses a provider, the provider will receive an email notification of the referral (a phone call for DDSN participants)
- If the provider accepts the referral, a start date will be agreed upon and the authorization notification will be sent by email to the provider (via fax for DDSN participants)

Service Authorizations

- If the provider cannot accept the referral, the participant's second choice of provider is notified in the same manner
- Providers should not begin services if they don't have the authorization in hand
- Participants/family members are the only ones who can choose the provider, no influence can be given by a potential provider or case manager
- Authorizations are issued based solely on

Service Authorizations

- Since authorizations are based on participant choice, there is no guarantee you will receive authorizations.
- Providers are encouraged to seek other sources to receive clients such as private pay, etc.



Solicitation and Marketing

- The provider shall not market directly to potential or current Medicaid Waiver participants (including direct mail advertising, door to door, telephonic, or other "cold-call" marketing).
- Cold-call marketing means any unsolicited personal contact by the Provider with a potential or current Medicaid Waiver participant for the purpose of marketing as defined in this section.

Solicitation and Marketing cont'd

Marketing means any communication from the Provider to a potential or current participant that can reasonably be interpreted as intended to influence the participant to choose to receive services from the Provider or to not receive services from another Provider.

Confidentiality

- Provider Requirements
- All providers must abide by Medicaid and HIPAA confidentiality requirements.
- Confidential information should not be shared except as needed for providing care to Medicaid recipients.

SC Care Call System

- Documents service delivery



What is Care Call?

- In-home workers call a toll free number to check in and out
- Supervisors make one call to document supervisory visits
- This electronic visit verification (EVV) system uses these calls to document service delivery to include length of stay and services provided
- This is compared to service authorizations

R210

~~R0203~~

Purpose of Care Call

- ADHC and Meals providers document services on the Phoenix website
- Information is taken from South Carolina's Phoenix System and pushed to Care Call on a nightly basis
- This includes the consumer's Medicaid number, phone number (s) and details of authorized services
- It also includes information about service providers and their employees
- Workers are promoted to key in a worker ID which identifies them and the provider agency

Purpose of Care Call cont'd

- The check-in and check-out documents the length of stay and the services provided
- This creates a record of the visit which includes the authorized time for that day or week

Purpose of Care Call cont'd

- A claim is recorded which will bill up to the authorized time or units.
- This is automatically submitted to MMIS six (6) days a week for payment on a weekly basis.

What Providers Must Do

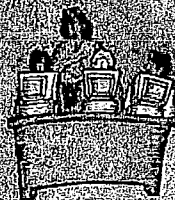
- Train new workers in using Care Call
- Work with CLTC to resolve problems

Provider Benefits

- Automated payroll system (for CLTC Participants only)
- Automatic billing to Medicaid – quicker reimbursement with fewer errors

Training

- Care Call Training Line offers training for personal care providers



Phoenix

- System implemented in 2010 as CLTC's comprehensive web based case management system
- All referrals/authorizations sent to providers will be electronic via e-mail and the web
- If you do not have e-mail you will not receive email notification of referrals and authorizations from CLTC



Phoenix

- Ability to monitor worker activity in real time through the web-based reports
- Ability to use reports to schedule worker activity



R214

~~R0207~~

Who will use Phoenix?

- In-home Care Providers
- PERS Providers
- Adult Day Health Care Providers
- Home Delivered Meals Providers
- Bathroom Safety Providers
- Pest Control Providers
- Medical Supplies Providers
- Tele-monitoring Providers
- Nursing Providers
- Case Management Providers
- **All providers utilize Phoenix except Respite providers**

Phoenix Requirements

- Providers must have
 - A computer
 - Internet Access (preferably broadband)
 - At least one email address



Provider Choice Lists

- Provider choice lists will be generated randomly for each participant each time a service choice list is required



Referral/Authorization Process

- Case managers and nurses will
 - Electronically make referrals to providers for services
 - Electronically receive a response to a referral
 - Electronically send authorizations, terminations, and service plan to providers, via the web

Referral/Authorization Process cont'd

- Referrals must be accepted within two working days. If not accepted within two days, the system will automatically send the referral to the participant's next provider of choice.



Care Call and Phoenix

- Quarterly trainings are available for Care Call and Phoenix
- Additional information about how to register will be sent via email prior to the training



DDSN Billing

- Providers may receive referrals and authorizations from Department of Disabilities and Special Needs (DDSN) and Community Long Term Care (CLTC)
- As indicated in the Care Call section, CLTC claims are automatically billed through the Care Call system
- DDSN claims will have to be billed by the provider

DDSN Billing cont'd

- Providers can bill for DDSN services by one of the following methods:
- CMS 1500 form
- Web Tool
- Additional information regarding these billing methods can be found in the CLTC provider manual which is on the scdhhs.gov website

CLTC Contact Information

If you have questions we can be reached by email below:

- For provider and policy issues, send your e-mails to provider-distribution@scdnhhs.gov
- For Care Call issues, send to Carecall-distribution@scdnhhs.gov
- For Phoenix issues, use the [Report a Problem](#) link in Phoenix website

CLTC Contact Information cont'd

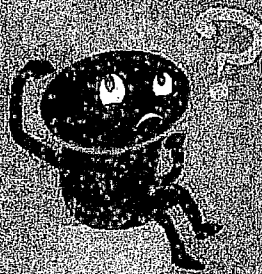
• Phone Numbers

• CLTC Central Office

- Tony Matthews 803-898-2712
- Debora Carter 803-898-2612



Questions



R 220

~~R0213~~

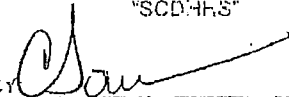
IN WITNESS WHEREOF, SCDHHS and the Provider, by their authorized agents, have executed this Contract as of the twenty-fourth day of June 2016.


SOUTH CAROLINA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

JEANETTE'S LOVING CARE IN-HOME
CARE AGENCY

"SCDHHS"

"PROVIDER"

BY: 
Christian L. Saura
Director *WS*

BY: 
Authorized Signature
Jeanette F. Vincent
Print Name

WITNESSES:

WITNESSES:

Ernestine Staley
Cheryl Mills

Ernestine Staley 7-10-16
Cheryl Mills 7-12-16

R247

~~R0240~~

APPENDIX A

RATES EFFECTIVE JUNE 24, 2016 - JUNE 30, 2017

Provider shall provide the following services at the specified unit rates:

<u>Service(s)</u>	<u>Procedure Code(s)</u>	<u>Rate(s)</u>
PERSONAL CARE II (PCII) SERVICES:		
Community Choices PCII	T1019	\$ 17.00/Hour
Children's PCII	T1019	\$ 17.00/Hour
HIV/AIDS PCII	T1019	\$ 17.00/Hour
Mechanical Ventilator PCII	T1019	\$ 17.00/Hour
ID/RD PCII	T1019	\$ 17.00/Hour
Community Support	T1019	\$ 17.00/Hour
PERSONAL CARE I (PCI) SERVICES:		
Community Choices PCI	S5130	\$ 12.90/Hour
HIV/AIDS PCI	S5130	\$ 12.90/Hour
Mechanical Ventilator PCI	S5130	\$ 12.90/Hour
ID/RD PCI	S5130	\$ 12.90/Hour
Community Support	S5130	\$ 12.90/Hour
COMPANION SERVICES:		
Community Choices	X0273	\$ 9.50/Hour
HIV/AIDS	X0274	\$ 9.50/Hour
HASCI ATTENDANT CARE SERVICES:		
HASCI	X0241	\$ 17.00/Hour
HASCI RESPITE SERVICES:		
HASCI	X7028	\$ 7.52/Hour
PEDIATRIC MEDICAL DAY CARE		
Pediatric Medical Day Care	T2027	\$ 19.01/hour
MCC SKILLED RESPITE		
LPN	T1005	\$ 23.75/hour
RN	T1005	\$ 31.35/hour
MCC UNSKILLED RESPITE		
Respite	X7052	\$ 15.50/hour

A unit of service will be one (1) hour of direct Personal Care Aide Service provided in the client's home.

R 248

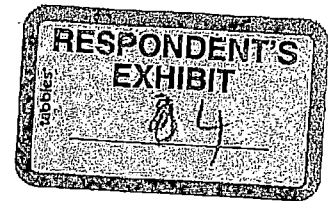
~~R0241~~

R 249.

~~R0242~~

02/20/2017 - Review Report for (EX1489) Jeanette's Loving Care In-Home Care Agency

Service: Personal Care II
Preliminary Score: 963.0
Review Range: 05/01/2016 - 01/31/2017



Summary Report

All questions not shown are 100% in compliance.

Administrative Review Summary

- * Provider does not maintain a current workers' compensation policy.

Service Reviews Summary

- * Provider does not maintain individual participant records.
29% (6 / 21) not in compliance
- * CLTC service plan is not in the participant record.
95% (20 / 21) not in compliance
- * Provider did not inform participant of his/her right to complain.
100% (21 / 21) not in compliance
- * Provider did not give participant written information regarding advance directives.
100% (21 / 21) not in compliance
- * All service authorizations for the review period are not in the participant's file.
100% (21 / 21) not in compliance
- * Services were not started on authorized date.
57% (12 / 21) not in compliance
- * Record does not contain documentation that CM was notified that services were not started on authorized start date.
29% (6 / 21) not in compliance
- * Record does not contain daily task sheets per scope of service requirements.
100% (21 / 21) not in compliance
- * Logs reviewed by nurse supervisor as specified in the scope of services 90% of the time.
100% (21 / 21) not in compliance
- * Services are not being delivered consistent with service plan.
100% (21 / 21) not in compliance

* Provider did not notify CM/SC within 2 days of participant changes.
24% (5 / 21) not in compliance

* CM/SC notified that services were not provided as authorized 90% of the time.
24% (5 / 21) not in compliance

* Backup plan was not used appropriately for this participant.
24% (5 / 21) not in compliance

Staff Reviews Summary

* Provider does not maintain an individual record for the worker.
57% (12 / 21) not in compliance

* Aide's file does not contain assurance that aide meets minimum requirements.
62% (13 / 21) not in compliance

* File does not contain documentation of competency evaluation.
90% (19 / 21) not in compliance

* Staff person did not have PPD tuberculin skin test according to the scope of services requirement.
67% (14 / 21) not in compliance

* Staff person does not have a current PPD tuberculin skin test.
5% (1 / 21) not in compliance

* Record does not contain documentation that the HASCI attendant has received specialized training according to the scope of services.
5% (1 / 21) not in compliance

* Skilled services are not provided in accordance with the scope of services requirement.
5% (1 / 21) not in compliance

* Staff person does not have a background check in file.
57% (12 / 21) not in compliance

* Staff person does not meet background qualifications to serve CLTC and DDSN participants.
29% (6 / 21) not in compliance

* Provider does not maintain an individual record for the worker.
100% (1 / 1) not in compliance

* RN/LPN does not have current license.
100% (1 / 1) not in compliance

* RN/LPN does not meet minimum requirements for experience according to the scope of services.

100% (1 / 1) not in compliance

* RN/LPN is not be able to assume responsibility for in-service training of aides.
100% (1 / 1) not in compliance

* Nurse supervisor is not accessible by phone during hours service is being provided.
100% (1 / 1) not in compliance

* Staff person does not have a current PPD tuberculin skin test.
100% (1 / 1) not in compliance

Universal Review Summary

* The initial supervisory visit was not documented in Care Call.
100% (25 / 25) not in compliance

* The 30 day supervisory visit was not documented in Care Call.
100% (22 / 22) not in compliance

* Supervisory visits were not made according to scope of services.
67% (4 / 6) not in compliance

* Aide was not present for at least one of the supervisory visits.
0% (0 / 0) not in compliance

R 252

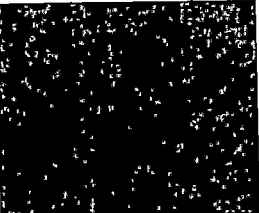
~~R0245~~

Details Report

Service Reviews Details

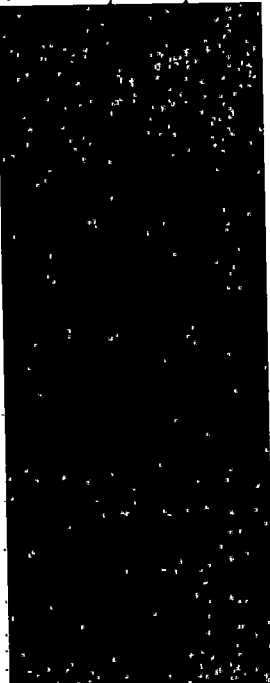
* Provider does not maintain individual participant records.

Client: (9675716)
Client: (9718175)
Client: (9637485)
Client: (9612607)
Client: (9680488)
Client: (1043080)



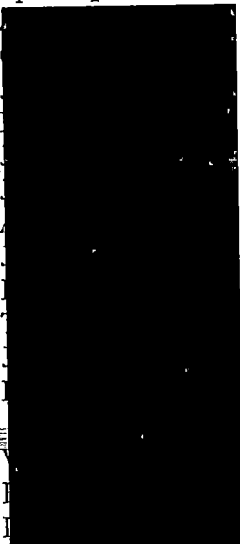
* CLTC service plan is not in the participant record.

Client: (9698104)
Client: (9652998)
Client: (9680015)
Client: (1053831)
Client: (9675716)
Client: (9687399)
Client: (9627499)
Client: (9718175)
Client: (9728209)
Client: (9703797)
Client: (9637485)
Client: (9612607)
Client: (9685979)
Client: (9680488)
Client: (9659922)
Client: (9706806)
Client: (9726735)
Client: (1043080)
Client: (1053032)
Client: (9717331)



* Provider did not inform participant of his/her right to complain.

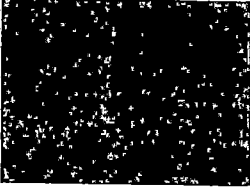
Client: (9698104)
Client: (9652998)
Client: (9680015)
Client: (1053831)
Client: (9675716)
Client: (9687399)
Client: (9627499)
Client: (9718175)
Client: (1040722)
Client: (9728209)
Client: (9703797)
Client: (9637485)
Client: (9612607)
Client: (9685979)
Client: (9680488)
Client: (9659922)



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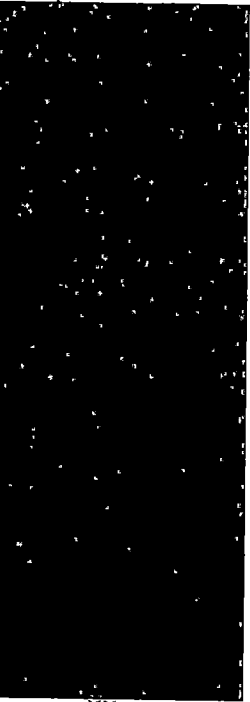
~~R0246~~

Client: (9706806)
Client: (9726735)
Client: (1043080)
Client: (1053032)
Client: (9717331)



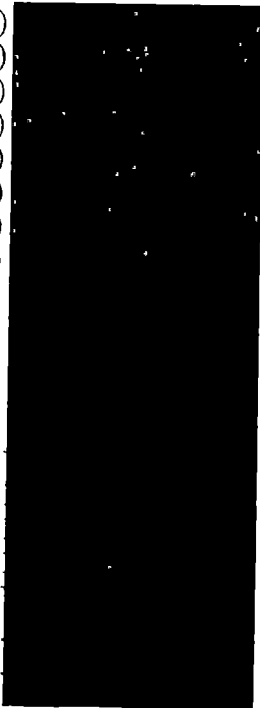
* Provider did not give participant written information regarding advance directives.

Client: (9698104)
Client: (9652998)
Client: (9680015)
Client: (1053831)
Client: (9675716)
Client: (9687399)
Client: (9627499)
Client: (9718175)
Client: (1040722)
Client: (9728209)
Client: (9703797)
Client: (9637485)
Client: (9612607)
Client: (9685979)
Client: (9680488)
Client: (9659922)
Client: (9706806)
Client: (9726735)
Client: (1043080)
Client: (1053032)
Client: (9717331)



* All service authorizations for the review period are not in the participant's file.

Client: (9698104)
Client: (9652998)
Client: (9680015)
Client: (1053831)
Client: (9675716)
Client: (9687399)
Client: (9627499)
Client: (9718175)
Client: (1040722)
Client: (9728209)
Client: (9703797)
Client: (9637485)
Client: (9612607)
Client: (9685979)
Client: (9680488)
Client: (9659922)
Client: (9706806)
Client: (9726735)
Client: (1043080)
Client: (1053032)



Client: (9717331) [REDACTED]

* Services were not started on authorized date.

Client: (9652998) [REDACTED]
Client: (9680015) [REDACTED]
Client: (9675716) [REDACTED]
Client: (9627499) [REDACTED]
Client: (9718175) [REDACTED]
Client: (1040722) [REDACTED]
Client: (9637485) [REDACTED]
Client: (9612607) [REDACTED]
Client: (9680488) [REDACTED]
Client: (9726735) [REDACTED]
Client: (1043080) [REDACTED]
Client: (9717331) [REDACTED]

* Record does not contain documentation that CM was notified that services were not started on authorized start date.

Client: (9675716) [REDACTED]
Client: (9718175) [REDACTED]
Client: (9637485) [REDACTED]
Client: (9612607) [REDACTED]
Client: (9680488) [REDACTED]
Client: (1043080) [REDACTED]

* Record does not contain daily task sheets per scope of service requirements.

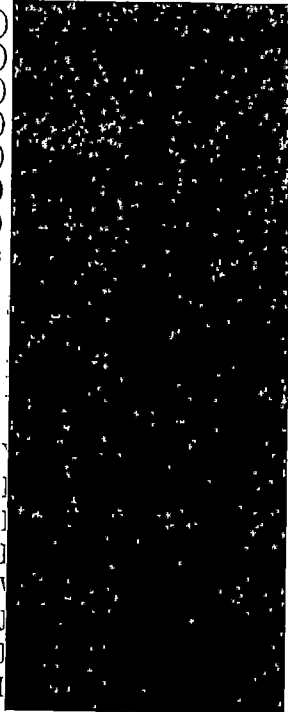
Client: (9698104) [REDACTED]
Client: (9652998) [REDACTED]
Client: (9680015) [REDACTED]
Client: (1053831) [REDACTED]
Client: (9675716) [REDACTED]
Client: (9687399) [REDACTED]
Client: (9627499) [REDACTED]
Client: (9718175) [REDACTED]
Client: (1040722) [REDACTED]
Client: (9728209) [REDACTED]
Client: (9703797) [REDACTED]
Client: (9637485) [REDACTED]
Client: (9612607) [REDACTED]
Client: (9685979) [REDACTED]
Client: (9680488) [REDACTED]
Client: (9659922) [REDACTED]
Client: (9706806) [REDACTED]
Client: (9726735) [REDACTED]
Client: (1043080) [REDACTED]
Client: (1053032) [REDACTED]
Client: (9717331) [REDACTED]

* Logs reviewed by nurse supervisor as specified in the scope of services 90% of the time.

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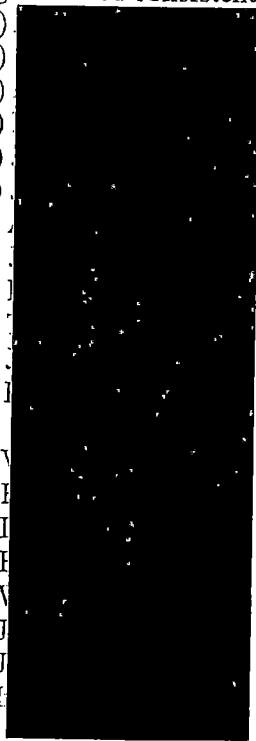
~~R0248~~

Client: (9698104)
Client: (9652998)
Client: (9680015)
Client: (1053831)
Client: (9675716)
Client: (9687399)
Client: (9627499)
Client: (9718175)
Client: (1040722)
Client: (9728209)
Client: (9703797)
Client: (9637485)
Client: (9612607)
Client: (9685979)
Client: (9680488)
Client: (9659922)
Client: (9706806)
Client: (9726735)
Client: (1043080)
Client: (1053032)
Client: (9717331)



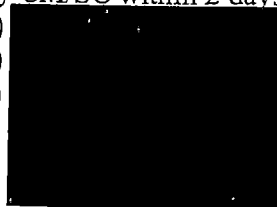
* Services are not being delivered consistent with service plan.

Client: (9698104)
Client: (9652998)
Client: (9680015)
Client: (1053831)
Client: (9675716)
Client: (9687399)
Client: (9627499)
Client: (9718175)
Client: (1040722)
Client: (9728209)
Client: (9703797)
Client: (9637485)
Client: (9612607)
Client: (9685979)
Client: (9680488)
Client: (9659922)
Client: (9706806)
Client: (9726735)
Client: (1043080)
Client: (1053032)
Client: (9717331)



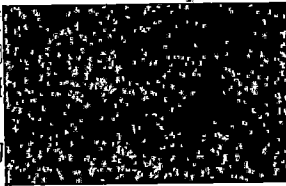
* Provider did not notify CM/SC within 2 days of participant changes.

Client: (9675716)
Client: (9718175)
Client: (9637485)
Client: (9612607)
Client: (1043080)



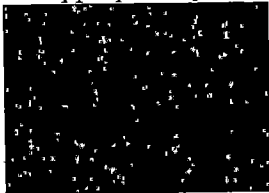
* CM/SC notified that services were not provided as authorized 90% of the time.

Client: (9675716)
Client: (9718175)
Client: (9637485)
Client: (9612607)
Client: (1043080)



* Backup plan was not used appropriately for this participant.

Client: (9675716)
Client: (9718175)
Client: (9637485)
Client: (9612607)
Client: (1043080)



Staff Reviews Details

* Provider does not maintain an individual record for the worker.

Staff: (14893417) Denise Aikens (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897300) Iesha Coaxum (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897702) Cynthia Grant (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14892107) Geraldine Jenkins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894916) Crystal McFadden (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898374) Tanzy Milligan (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14891314) Denise Rivers (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895698) Latrice Scott (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894089) Daja Sexton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898830) Letiitia Washinton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895529) Bruse Wells (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898846) Rebcca Wiggins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

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I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* Aide's file does not contain assurance that aide meets minimum requirements.

Staff: (14893417) Denise Aikens (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897300) Iesha Coaxum (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897702) Cynthia Grant (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14892107) Geraldine Jenkins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894916) Crystal McFadden (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898374) Tanzy Milligan (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14891314) Denise Rivers (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895698) Latrice Scott (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894089) Daja Sexton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

Staff: (14898830) Letiitia Washinton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895529) Bruse Wells (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898846) Rebcca Wiggins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* File does not contain documentation of competency evaluation.

Staff: (14893417) Denise Aikens (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898637) Vernus Bennett (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

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~~R0251~~

Staff: (14893929) Elaine Brown (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897300) Iesha Coaxum (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897734) Idalia Garvin (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897702) Cynthia Grant (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14892386) Annette Kleskie (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894916) Crystal McFadden (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898374) Tanzy Milligan (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14891314) Denise Rivers (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894089) Daja Sexton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895374) Deborah Simmons (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14899332) John Tirico (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

Staff: (14898830) Letitia Washinton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895529) Bruse Wells (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898846) Rebcca Wiggins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14891735) Aszalee Willis (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14896019) Laura Woods (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* Staff person did not have PPD tuberculin skin test according to the scope of services requirement.

Staff: (14893417) Denise Aikens (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14893929) Elaine Brown (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897300) Iesha Coaxum (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897702) Cynthia Grant (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14892107) Geraldine Jenkins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894916) Crystal McFadden (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898374) Tanzy Milligan (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14891314) Denise Rivers (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895698) Latrice Scott (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894089) Daja Sexton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

Staff: (14898830) Letitia Washinton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895529) Bruse Wells (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898846) Rebcca Wiggins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* Staff person does not have a current PPD tuberculin skin test.

Staff: (14898846) Rebcca Wiggins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* Record does not contain documentation that the HASCI attendant has received specialized

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~~R0253~~

training according to the scope of services.

Staff: (14894089) Daja Sexton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* Skilled services are not provided in accordance with the scope of services requirement.

Staff: (14894089) Daja Sexton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* Staff person does not have a background check in file.

Staff: (14893417) Denise Aikens (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897300) Iesha Coaxum (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14897702) Cynthia Grant (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14892107) Geraldine Jenkins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894916) Crystal McFadden (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898374) Tanzy Milligan (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14891314) Denise Rivers (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895698) Latrice Scott (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14894089) Daja Sexton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898830) Letitia Washinton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895529) Bruse Wells (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898846) Rebcca Wiggins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* Staff person does not meet background qualifications to serve CLTC and DDSN participants.

Staff: (14893929) Elaine Brown (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care

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~~R0254~~

(CPCA))

Staff: (14895374) Deborah Simmons (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

Staff: (14898830) Letitia Washinton (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14895529) Bruse Wells (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

Staff: (14898846) Rebcca Wiggins (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA))

* Provider does not maintain an individual record for the worker.

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

* RN/LPN does not have current licensè.

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

Copies of RN License on pg 308

* RN/LPN does not meet minimum requirements for experience according to the scope of services.

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

NOT RN Owner

* RN/LPN is not be able to assume responsibility for in-service training of aides.

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

Copies of State on pg 308

* Nurse supervisor is not accessible by phone during hours service is being provided.

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

* Staff person does not have a current PPD tuberculin skin test.

Staff: (14898144) Jeanette Vinson (Personal Care II (PC2), Personal Care I (Home Mgmt.) (PC1), Companion - Agency (COMA), Children's Personal Care (CPCA), Nurse Supervisory Visit (SUPV))

This is Owner file receipt by SCHH

accept. Approval

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~~R0255~~

Universal Review Details

* The initial supervisory visit was not documented in Care Call.

- Client: (9698104)
- Client: (9652998)
- Client: (9680015)
- Client: (1053831)
- Client: (9675716)
- Client: (9612340)
- Client: (9687399)
- Client: (9627499)
- Client: (9718175)
- Client: (1040722)
- Client: (9728209)
- Client: (9703797)
- Client: (9637485)
- Client: (9612607)
- Client: (9685979)
- Client: (9680488)
- Client: (9659922)
- Client: (9706806)
- Client: (9654719)
- Client: (9726735)
- Client: (1043080)
- Client: (9723722)
- Client: (1053032)
- Client: (9717331)
- Client: (9730554)


* The 30 day supervisory visit was not documented in Care Call.

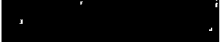
- Client: (9698104)
- Client: (9652998)
- Client: (9680015)
- Client: (1053831)
- Client: (9687399)
- Client: (9718175)
- Client: (9690302)
- Client: (1040722)
- Client: (9728209)
- Client: (9703797)
- Client: (9637485)
- Client: (9685979)
- Client: (9680488)
- Client: (9659922)
- Client: (9706806)
- Client: (9654719)
- Client: (9726735)
- Client: (1043080)
- Client: (9723722)
- Client: (1053032)
- Client: (9717331)
- Client: (9730554)

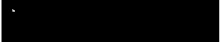
R 263


~~R0256~~

* Supervisory visits were not made according to scope of services.

Client: (9687399) 

Client: (9718175) 

Client: (9728209) 

Client: (9717331) 

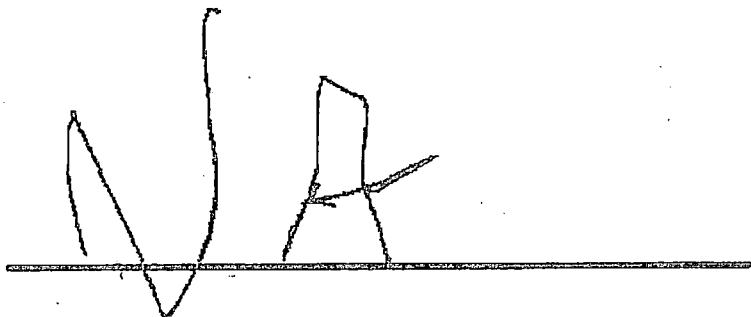
* Aide was not present for at least one of the supervisory visits.

R264

~~R0257~~

Provider Signature

My signature below verifies that a review was conducted on 02/20/2017 and I have been given a copy of this review. I understand that I will receive a formal review evaluation and have a chance to respond to it.

A handwritten signature consisting of the letters 'W', 'J', and 'A' in a cursive style, written over a solid horizontal line.

R265

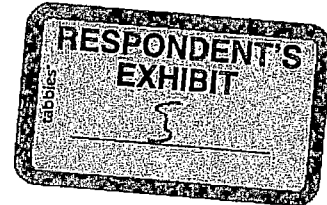
~~R0258~~



Henry McMaster GOVERNOR
Christian L. Soura DIRECTOR
P.O. Box 8206 · Columbia, SC 29202
www.scdhhs.gov

February 23, 2017

Ms. Jeannette Langley Vinson
Jeanette's Loving Care In-Home Care Agency
107 Chalmers Court
Summerville, South Carolina 29485



Dear Ms. Vinson:

Community Long Term Care has received the Report of Visit concerning your February 20, 2017 interim compliance survey. The visit was conducted to determine your compliance with the Personal Care II/HASCI Attendant Care Scope of Services. The South Carolina Department of Health and Human Services requires that you correct the deficiencies cited during this survey.

We have included a copy of the survey for your review and response.

You will be required to submit a corrective action plan that details the actions Jeanette's Loving Care will take or has taken to avoid the same and/or other deficiencies occurring in the future. Please provide copies of any additional documentation with your corrective action plan.

Your corrective action plan must be received by CLTC no later than 5:00 p.m. on March 9, 2017.

Please note: If the final review score is 400 or above, your contract will be terminated.

If you have any questions, you may contact me at (803) 898-2612.

Sincerely,

Debra D. Carter

Debra D. Carter
Compliance Review Officer

R 266

Debora D Carter

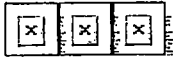
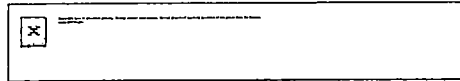
From: Debora D Carter
Sent: Thursday, February 23, 2017 3:53 PM
To: jjvinhomecare@gmail.com
Subject: February 2017 Survey Follow-up [secure]
Attachments: February 2017 Interim review_report (1).pdf; Jeanette's Loving Care February 2017 Interim survey follow-up.docx

Ms. Vinson, please review and respond as requested to attached review report and letter regarding your February 2017 compliance review.

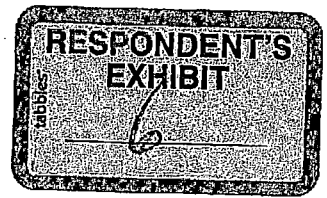
Please let us know if you have any questions.

Thank you.

Debora D Carter
Program Coordinator II
CarterDB@scdhhs.gov
803-898-2612
1801 Main Street
Columbia, SC - 29201
www.scdhhs.gov



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03/09/2017 11:39 8438755070

PAGE 01/52

UPS Store #2963
1317-M North Main Street
Summerville, SC 29483
843-875-8004 Tel
843-875-5070 Fax
M-F 8am-6:30pm
Sat. 9am-3pm

TIME: 10:36 AM



Fax Cover ATTENTION: Debora Carter

To: Debora D Carter Fax#: 803.255.8209

Date: 3/9/2017 # of Pages(including cover sheet): 53

From: JEANETTE'S LOVE CARE AGENCY Phone #: (843) 709-708

Subject: CORRECTIVE ACTION PLAN
EX1489

03/09/2017 11:40AM (GMT-05:00)

R268

R0261

JEANETTE'S LOVING CARE IN-HOME CARE AGENCY CORRECTIVE ACTION PLAN

To: Debora D. Carter
Compliance Review Officer

From: Jeanette's Loving Care
In-Home Care Agency
107 Chalmers Court
Summerville SC 29485

March 7, 2017

Dear Ms. Carter:

Jeanette's Loving Care Agency have received and reviewed February 20, 2017 interim compliance survey report. This Agency apologizes and regrets such high findings. We are submitting a detail corrective action plan that proves our sincere commitment to the contract between Jeanette's Loving Care Agency, Community Long Term Care (CLTC) and our clients.

Today we have corrected several deficiencies that was found. We are still in the process of completing the deficiencies that have been found. We are moving forward to meet all policies and procedure requirements under Article VI of contract (Pg. 7).

Thank you In advance:

Jeanette's Loving Care Agency.

R269

~~R0262~~

03/09/2017 11:40AM (GMT-05:00)

Summary Report

ADMINISTRATIVE REVIEW

Provider does not maintain a current workers' compensation policy.

- Provider is in the process of acquiring workers' compensation insurance.
- Provider request allowance of 120 days after its 90 days referral suspension
- Provider will acquire and maintain workers' compensation insurance for the duration of this contract as stated in Article IX, Section D of Contract.

SERVICE REVIEW SUMMARY

Provider does not maintain individual participant records.

- Provider has developed an audit checklist to maintain individual participant record.
- Charts will be audited bi-weekly to ensure charts are up date and complete
- Charts will be audited by assigned office personal only
- Persons auditing chart must initial document present and complete
- The Administrator initial (JV) will ensure completion
- Provider will seek approval from CLTC Central Office to use paperless filing systems to initiate electronic documentation and /or filing systems.
- Provider will continue to use lock files cabinet as a reliable back-up system in the event the computer system shuts down.

CLTC service plan is not in the participant records.

- Provider has completed all 95% of service plan into participant record.

Provider did not inform participant of his/her right to complain.

- Provider has inform 98% participant of his/her rights to complain
- local Agency administrator contact number, CLTC, and SCDHHS
- 1% of participant hospitalize could not be reach
- 1% was terminated before review

Provider did not give participant written information regarding advance directives.

- Provider have issue 98% of Provider patient handbook that includes written information regarding advance directives and a Blank copy of Do Not Resuscitate Order Form.

R270

~~R0263~~

All service authorization for the review period are not in the participant's files.

- Provider have update and placed 100% of all service authorization into participant's files.
- In the near future provider will maintain a record keeping system that document for SCDHHS, (CLTC), and MCC participants as stated in CLCT Manual (c.)(i) pg 6-118.

Services were not started on authorized date.

- Moving forward provider will utilize the automated System to notify the CM/SC or CC within (2) working days if the participant's condition has changed and if the service plan/Authorization no longer meets participant needs.

Record does not contain documentation that CM was notified that service were not started on authorized start date.

- Moving forward provider will utilize the automated system mandated by SCDHHS, and CLTC Division to contain documentation that CM was notified services were not started on authorized start date.

Record does not contain daily task sheets per scope of service requirements.

- Moving forward Aides are now required to complete daily task sheets and to include all activities that were performed.
- Aides are required to document services in Care Call at checkout according to delivery of services in accordance with the SCDHHS CLTC.

Logs reviewed by nurse supervisor as specified in the scope of services 90% of the time.

- Moving forward Aides are now required to complete and submit daily task sheets to include all activates.
- Office personal will received and review task sheets to ensure proper completion.
- Daily task sheet will be place into nurse supervisor file to be signed and dated every two weeks by supervisor.
- Task sheets will be filed in the participant's record within 30 days of service delivery.

Service are not being delivered consistent with service plan.

- Moving forward Aides are now required to complete daily task sheets with multiple service plan where services will be easier to identify, and task be performed.
- Aides are required to document services in Care Call at checkout according to delivery of services in accordance with the SCDHHS CLTC.

R271

~~R0264~~

03/09/2017 11:40AM (GMT-05:00)

Provider did not notify CM/SC within 2 days of participant changes.

- Moving forward provider will utilize the automated System to notify the CM/SC within (2) of days if the participant's condition changed.

CM/SC notified that services were not provided as authorized 90% of the time.

- Moving forward provider will stop using per phone to notify CM/SC first.
- Moving forward provider will utilize the automated System to notify the CM/SC

Backup plan was not used appropriately for this participant.

- Moving forward provider will provide an effective written backup service plan to ensure all participant receives PC II/HASCI attendant services as authorized
- Provider will notified CM/SC by telephone immediately if services cannot be provided as authorize.

Staff reviews summary**Provider does not maintain an individual record for the worker.**

- Moving forward provider have purchase a two draw storage file cabinet with lock to retained all terminated workers files up to 5 years according to SCDHHS Article IV of (Records and Audits).

Aides file does not contain assurance that aide meets minimum requirements.

- Moving forward provider have purchase a two draw storage file cabinet with lock to retained all aides minimum requirements records for 5 years according to SCDHHS (Records and Audits).

File does not contain documentation of competency evaluation.

- Moving forward the nurse will do in-house competency training on all staff.
- Documentation of competency will be place in file.

Staff person did not have PPD tuberculin skin test according to the scope of services

- Moving forward provider have purchase a two draw storage file cabinet with lock to retained terminated workers PPD up to 5 years according to SCDHHS Article IV (Records and Audits).
- According to DHEC policy provider do not need to repeat a yearly PPD because we are in low level region.

Staff person does not have a current PPD tuberculin skin test 1/21

- Moving forward provider have purchase a two draw storage file cabinet with lock to retained terminated workers PPD up to 5 years according to SCDHHS Article IV (Records and Audits).

R 272

Records does not contain documentation that the HASCI attendant has received specialized training according to the scope of services (1/21)

- Moving forward provider have purchase two draw storage file cabinet with lock to retained terminated worker documentation that HASCI attendant has received specialized training.

Skilled services are not provided in accordance with the scope of services requirement 1/21.

- Worker was terminated before review
- Worker file was destroyed
- Moving forward provider will retained terminated worker records up to 5 years according to SCDHHS Article IV (Records and Audits).

Staff person does not have a background check in file (12/21)

- All 12 staff person was terminated before review
- Worker file was destroyed
- Moving forward provider will retained terminated worker records up to 5 years according to SCDHHS Article IV (Records and Audits).

Staff Member does not meet background check qualifications to serve CTC and DDSN (6/21).

- 3 staff out of the six did meet background check qualifications to serve CTC and DDSN
- The other 3 was staff person was terminated before review files was destroyed
- Moving forward provider will retained terminated worker records up to 5 years according to SCDHHS Article IV (Records and Audits).

Provider does not provide maintain an individual record for the worker (1/1).

- Provider have remove self from functioning as RN Supervisory.

RN/LPN does not have current license (1/1).

- Provider has remove self from the role of RN/LPN.

RN/LPN does not meet minimum requirements for experience according to the scope (1/1)

- Provider have remove self from functioning as RN

RN/LPN is not able to assume responsibility for in service of aides.(1/1)

- Provider have remove self from functioning as RN

Nurse supervisor is not accessible by phone during hours service is being provided.

- Provider have remove self from functioning as RN

R 273

~~R0266~~

03/09/2017 11:40AM (GMT-05:00)

Staff person does not have a current PPD tuberculin skin test (1/1).

- Provider has copy of PPD already on file.

Universal Review Summary

The Initial supervisory visit was not document in care call (25/25).

- Moving forward the nurse will documented all intake in Care Call
- The nurse have documented intake in Care Call

The 30 days supervisory visit was not documented in Care Call (22/22).

- Moving forward the nurse will documented all 30 days supervisory visit in Care Call.

Supervisory visit were not made according to scope of services (4/6).

- Moving forward supervisory visit will be made according to scope of services.
- Supervisory visit has been made in good faith.

R 274

~~R0267~~



PREMIUM CALCULATOR WORKSHEET

RISK NAME: JEANETTE'S LOVING CARE IN-HOME CARE AGENCY
 EFFECTIVE DATE: 03/09/2017
 BINDER NUMBER:
 APPLICATION ID NUMBER: 41501600
 GOVERNING STATE: South Carolina
 GOVERNING CLASS CODE: 8885
 ANNIVERSARY RATING DATE: 03/09/2017
 EXPERIENCE RATING DATE: N/A
 PREMIUM PERIOD: 03/09/2017 - 03/09/2018

SUMMARY INFORMATION

STATE NAME	ESTIMATED ANNUAL PREMIUM
South Carolina	1,603
SUBTOTAL FOR TERRORISM PREMIUM - ALL STATE(S):**** (SC) \$5.00 = \$5.00	
	INCL
ESTIMATED ANNUAL PREMIUM	1,603
DEPOSIT PERCENTAGE:	100%
DEPOSIT PREMIUM:	1,603
TOTAL ESTIMATED ANNUAL PREMIUM	1,603
TOTAL PREMIUM PAID	0

**** See individual state worksheet(s) that accompany the summary page for explanation.

+ 250 insurance shop fee

\$ 1853 total

REMANDER NOTICE: Unless otherwise agreed to by NCCI in its sole discretion, any results derived from RMAPS® Premium Estimator shall not be binding upon NCCI and/or any Plan assigned carrier and shall not be used, construed or represented as a NCCI-calculated Total Estimated Annual Premium figure for purposes of and as same may be identified on an application for WCIP coverage. Any use of any result derived from RMAPS® Premium Estimator to the contrary is strictly prohibited and NCCI expressly disclaims any liability therefrom of any nature or kind and to any person or entity, including claims of third parties, whether based in tort, contract or otherwise.

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Proposal

PRICING

12/19/2016

Jeannette's Loving Care
In-Home Care Agency

Jeanette Vinson
jvinhomecare@gmail.com
(843) 709-7086

Proposal date 03/08/2017
Valid until 04/14/2017
Pay frequency 52
Employees 19

Pete Leonard

jleonard@paychex.com
(843) 499-1548

Notations:

Totals displayed do not include sales tax where applicable.
Prices are subject to change with advance notice.

PER PAY PERIOD CHARGES	Minimum	Base	Units	Rate/Unit	Total	Discount	Net Total
Professional Package							
Includes:							
Payroll Processing	Check Logo	HR Library		Garnishment Payment Service			
Taxpay	New Hire Reporting	Labor Posters		WC Report or WC Reporting Service			
Direct Deposit	Online Reports	Employee Access		GL Report or GL Report Service			
Check Signing or Readychex	Data Exports	Full Service SUI					
Check Insertion	401(k) Report	Reports On-Demand					
Payroll processing per check	Checks 1 to 5	\$ 77.00	5	\$ -	\$ 77.00	40%	\$ 46.20
	Checks 6 to 10		5	\$ 3.75	\$ 18.75		\$ 11.25
	Checks 11+		9	\$ 2.55	\$ 22.95		\$ 13.77
	Per pay period total				\$ 118.70		\$ 71.22

ANNUAL CHARGES	Minimum	Base	Units	Rate/Unit	Total	Discount	Net Total
Forms W-2 or 1099		\$67.50	19	\$6.50	\$ 191.00		\$ 191.00
	Annual total				\$ 191.00		\$ 191.00
ONE-TIME CHARGES	Minimum	Base	Units	Rate/Unit	Total	Discount	Net Total
Implementation, Customization & Training					\$ 200.00	50%	\$ 100.00
	One-time total				\$ 200.00		#VALUE!

R276

Risk Name: JEANETTE'S LOVING CARE IN-HOME CARE AGENCY
 EFFECTIVE DATE: 03/09/2017
 STATE: South Carolina

Employee Information:

Class Code	Suffix	No of Employees	Total Payroll	Rate	Calculated Premium	Minimum Premium
8835		20	25,000	5.74	1435	1222

Partner/Sole Proprietor Information:

Name	INC/EXC	Class Code	Title	Salary	Calculated Salary	Rate	Calculated Premium	Minimum Premium
Vison, Jeanette	E	8835		0	0	0.00	0	1222

MANUAL PREMIUM							1435	
SUBJECT PREMIUM					=		1435	
TOTAL MODIFIED PREMIUM					=		1435	
STANDARD PREMIUM					=		1435	
EXPENSE CONSTANT					+		180	
TERRORISM MISC. VALUE BY STATE (.02)					+		5	
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) MISC. VALUE BY STATE (.01)					+		3	
TERRORISM MISC. VALUE BY STATE (.02)						\$5.00		INCL
SUBTOTAL FOR TERRORISM PREMIUM *****						\$5.00		INCL
ESTIMATED ANNUAL PREMIUM					=		1603	

***** Subtotal for Terrorism Premium: For insured losses resulting from certified acts of terrorism as determined under the Terrorism Risk Insurance Act of 2002, and any amendments, including as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015, and applied consistent with NCCI manual rules and forms (Terrorism Misc. Value or Terrorism Rate by State).

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R 277

-R0270-

03/09/2017 11:40AM (GMT-05:00)

Medicaid File Audit Checklist

In specific Chart Order

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
CCLT-Plan of Care Report												
<i>PLC</i> Plan of Care												
Client Bill of Rights-Signed												
Advanced Directives - Signed												
Client Disclosure-Signed												
Emergency Preparedness Plan												
Original Care Logs-Completed/ Initialed												
Original Care Logs-Supervisor Signed												
Other												

**Charts are to be audited *Bi-Weekly* to ensure charts are up to date and complete

**Person auditing chart must initial document present and complete

R278

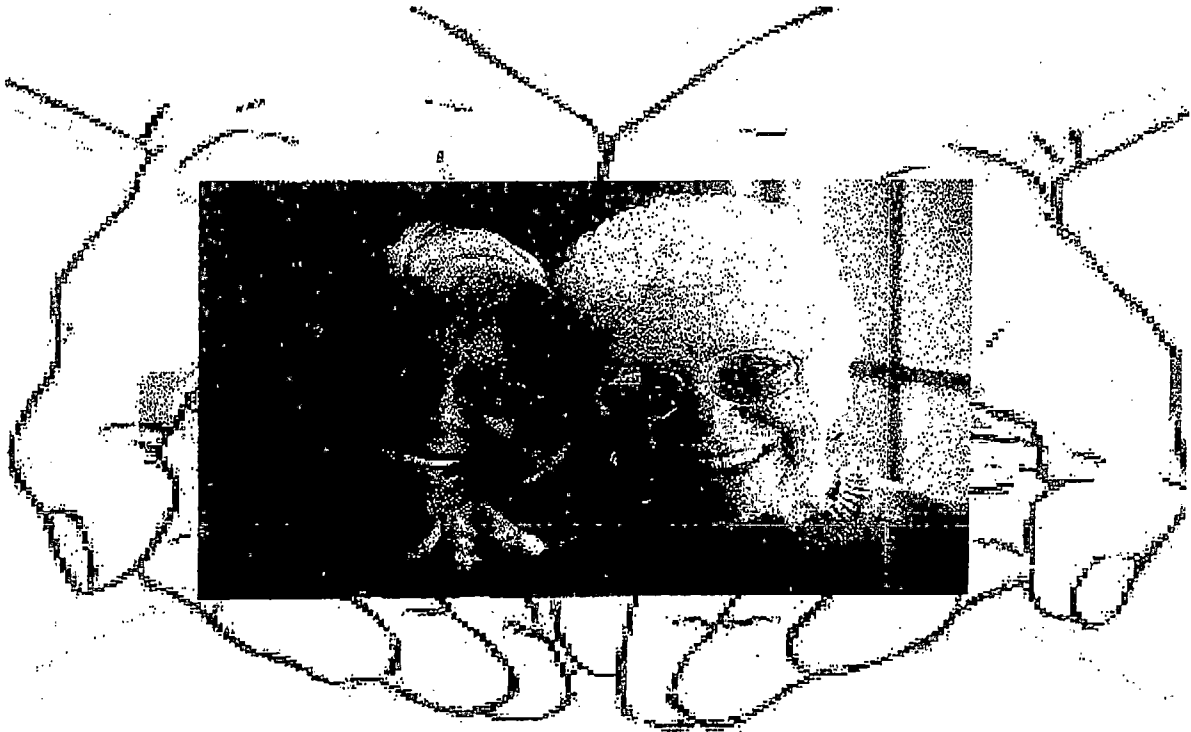
~~R0271~~

PATIENT HANBOOK

WELCOME TO JEANETTE'S LOVING CARE IN-HOMECARE PROVIDER AGENCY

The Professional Private Home Care Provide

WELCOME TO JEANETTE'S LOVING CARE IN-HOMECARE
PROVIDER AGENCY



R279

~~R0272~~

Greeting.

My name is Jeanette Vinson Administrator of Jeanette's Loving Care. I like to extend warm welcome to you and your family. My life's passions is to serve all people in need of care. As a caring leader in home healthcare today I am bless to serve a greater population of our deserving clients, and employ passionate, loving and caring individuals as well at JLC In-home Care Agency. I am looking forward to serve all clients with heartfelt love and compassion that they rightfully deserve.

This handbook is design to help you understand some about JLC home healthcare agency. The client rights and responsibilities as a patient and state and federal regulations, which govern home healthcare.

Service Hours

If you have any questions or referrals, please contact us@

(843) 709. 7086 24 hours Monday-Sundays

(843) 708.9698 (Office) 10: AM to 4: PM Monday-Friday

Or Email us @: JVINHOMECARE@GMAIL.COM

Thank you for choosing JLC health services. Welcome to Our Family.

Mission

To provide care and serve all clients with heartfelt love, compassion, and respect that they rightfully deserve by a group of dedicated staff of professionals. We are committed to promoting quality care in the tri-county area by providing excellent training to our staff so that we can give the best and most adequate care to our clients and their families while we care for them in the palm of our loving hands.

Vision

In conjunction with a team of dedicated professionals, Jeanette's Loving Care (JLC), will provide an abundance of full-range services, specializing in extremely complex cares, including, but not limited to: Healthcare Facilities, Rehab, Companion Care, Home Support, Transitioning Home and Personal Care. In committing to providing high-quality, personalized care in a warm environment by displaying honesty and integrity.

R280

~~R0273~~



STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH
AND HUMAN SERVICES

CONFIDENTIAL COMPLAINT

SEND TO: DIRECTOR, DIVISION OF PROGRAM INTEGRITY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. BOX 100210, 1801 MAIN STREET, COLUMBIA, SOUTH CAROLINA 29202-3210

PROGRAM INTEGRITY
THIS REPORT IS DESIGNED FOR THE REPORTING OF POSSIBLE ABUSE BY MEDICAID PROVIDERS AND/OR RECIPIENTS. USE THE SPACE BELOW TO EXPLAIN IN DETAIL YOUR COMPLAINT. PLEASE IDENTIFY YOURSELF AND WHERE YOU CAN BE REACHED FOR FUTURE REFERENCES. UNLESS OTHERWISE INDICATED, ALL INFORMATION SHOULD BE PRINTED OR TYPED.
YOUR COMPLAINT WILL REMAIN CONFIDENTIAL.

SUSPECTED INDIVIDUAL OR INDIVIDUALS:

NPI or MEDICAID PROVIDER ID: (if applicable) MEDICAID RECIPIENT ID NUMBER: (if applicable)

ADDRESS OF SUSPECT: LOCATION OF INCIDENT:

DATE OF INCIDENT:

COMPLAINT:

NAME OF PERSON REPORTING: (Please print) SIGNATURE OF PERSON REPORTING: DATE OF REPORT

ADDRESS OF PERSON REPORTING: TELEPHONE NUMBER OF PERSON REPORTING:

SIGNATURE: (SCDHHS Representative Receiving Report)

SCDHHS Form 126 (revised 08/07)

R 281

~~R0274~~

More Contact Info

SCDHHS

SCDHHS P.O. Box 8206
Columbia, SC 29202-8206

Mr. Tony Matthews 803...898.2712

Ms. Debora Carter 803. 898. 2612

Office of the Director
(803) 898-2580

Office of Eligibility & Member Services
(803) 898-3834

Office of Finance & Administration
(803) 898-1257

Office of General Counsel
(803) 898-2795

Office of Health Services
(803) 898-3202

Office of Long-term and Behavioral Health
(803) 898-0178

Office of Human Resources
(803) 898-2670

Office of Communications
(803) 898-2580
Email

Office of Information Management
(803) 898-1167

NEED TO MAIL SOMETHING?

SCDHHS P.O. Box 8206
Columbia, SC 29202-8206

SCDHHS highly values the safety of member's personal information and does not call members asking for personal information such as their social security number. Members should never give out their social security number or other personal information to anyone they have not contacted. If they do receive a suspicious call, they should contact local law enforcement immediately.

R282

~~R0275~~

Consent Addenda

Your Rights and Responsibilities

Patient Bill of Rights and Responsibilities

The Agency exists for the purpose of providing high-quality care that meets or exceeds accepted standards for care. The Agency believes that each patient is worthy of respect and understanding and has certain rights and responsibilities related to the care they receive. In accordance with this philosophy, the Agency wishes to advise you of the following rights and responsibilities and to assist you in understanding and exercising these rights:

As a Patient of the Agency, You Have the Right to . . .

1. Be treated with dignity, courtesy, and respect.
2. Have your property treated with respect.
3. Know the name and title of the Agency's personnel who are providing service and supervision and to expect that they are properly qualified to provide your care.
4. Receive competent, individualized quality services from the Agency regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.
5. Make informed decisions about your care, to receive information to help you make such decisions and to participate in developing, planning and changing your care plan.
6. Your reports of pain to be believed, to be given information about pain and pain relief measures, to have a concerned staff committed to pain prevention and management, and have health professionals who respond quickly to reports of pain, and effective pain management.
7. Be informed of the nature, purpose, and frequency of service and what discipline will be performing the care, prior to the initiation of care and before changes in the care you will receive.
8. Refuse all or part of the care from the Agency, to be told the consequences of that decision and to initiate a "living will," durable power of attorney and other advance directives about your care consistent with applicable law and regulations. In the absence of an appropriate "do not resuscitate" order, all patients will be resuscitated if the caregiver staff is CPR certified. If not, Emergency Medical Services will be contacted.
9. Expect reasonable continuity of care, timely delivery of service, and to have your personal, cultural, and ethnic preferences considered in planning and delivering care to the extent that they do not conflict with physician orders, regulations, and standards of practice.
10. Receive prior notice and to make an informed decision before participating in experimental treatment or research.
11. Receive information regarding community resources and to be informed regarding any financial relationships between the Agency and other providers to which you are referred by the Agency.
12. Expect the Agency to coordinate care through regular communication with your physician, caregivers, and other providers.

R 283

-R0276-

03/09/2017 11:40AM (GMT-05:00)

14. Expect confidentiality of all clinical and financial records and access to your records on request. Information will not be released to anyone other than your physician or healthcare provider involved in your care for treatment, billing, or healthcare operations without your written consent or unless required by law.
15. Notification verbally and in writing regarding your financial liability for any services provided by the Agency, including the extent of payment anticipated from all payer sources, charges for services not covered by Medicare and charges which will be made to you for the services. You also have the right to written and verbal notice of changes in sources of payment and your financial responsibility within 30 calendar days after the Agency becomes aware of the change. You have the right to appeal payment decisions.
16. Exercise these rights or have family or guardian exercise these rights on your behalf if you are unable to do so yourself.
17. Voice grievances about care which is or is not provided, recommend policy/service changes, have grievances investigated by the Agency and make complaints without fear of reprisal or unreasonable interruption of care.

Complaints, recommendations or grievances about agency services should be reported to Jeanette's Loving Care In-Home Provider Agency. **Contact Local Information**

Jeanette Vinson Administrator (843) 709. 7086

(843) 708.9698 (Office) 10: AM to 4: PM Monday-Friday

(843) 709. 7086 24 hours Monday-Sundays

(843) 708.9698 (Office) 10: AM to 4: PM Monday-Friday

Or Email us @: JJVINHOMECARE@GMAIL.COM

18. To have ethical issues related to the care you receive (or do not receive) referred to the Agency's Ethics Committee for review and response by contacting the office administrator at the phone number listed above.
19. Report any complaints or grievances concerning the Agency, the office's implementation of your advance directives (if any) and to request information about homecare providers by contacting the state home health hotline. Contact information is located on the last printed page or back cover of this handbook.

R284

~~R0277~~

Advance Directives

Our Policy on Advance Directives

1. All adult patients (18 and over) have the right to participate in and direct their healthcare decisions.
2. All adult patients admitted for services will be advised of this right prior to the provision of services and will be provided with written information related to this right, Company policies, and state-specific information about advance directives and withholding or forgoing life-sustaining care issued by the respective state.
3. This right may be expressed verbally or in writing using a "living will," healthcare proxy, power of attorney, or other provisions in state law and regulation.
4. The patient will not be discriminated against in admission or services based on the presence or absence of an advance directive, or decision to forego or withhold life-sustaining care.
5. Company associates will not initiate the withholding of life sustaining treatment/care once it has been established. (Care will be provided to patients who decide to withhold/withdraw life-sustaining care/treatment. Associates will not withdraw the care/treatment. This must be performed by the patient's physician, family member, or other appropriate person.)
6. All staff will be educated regarding advance directives requirements.

Patient Rights and Advance Directives

We recognize that you have the right to participate in and to make decisions regarding your healthcare including the right to refuse medical or surgical treatment as allowed by state law and regulation.

You have the right to express your wishes related to your care through "advance directives" as provided by state law and regulation. "Advance Directives" are written statements which specify what kind of treatment you want or do not want under special, serious circumstances when you may not be able to tell your physician or other caregiver how you want to be treated.

The Agency does not discriminate against patients in admission to care or services offered on the basis of the presence or absence of advance directives and will comply with state law. However, it is important that we know if you formulate an advance directive so your wishes can be honored.

If you have already formulated an advance directive, execute an advance directive in the future, or change or revoke an advance directive, it is important that your physician and the Agency be informed. We request that you provide a copy of your advance directive so that your wishes are clear. If you choose not to provide a copy or are unable to do so, we will ask you for information about the content of your advance directive and where it can be obtained if needed. The office will retain information about your advance directive in your clinical record.

If you advise us that you have formulated an advance directive, and there is reason to believe that it may be necessary for the office to implement your advance directive, we will contact your physician for the orders necessary to comply with the terms of your advance directive.

If your physician will not provide orders to implement your advance directive, we will advise you of this and request further direction from you. You may choose to discuss this with your physician, to change physicians, to select another homecare provider or to remain with the Agency. We will honor your choice in such matters.

R285

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**Emergency Medical Services
Do Not Resuscitate Order**

**SOUTH CAROLINA
EMERGENCY MEDICAL SERVICES**



DO NOT RESUSCITATE ORDER

NOTICE TO EMS PERSONNEL

This notice is to inform all emergency medical personnel who may be called to render assistance to

_____ that he/she has a terminal condition which has been diagnosed by me and is at
(Name of Patient)
 least eighteen (18) years of age, and has specifically requested that no resuscitative efforts including artificial stimulation of the cardiopulmonary system by electrical, mechanical, or manual means be made in the event of cardiopulmonary arrest.

REVOCATION PROCEDURE

THIS FORM MAY BE REVOKED BY AN ORAL STATEMENT BY THE PATIENT TO EMS PERSONNEL, OR BY MUTILATING, OBLITERATING, OR DESTROYING THE DOCUMENT IN ANY MANNER.

Date _____ Patient's Signature (or Surrogate or Agent) _____

Physician's Name (Please Print) _____ Physician's Signature _____

Physician's Address _____ Physician's Telephone Number _____

R286

JEANETTE'S LOVING CARE IN-HOMECARE

PROVIDER AGENCY

Professional Private Home Care Provide



Consent to Service Agreement

THIS AGREEMENT is made on ~~XXXXXXXXXX~~ BETWEEN _____ and Jeanette's Loving Care In-Home Care Agency collectively referred to as the "Parties".

The client, _____ wishes to be provided with the Services (defined below) by the Service Provider and the Service Provider agrees to provide the Services to _____ on the terms and conditions of this Agreement.

1. Key Terms: The Service Provider shall provide the following services ("Services") to the Client in accordance with the terms and conditions of this Agreement:

1.1 Services: Companion and Home Care Services

1.2 Delivery of the Services

a. Start date: The Service Provider shall commence the provision of the Services on ~~XXXXXXXXXX~~.

b. Completion date: The Service Provider shall complete/cease to provide the Services by/on request of the client.

c. Key Dates: The Service Provider agrees to provide the following parts of the Services at the specific dates set out below: on going by / on request of the client.

1.3 Site: The Service Provider shall provide the Services at the following site(s):

Clients Address: _____

1.4 Price

- a. As consideration for the provision of the Services by the Service Provider, the price for the provision of the Services is ~~XXXXXXXX~~ **hour** ("Price") / Medicaid.

1.5 Payment

- a. The Client agrees to pay the Price to the Service Provider on the following dates of the 15th and 30th of every month starting with the month of service.
- b. The Service Provider shall invoice the Client through (mail, fax, email etc.) for the Services that it has provided to the Client weekly/monthly/after the Completion Date of the billing cycle. All invoice will be sent out on the 10th and 25 of every month starting with the month service begin.
- c. The Client shall pay such invoices within 5 days of their receipt from the Service Provider.
- d. The method of payment of the Price by the Client to the Service Provider shall be by:
 - i. [check] sent to the following address: PO BOX 367 Summerville SC, 29484
 - ii. Credit card payment through online invoice that is sent to email.
- e. Any charges payable under this Agreement are exclusive of any applicable taxes, tariff surcharges or other like amounts assessed by any governmental entity arising as a result of the provision of the Services by the Service Provider to the Client under this Agreement and such shall be payable by the Client to the Service Provider in addition to all other charges payable hereunder.

2. General terms

a. Term and Termination

This Agreement shall be effective on the date hereof and shall continue, unless terminated sooner or until the Completion Date.

b. Either Party may terminate this Agreement upon notice in writing if:

- i. the other is in breach of any material obligation contained in this Agreement, which is not remedied (if the same is capable of being remedied) within 30 days of written notice from the other Party so to do; or

c. Any termination of this Agreement (howsoever occasioned) shall not affect any accrued rights or liabilities of either Party nor shall it affect the coming into force or the continuance in force of any provision hereof which is expressly or by implication intended to come into or continue in force on or after such termination.

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~~R0284~~

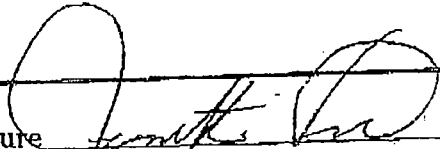
Jeanette's Loving Care In-Homecare Provider Agency


107 Chalmers Court
Summerville, SC 29485
843-708-9698

March 7, 2017

Your signature below indicates that you have read, understand and in
Agreement with the terms and conditions of the

- Consent to Service Agreement,
- Client right to complain
- Client's written information regarding Advance Directives

Executive Director Signature  Date 3-7-2017

Client/ Legal Representative Signature:  Date 3-7-17

R.295

~~R0288~~

Cynthia Grayson
Asst. Admin.

PROVIDER

Professional Private Home Care Provider

www.comjclovingcare.com

Jeanette's Loving Care

Independent Contractor Service Agreement

The following Agreement outlines the parameters of the relationship between Jeanette's Loving Care In-Home Provider and the Independent Contractor ("Personal Care Assistant/Companion Sitter") identified below. All provisions of this agreement are listed below. Any addendums or modifications must be provided in writing. This executed agreement shall serve as a contract for services between Jeanette's Loving Care In-Home Provider and the Independent Contractor for services as outlined.

I. Independent Contractor Information

Name:

Cynthia (Kimberly) Grayson

Address:

PO Box 1725

City:

Summerville

State:

SC

ZIP:

29484

Phone:

301-640-8898

Email:

iamkimchasee@yahoo.com

SS#:

[REDACTED]

DOB:

1-30-69

II. Services

The Independent Contractor listed above is being engaged to provide the following services to are Jeanette's Loving Care In-Home Provider:

- providing in-home private personal care/companion sitter services to individual clients (may include, but not limited to: preparing light meals, bathing, light housework/cleaning, transportation to appointments, grocery shopping, laundry services, and other duties on an individual basis)

III. Compensation

- Independent Contractors are compensated on a per-assignment basis and will be informed of the rate of pay upon presentation of the assignment. The rate of pay will be hourly.
- Payment for services will be processed and remitted based on submission of Weekly Timesheet (If applicable) and Contractor Service Logs certifying completion of hours/services.
- Time sheets and logs are due to the Company Thursday morning of each week.
- Pay period is Thursday to Wednesday, unless otherwise negotiated.
- Pay dates are on Fridays of each week.
- Payment for services shall be made to Contractor by direct deposit, unless otherwise negotiated.
- The Company will not reimburse Contractor for any personal expenses incurred in the performance of the Services.
- Contractor acknowledges and agrees that, except as provided in this Section III, he/she shall not be entitled to, and the Company shall not be obligated to pay any monies or other compensation for the Services provided and rights granted under this Agreement.
- Contractors will be reimbursement for mileage for transport or errands only if it is approved by RN Supervisor.

IV. Independent Contractor Relationship


- The Personal Care Assistant/Companion Sitter agrees to perform the Services mentioned in this Agreement solely as an Independent Contractor. The parties to this Agreement recognize that this Agreement does not create any actual or apparent agency, partnership, franchise or relationship of employer and employee between the parties.
- The Contractor is not authorized to enter into or commit the Company to any agreements, and the Contractor shall not represent itself as the agent or legal representative of the Company. Instead, the

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-R0299-

03/09/2017 11:40AM (GMT-05:00)

[Click Here to view order receipt.](#)



OFFICIAL CSR CRIMINAL REPORT

CRIMINALBACKGROUNDRECORDS.COM
An Information Enterprises™ Solution

PERSON INVESTIGATED	
Name: [REDACTED]	Order Number: 472571
Date of Birth: [REDACTED]	Order Date: 6/22/2018
SSN: [REDACTED]	Member: Not A Member

Please verify that the following record(s) are indeed the person you are investigating. If the record(s) below do not match the subject you are investigating, then there is No Records Found based on the search criteria you submitted.

YOUR ORDER

Instant Criminal Record Search State(s):
South Carolina

YOUR ORDER RESULTS

No Criminal Records Found

You are currently setup using our Standard Record Matching Algorithm.
If you want to change your search option parameters please contact customer service at:
service@criminalbackgroundrecords.com

We also searched the National Sex Offender Report and USA Most Wanted List with your order.

ADDITIONAL FREE SEARCH DESCRIPTIONS

National 50 State Sex Offender Registry
National Sex Offender Public Registry provided by the United States Department of Justice (DOJ)

High Risk Sex Offenders:	All 50 States
Sexual Predators:	Persons obtaining or seeking non consensual sexual contact with another person and/or has committed sex crimes, such as rape or child sexual abuse. (including sexually violent offenders)
Department of Corrections:	Convicted Sex Offenders who were under the supervision of the DOC.
Crimes Against Children:	People convicted of, found guilty of or plead guilty to committing or attempting to commit sexual offenses and other crimes against children. (including kidnapping, felonious restraint and/or child abuse)

USA Most Wanted Criminals List
FBI Most Wanted Fugitive Search
US Marshals Most Wanted List
US Secret Service Most Wanted List
US Department of Public Safety Search
(Not all US States are included)

When you are finished viewing and printing your order, [click here to place another order](#)
No Records Found.

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PROVIDER

Jeanette's Loving Care

Professional Private Home Care Provider

www.comjlclovingcare.com

Independent Contractor Service Agreement

The following Agreement outlines the parameters of the relationship between Jeanette's Loving Care In-Home Provider and the Independent Contractor ("Personal Care Assistant/Companion Sitter") identified below. All provisions of this agreement are listed below. Any addendums or modifications must be provided in writing. This executed agreement shall serve as a contract for services between Jeanette's Loving Care In-Home Provider and the Independent Contractor for services as outlined.

I. Independent Contractor Information

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____
SS#: _____ DOB: _____

II. Services

The Independent Contractor listed above is being engaged to provide the following services to are Jeanette's Loving Care In-Home Provider:

- providing in-home private personal care/companion sitter services to individual clients--(may include, but not limited to: preparing light meals, bathing, light housework/cleaning, transportation to appointments, grocery shopping, laundry services, and other duties on an individual basis)

III. Compensation

- a) Independent Contractors are compensated on a per-assignment basis and will be informed of the rate of pay upon presentation of the assignment. The rate of pay will be hourly.
b) Payment for services will be processed and remitted based on submission of Weekly Timesheet (If applicable) and Contractor Service Logs certifying completion of hours/services.
c) Time sheets and logs are due to the Company Thursday morning of each week.
d) Pay period is Thursday to Wednesday, unless otherwise negotiated.
e) Pay dates are on Fridays of each week.
f) Payment for services shall be made to Contractor by direct deposit, unless otherwise negotiated.
g) The Company will not reimburse Contractor for any personal expenses incurred in the performance of the Services.
h) Contractor acknowledges and agrees that, except as provided in this Section III, he/she shall not be entitled to, and the Company shall not be obligated to pay any monies or other compensation for the Services provided and rights granted under this Agreement.
i) Contractors will be reimbursement for mileage for transport or errands only if it is approved by RN Supervisor.

IV. Independent Contractor Relationship

- a) The Personal Care Assistant/Companion Sitter agrees to perform the Services mentioned in this Agreement solely as an Independent Contractor. The parties to this Agreement recognize that this Agreement does not create any actual or apparent agency, partnership, franchise or relationship of employer and employee between the parties.
b) The Contractor is not authorized to enter into or commit the Company to any agreements, and the Contractor shall not represent itself as the agent or legal representative of the Company. Instead, the

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Contractor shall be identified and recognized as an agent specifically engaged by the Company for the sole purpose of providing in-home private personal care/companion sitter services for its clients.

- c) Further, the Contractor shall not be entitled to participate in any of the Company's benefits, including without limitation any health or retirement plans. The Contractor shall not be entitled to any remuneration, benefits or expenses other than as specifically provided for in this Agreement.
- d) **The Company shall not be liable for taxes, Worker's Compensation, unemployment insurance, employer's liability, employer's FICA, social security, withholding tax or other taxes or withholding for on behalf of the Independent Contractor or any other person consulted or employed by the Contractor in performing Services under this Agreement.** All such costs shall be the Contractor's responsibility.
- e) **Contractor is not to subcontract provision or completion of contracted services to another party without notifying Company and obtaining permission prior to any engagement of services.**
- f) **The Contractor shall not enter into any independent agreements with the client or responsible party.**

V. Proprietary Rights & Confidentiality

- a) The Personal Care Assistant/Independent Contractor acknowledges that it has no right to or interest in any work or product resulting from the Services performed hereunder, or any of the documents, reports or other materials created by the Personal Care Assistant/Independent Contractor in connection with such Services, nor any right to or interest in any copyright therein. The Personal Care Assistant/Independent Contractor acknowledges that the Services and the products thereof (the "Materials") are hereby assigned to the Company as "Works for Hire" and carry with it all of the rights inherent in the Copyright Laws.
- b) In connection with the performance of Services hereunder, the Personal Care Assistant/Independent Contractor may be exposed to confidential and proprietary information of the Company, whether or not so identified (including without limitation this Agreement). All such confidential and proprietary information shall be held in the strictest confidence and shall not be disseminated, shared, rebroadcast, posted or redistributed by the Personal Care Assistant/Independent Contractor without the expressed written consent of the Company.
- c) The Personal Care Assistant/Independent Contractor shall not disclose or divulge information regarding or attempt to initiate contact with any client of the Company directly. All client records, information and service history are considered proprietary and confidential information of the Company and shall not be shared with any other party or used for any other purposes by the Personal Care Assistant/Independent Contractor other than in the direct provision of services.
- d) The Personal Care Assistant/Independent Contractor shall not, without the prior written consent of the Company, use the Company's name in any advertising or promotional literature, or publish any articles relating to the Company, this Agreement or the Services outlined herein.
- e) The Personal Care Assistant/Independent Contractor agrees to be bound by a non-compete agreement that prohibits the establishment of a competing company/organization within a period of 5 years.

VI. Terms

- a) The Term of this Agreement shall commence on the date hereof and shall continue until the Independent Contractor satisfactorily completes performance of the Services (hereinafter the "Term").
- b) This Agreement may be terminated by either party at any time during the Term for any reason upon written notice.
- c) Upon termination by either party, Personal Care Assistant/Independent Contractor shall provide to Company any and all copies, in whole or in part, of the Materials and any and all tangible materials the Company provided to the Personal Care Assistant/Independent Contractor in connection with this Agreement.
- d) This Agreement shall be governed under the laws of the state of South Carolina.
- e) This shall constitute the entire Agreement between both parties and shall not be amended, changed or supplemented in any way except by written Agreement signed by both parties.

*What day and hours are you available to work?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

*What areas are you available to work? (Example: City of Charleston, West Ashley, and North Charleston)

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~~R0314~~

*List any Degrees, Training, or Education: (Ex. Certified Nursing Assistant, Patient Care Technician)

When can you begin working? _____

Have you ever been convicted of or pleaded guilty to any law violation (except speeding or parking violations)?

Yes ___ No ___

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, because the nature of the offense, date, and the job for which you are applying will also be considered.)

Do you have a valid driver's license? Yes ___ No ___ Do you have reliable transportation? Yes ___ No ___

I hereby authorize Jeanette's Loving Care In-Home Provider to obtain for employment purposes a consumer report and/or a motor vehicle report, criminal background check, about me and to consider such reports when making decisions regarding my employment.

Give Three (3) references, NOT relatives:

Name: _____

Address: _____

Phone: _____ Alternate Contact No. _____

Name: _____

Address: _____

Phone: _____ Alternate Contact No. _____

Name: _____

Address: _____

Phone: _____ Alternate Contact No. _____

VII. Signatures

Personal Care Assistant/Independent Contractor:

Printed Name: _____

Signature: _____ Date: _____

Jeanette's Loving Care In-Home Provider:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

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~~R0315~~

R 323

~~R0316~~

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES

**MEDICAID
SCOPE OF SERVICES
FOR
PERSONAL CARE II (PC II), HASCI ATTENDANT CARE,
HASCI RESPITE and MEDICALLY COMPLEX CHILDREN (MCC)
RESPITE SERVICES**



A. Objectives

The objectives of the PC II/HASCI Attendant and HASCI Respite services are to restore, maintain, and promote the health status of Medicaid Home and Community-Based waiver participants through home support, medical monitoring, escort/transportation services, and assistance with activities of daily living.

FOR MCC Respite: Services may be provided in the home setting and/or natural environment.

B. Conditions of Participation

1. Agencies desiring to be a provider of PC II/HASCI Attendant and HASCI Respite services must have demonstrated experience in in-home personal care services or a similar service. For providers contracting after July 1, 2011, the owner or administrator of the agency must have at least three (3) years of administrative experience in the health care field. If the owner will also be the administrator, he/she is required to have at least three (3) years of administrative experience in the health care field.
2. Agencies must have certified evidence of not less than \$10,000.00 operating capital. This capital is required so that the provider agency has the capability to operate for a minimum of 60 days in the event Medicaid reimbursement is delayed or withheld for any reason. Certified evidence of operating capital includes, but is not limited to, a written statement from an officer of a financial institution or a certified accountant; a copy of your most recent bank statement must be included. Operating capital will be verified prior to initiating a contract and periodically during the contract period.
3. Pursuant to enactment and implementation of S.C. § Code 44-70-10 all providers of personal care services will require a license to provide personal care services. Providers who are not licensed by the South Carolina Department of Health and Environmental Control will not be allowed to enroll as a Medicaid provider for these services.

SECTION 6. CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES**

4. Provider agencies must be housed in an office that is in a commercial zone. Any agency not housed within a commercial location must be prior approved by SCDHHS to enroll as a personal care provider. Requirements for agencies not in commercial locations include all of the following:
 - a. Has a county/municipal zoning permit to operate a business in a residential setting if required
 - b. Holds appropriate business licenses
 - c. Meets applicable county/municipal, mixed-use zoning guidelines for a home-based business in a primarily residential neighborhood
 - d. Has a business entrance door which is separate from a residential living area
 - e. Uses office space devoted entirely for the business; space must be enclosed and have a locking door which uses a different key from other locks in the home
 - f. Has an outside business sign conforming to county/municipal sign and zoning codes for its neighborhood
 - g. Providers who are out of compliance with these requirements will have thirty (30) days to come into compliance. Failure to do so will result in contract termination.
5. Agencies must utilize the automated systems mandated by South Carolina Department of Health and Human Services (SCDHHS) Community Long Term Care (CLTC) Division to document and bill for the provision of services.
6. Providers must accept or decline referrals from SCDHHS or South Carolina Department of Disabilities and Special Needs (SCDDSN) within two (2) working days. Failure to respond will result in the loss of the referral.
7. The provider must verify the participant's Medicaid eligibility when it accepts an authorization and monthly thereafter to ensure continued eligibility. Agencies can verify Medicaid eligibility for CLTC participants in the Phoenix Provider Portal on their dashboard. Providers should also refer to Section 1 of this provider manual for additional information on eligibility determination.
- ~~8. Providers may use paperless filing systems. Provider must obtain approval from CLTC Central Office prior to initiating electronic documentation and/or filing~~

SECTION 6 - CLTC STANDARDS FOR WAIVER SERVICES

PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES

systems. Electronic records must be made available upon request, and providers must have a reliable back-up system in the event their computer system shuts down.

9. The provider must agree to use any Competency Test provided by CLTC.

C. Description of Services to be Provided

1. The unit of service is one (1) hour of direct PC II/HASCI Attendant care service/HASCI Respite provided in the participant's place of residence and/or natural environment for MCC participants. PC II/HASCI Attendant, and/or HASCI Respite may be provided in other locations when the participant's record documents the need and when prior approved by the Case Manager/Service Coordinator (CM/SC). Services are not allowed when the participant is in an institutional setting and/or ADHC setting. The amount of time authorized does not include provider transportation time to and from the participant. Services provided without a current, valid authorization are not reimbursable.
2. The number of units and services provided to each participant are dependent upon the individual participant's needs as set forth in the participant's Service Plan/Authorization. If it is determined that a participant requires more than one aide for lifting, transfers, etc., this must be prior approved by SCDHHS/SCDDSN.
3. When services are authorized for more than one SCDHHS/SCDDSN participant in the same home, the provider must document and deliver the total amount of hours authorized for each participant. For example if both participants are authorized for two (2) hours of PCII per day; the aide must provide a total of four (4) hours per day in the home or natural environment for MCC.
4. **Under no circumstances will any type of skilled medical service be performed by an aide.** HASCI Attendants and/or HASCI Respite caregivers may provide skilled services as authorized by the county DSN Board Service Coordinator. All skilled needs for HASCI services are determined by RN delegation.
5. Services to be provided include:
 - a. Support for activities of daily living, e.g.,
 - eating
 - bathing (bed bath, bench shower, sink bath)
 - personal grooming including dressing
 - personal hygiene

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES**

- provide skin care (applying lotion, oil, etc.)
 - meal planning and preparation
 - assisting participants in and out of bed
 - repositioning participants as necessary
 - assisting with ambulation
 - toileting and maintaining continence
- b. Home support, e.g.,
- cleaning
 - laundry
 - shopping
 - home safety
 - errands
- c. Monitoring of the participant's condition e.g., the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate and observation of respiratory rate.
- d. Monitoring medication (for example, informing the participant that it is time to take medication as prescribed by his, or her, physician and as written directions on the box, or bottle, indicate). **The aide cannot administer the medicine**; however, this does not preclude the aide from handing the medicine container to the participant.
- e. Escort services when necessary. Transportation may be provided when necessary and included in the participant's Service Plan/Authorization. The provision of transportation is optional and will depend on the provider's policy in this regard.
- f. Strength and balance training.
- D. Staffing
1. The provider must provide all of the following staff members; supervisory nurses may be provided through subcontracting arrangements:
- a. A registered nurse(s) (RN) or licensed practical nurse(s) (LPN) who meets the following requirements:
 - i. Currently licensed by the S.C. State Board of Nursing

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES**

- ii. Capable of evaluating the aide's competency in terms of his or her ability to carry out assigned duties and his/her ability to relate to the participant
- iii. Able to assume responsibility for in-service training for aides by individual instruction, group meetings or workshops
- iv. Must have had background and/or training on the complex treatment issues regarding the care of the head and spinal cord injured
- v. Provider will verify nurse licensure at time of employment and will ensure that the license remains active and in good standing at all times during employment. Provider must maintain a copy of the current license in the employee's personnel file. Nurse licensure can be verified at the State Board of nursing website

<http://www.llr.state.sc.us/pol.asp>

- b. Aides who meet the following minimum qualifications:
 - i. Able to read, write, and communicate effectively with participant and supervisor
 - ii. Able to use the Care Call IVR system
 - iii. Capable of assisting with the activities of daily living
 - iv. Capable of following a care plan with minimal supervision.
 - v. Have a valid driver's license if transporting participants. The provider must ensure the employee's license is valid while transporting any participants by verifying the official highway department driving record of the employed individual initially and every two (2) years during employment. Copies of the initial and subsequent driving records must be maintained in the employee's personnel file.
 - vi. Are at least 18 years of age
 - vii. Have passed competency testing or successfully completed a competency training and evaluation program performed by an RN

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES**

or LPN prior to providing services to Home and Community-Based waiver participants. The competency evaluation must contain all elements of the PC II services in the Description of Services listed above. The competency training should also include training on appropriate record keeping and ethics and interpersonal relationships.

If an LPN performs the competency evaluation, the LPN must be supervised by an RN and report all competency evaluation results to the RN supervisor. The LPN and the supervising RN, as a confirmation of the delegation of this responsibility, must sign and date the form. All signatures must be original, signature stamps are not acceptable.

Proof of the competency evaluation must be recorded and filed in the personnel record prior to the aide providing care to waiver participants. The Division of CLTC has developed a form called "Competency Evaluation Documentation" form which must be used to document the competency evaluation results. The CLTC form may be obtained from the CLTC Central Office or on our website at:

http://www1.scdhhs.gov/openpublic/insidedhhs/bureaus/BureauofLongTermCareServices/pc_2.asp

All aides including those who are Certified Nursing Assistant's (CNA), are required to complete the competency testing or training and evaluation outlined above.

- viii. Have a minimum of ten (10) hours relevant in-service training per calendar year (The annual ten-hour requirement will be on a pro-rated basis during the aide's first year of employment). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, list of trainees, and location. This documentation will be maintained in an annual in-service manual for all employees. In addition, each staff member's personnel file must contain a summary of their in-service training for the year.

The summary must include the date of the training, the subject or title of the training and the total number of in-service hours earned. Topics for specific in-service training may be mandated by

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES

PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES

SCDHHS CLTC Division. In-service training may be furnished by the nurse supervisor while the aide is furnishing care to the participant. Additional training may be provided as deemed necessary by the Provider. All instructor- led and self- study training programs, not on the prior approved list must be approved for content and credit hours by SCDHHS prior to being offered. Self-study training hours may not exceed six of the ten in-service annual training hours. The Provider shall submit proposed programs not on the prior approved list to the SCDHHS CLTC Central Office at least forty-five (45) days prior to the planned implementation. All approved training topics are at the SCDHHS agency website:

http://www1.scdhhs.gov/openpublic/insidedhhs/bureaus/BureauofLongTermCareServices/pc_2.asp

- ix. Aides must complete a training program in the following areas:
- Confidentiality, accountability and prevention of abuse and neglect
 - Fire safety/disaster preparedness related to the specific location of services
 - First aid for emergencies, monitoring medications, and basic recognition of medical problems
 - Documentation and record keeping
 - Ethics and interpersonal relationships
 - Orientation to traumatic brain injury, spinal cord injury and similar disability
 - Training in lifting and transfers
2. Agency staff may be related to participants served by the agency within limits allowed by the South Carolina Family Caregiver Policy. The following family members cannot be a paid caregiver:
- a. The spouse of a Medicaid participant;

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES**

- b. A parent of a minor Medicaid participant;
- c. A step parent of a minor Medicaid participant;
- d. A foster parent of a minor Medicaid participant;
- e. Any other legally responsible guardian of a Medicaid participant

Family members who are primary caregivers will not be reimbursed for HASCI Respite and MCC Respite services. All other qualified family members can be reimbursed for their provision of PCI, PCII and HASCI Attendant Care.

3. PPD Tuberculin Test

Please refer to Department of Health and Environmental Control (DHEC) website, Regulation 61-75 – Standards for Licensing page 11 of 36 section b. 1-6 for PPD Tuberculin test requirements.

<http://www.scdhec.gov/health/licen/hladcinfo.htm>

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, SC 29201, phone (803) 898-0558.

- 4. Individual records must be maintained that document that each staff member has met all staffing requirements.
- 5. A criminal background check is required for all potential employees to include employees who will provide direct care to SCDHHS/SCDDSN participants and all administrative/office employees (office employees required to have background checks include: administrator, office manager, nurse supervisor, and persons named on organizational chart in management positions). All criminal background checks must include all data for the individual with no less than a ten (10) year timeframe being searched. The criminal background check must include statewide data. The statewide data must include South Carolina and any other state or states the worker has resided in within the prior ten years. Potential employees with felony convictions within the last ten (10) years cannot provide services to SCDHHS/SCDDSN participants or work in an administrative/office position. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to SCDHHS/SCDDSN participants under the following circumstances:

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES

PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES

- Participant/responsible party must be notified of the aide's criminal background, i.e., felony conviction, and year of conviction;
- Provider must obtain a written statement, signed by the participant/responsible party acknowledging awareness of the aide's criminal background and agreement to have the aide provide care; this statement must be placed in the participant record.

Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the provider's discretion.

Hiring of employees with misdemeanor convictions will be at the provider's discretion. Employees hired prior to July 1, 2007 and continuously employed since then will not be required to have a criminal background check.

6. Providers will be required to check the CNA registry and the Office of Inspector General (OIG) exclusions list periodically for all staff. A copy of the search results page must be maintained in each employee's personnel file. Anyone appearing on either of these lists is not allowed to provide services to Waiver participants or participate in any Medicaid funded programs. The website addresses are listed below:

CNA Registry - www.pearsonvue.com

OIG Exclusions List - <http://www.oig.hhs.gov/fraud/exclusions.asp>

E. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section.

1. The provider must obtain a Service Plan/Authorization for PCII/HASCI Attendant care, HASCI Respite or MCC Respite services from the CM/SC or CC. The authorization will designate the amount, frequency and duration of service for participants in accordance with the participant's Service Plan/Authorization. The provider must obtain an updated SCDHHS CLTC Service Plan from the case manager yearly. CLTC Service plans are updated in Phoenix and available on the provider's dashboard; the current and annual service plans must be printed and placed in the participant's record. The provider will receive new authorizations only when there is a change to the authorized service amount, frequency or duration. The provider must adhere to those duties which are specified in the Service Plan/SCDDSN/HASCI/MCC Authorization in developing the provider

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
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task list. This provider task list must be developed by an RN or LPN. If the provider identifies PC II/HASCI Attendant HASCI Respite, or MCC Respite service duties that would be beneficial to the participant's care but are not specified in the Service Plan/SCDDSN/HASCI/MCC Authorization, the provider must contact the CM/SC or CC to discuss the possibility of having these duties included in the Service Plan/SCDDSN/HASCI/MCC Authorization. The CM/SC or CC will make the decision as to whether the Service Plan/Authorization should be amended to include the additional service duty. This documentation will be maintained in the participant files. For CLTC, SCDDSN and MCC participants, no skilled services may be performed by an aide except as allowed by the Nurse Practice Act and prior approved by a licensed physician. For HASCI participants, skilled services may be performed if authorized by the Service Coordinator and overseen by RN or LPN delegation.

2. As part of the conduct of service, PC II/HASCI Attendant, HASCI Respite, and/or MCC Respite services must be provided under the supervision of an RN or LPN who meets the requirements as stated in this Scope and who will:
 - a. Visit the participant's home prior to the start of PC II/HASCI Attendant, HASCI Respite and/or MCC Respite services. This visit by the provider's nurse must be recorded in Care Call from the participant's home at the time of the visit and documented in the record. If the participant has already been receiving another similar service (i.e. personal care I) a new initial visit is required prior to the start date of personal care II service. The purpose of this visit is to:
 - i. Review the Service Plan/Authorization and develop a task list for the aide. (This task list must be developed prior to the provision of PC II/HASCI Attendant, HASCI Respite or MCC Respite services.)
 - ii. Give the participant written information regarding advanced directives; the participant is required to sign and date a statement that they have received this information; the nurse supervisor is also required to sign and date the statement.
 - vii. Inform participants of their right to complain about the quality of PC II/HASCI Attendant, HASCI Respite or MCC Respite services provided; the participant is required to sign and date a statement that they have received this information; the nurse supervisor is also required to sign and date the statement.

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
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The nurse supervisor will give participants information about how to register a complaint. Complaints against aides must be investigated by the provider and appropriate action taken. Documentation must be maintained in the participant and aide's file.

- b. Nurse supervisors and/or aides may not discuss services authorized by SCDHHS or SCDDSN with the participant. If participants of any waiver ask about either the level of service they are receiving or the different services offered in one of the waivers the nurse supervisor and/or aide must refer that participant back to their case manager/service coordinator for additional information.
- c. Be accessible by phone and/or beeper during any hours services are being provided under this contract. If the nurse supervisor position becomes vacant, SCDHHS must be notified no later than the next business day.
- d. Provide and document supervision of, training for, and evaluation of aides.
- e. Make a supervisory visit to the participant's place of residence within thirty (30) days after the PC II/HASCI Attendant service is initiated.
- f. After the thirty (30) day supervisory visit, make a supervisory visit to the participant's place of residence at least once every four months for each participant. Four (4) month supervisory visits must be conducted by the end of the fourth month. The aide must be present during at least one of the supervisory visits during each 12 month period. For the HASCI Attendant care service, all supervisory visits scheduled will be arranged in consultation with the DSN Board Service Coordinator and documented in the participant record. For SCDHHS/SCDDSN participants, supervisory visits, including the initial visit, must be documented in the participant record and recorded in Care Call, for CLTC only, from the participant's home at the time of the visit. In the event the participant is inaccessible during the time the supervisory visit would have normally been made, the visit must be completed within five (5) working days of the resumption of PC II/HASCI Attendant services. The supervisor's report of the on-site visits must include, at a minimum:
 - i. Documentation that services are being delivered consistent with the Service Plan/Authorization;
 - ii. Documentation that the participant's needs are being met;

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
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- iv. All active participant records must contain at least two (2) years of documentation to include task sheets, service plans, supervisory visit documentation, any complaints, etc. Per Medicaid policy all records must be retained for at least five (5) years. Active records must contain **all** authorizations.
 - d. **For SCDHHS (CLTC) and MCC participants:** For all instances in which a participant did not receive an authorized daily service, providers must indicate on the Care Call web site the reason why the service was not delivered. The provider must do this both when the provider was unable to complete the visit and when the participant was not available to receive the visit. For each week in which there are missed visits, the provider must indicate the reason on the web site by the close of business the following week. A missed visit report is not required for SCDDSN/HASCI/MCC participants.
 - e. Whenever two consecutive attempted or missed visits occur, the local SCDHHS/SCDDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the participant is not at home or refuses services. A missed visit is when the provider is unable to provide the authorized service. These instances must be documented in the participant record as well as in Care Call.
5. Providers must adhere to all Care Call and Phoenix policies and procedures as indicated in the Phoenix IVR Provider User Guidelines, which can be obtained from the Phoenix Provider portal (<https://providers.phoenix.scdhhs.gov>) in the Help section.

F. Children's Personal Care Requirements

The requirements listed in this section are in addition to the requirements as listed in this scope for PCII services. Children's PC services are reimbursable when the following conditions are met:

1. Child is under age 21
2. Provided in the participant's place of residence
3. Authorized by SCDHHS/SCDDSN

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES

PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES

The CM/SC will determine the need for personal care services and develop a service plan that outlines the child's needs. This service plan will only be updated as needed.

Children's Personal Care services must be supervised by a Registered Nurse (RN).

G. Compliance Review Process

The SCDHHS Division of Long Term Care Waiver Management, Provider Compliance Department has developed this policy for clarification of the provider compliance process. The policy gives detailed information on how provider compliance sanctions are implemented. Provider reviews receive a score based on a sanctioning scale; review scores will determine if the provider will receive a sanction and if so, the level of the sanction. The sanction scoring process was developed to ensure that reviews are equitable and for providers to know what to expect when they are reviewed.

The following chart outlines how reviews are scored:

Sanction Level

- Provider compliance review questions in the Scope of Services are classified into three classes, based on (1) the significance of the question regarding to the services, and (2) the potential influences on providers and participants if the requirement was not met. See the example below:

Severity Level: 1=less serious, 2 = serious, 3 = very serious

Client Service Questions	Possible Answers	Severity Level
Was supervisory visit made within 30 days after PC II services initiated?	Y, N, NA	3
Was the initial supervisory visit documented in Care Call?	Y, N, NA	3
Does provider maintain individual client records?	Y, N	2
Did provider give participant written information regarding advanced directives?	Y, N, NA	1

There are five types of sanctions:

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
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- Plan of Correction – This is the lowest sanction and indicates the provider is in substantial compliance with the contractual requirements. The provider will be required to submit a plan of correction outlining the deficiency (ies), the detailed plan to correct the deficiency and the effective date the plan will be implemented.
- 30-day suspension – At this level, new referrals are suspended for thirty (30) days. The provider will also be required to submit a plan of correction. If the plan of correction is approved, the suspension is automatically lifted at the end of the 30-day period. If the corrective action plan is not approved, the Provider will be given an additional ten (10) business days to submit another corrective action plan for review and approval; the suspension will remain in place until an approved corrective action plan is received. If the second submitted corrective action plan is not approved, the provider contract will be terminated.
- 60-day suspension – At this level, new referrals are suspended for sixty (60) days. The provider will also be required to submit a plan of correction. If the plan of correction is approved, the suspension is automatically lifted at the end of the 60-day period. If the corrective action plan is not approved, the Provider will be given an additional ten (10) business days to submit another corrective action plan for review and approval; the suspension will remain in place until an approved corrective action plan is received. If the second submitted corrective action plan is not approved, the provider contract will be terminated.
- 90-day suspension – Indicates serious and widespread deficiencies, new referrals are suspended for ninety (90) days. The 90-day suspension of new referrals will only be lifted after an acceptable plan of correction is received. If the corrective action plan is not approved, ~~the Provider will be given an additional ten (10) business days to submit another corrective action plan for review and approval;~~ the suspension will remain in place until an approved corrective action plan is received. If the second submitted corrective action plan is not approved, the provider contract will be terminated. In addition, an acceptable follow-up review visit may be conducted if warranted.
- Termination – Indicates a final review score of four hundred (400) or more points, very serious and widespread deficiencies, generally coupled with a history of bad reviews ~~three (3) consecutive reviews that receive suspension of new referrals~~

Providers who have two (2) consecutive reviews that result in suspension of new referrals, will be terminated if the third consecutive review has a final score that would result in a suspension of new referrals (100 and above).

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES

PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES

We have developed a system to score reviews based on the percentage of the identified deficiency and number of participants surveyed. Following is an outline of how reviews will be scored:

Calculating process

- The level of sanction will be decided based on the total score of the provider's current review and the provider's review history, which is converted from the deficiency percentage.
- Every 5% deficiency counts for 1 point in each class; the total score comes from the total points from each level.
- Since each level has different severity, multiple points will be added on each class's score. Final score = level 3 = unweighted points x 3 + level 2 = unweighted basic points x 2 + level 1 = unweighted points x 1

Example:

Level	Deficiency percentage	Basic points	Final points
Level 1 (less serious)	28%	5	5x1=5
Level 2 (serious)	20%	4	4x2=8
Level 3 (major)	35%	7	7x3=21
Final Score			34

Based on the total score a sanction level is determined. If a provider has no deficiencies, they will not be subject to a sanction. Below is a chart that illustrates the sanction that will be imposed based on the final review score:

Score Scale & Sanction Level

Sanction Type	Final score	With Good History*
Correction Plans	0-99	0-149
30 Days Suspension	100-199	150-249
60 Days Suspension	200-299	250-349
90 Days Suspension	300-399	350-449
Termination	>400	>450

Good History is determined based on previous review scores. For example, if a provider's previous review had a total score of 50 and their current review has a score of 120, the sanction for the current review will be corrective action rather than 30-day suspension based on the previous review score.

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES**

Scores are automatically calculated using a computer generated compliance review program.

Provider records will be reviewed periodically at the provider's office. Onsite visits are un-announced. If the reviewer (CLTC, Program Integrity or other government entity) arrives at the provider's office to conduct a survey and no one is there, the following sanctions will be imposed:

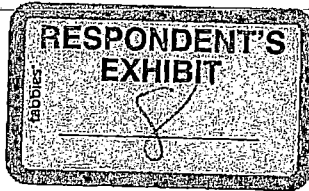
- First time – thirty (30) day suspension of new referrals
- Second time – ninety (90) day suspension of new referrals
- Third time – contract termination

G. Administrative Requirements

1. The provider must inform SCDHHS of the provider's organizational structure including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, in-service training and employee evaluations. The provider agency shall notify SCDHHS within three (3) working days in the event of a change in the agency administrator, address, phone number or an extended absence of the agency administrator.
2. The provider must provide SCDHHS with a written document showing the organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff at contract implementation. The document should include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS. It is recommended that this document be readily accessible to all staff.
3. Administrative and supervisory functions shall not be delegated to another agency or organization.
4. The provider agency shall acquire and maintain for the duration of the contract liability insurance and worker's compensation insurance as provided in Article IX, Section D of the Contract. The provider is required to list SCDHHS – CLTC as a Certificate Holder for informational purposes only on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.

SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES**PERSONAL CARE II, HASCI ATTENDANT CARE, HASCI RESPITE, AND
MEDICALLY COMPLEX CHILDREN (MCC) RESPITE SERVICES**

5. The provider will develop and maintain a Policy and Procedure Manual that describes how activities will be performed in accordance with the terms of the requirements of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body and personnel and will be made available to SCDHHS upon request.
6. The provider must comply with Article IX, Section Z of the Contract regarding safety precautions. The provider must also have an on-going infectious disease program to prevent the spread of infectious diseases among its employees.
7. The provider shall ensure that key agency staff is accessible in person, by phone, or by beeper during compliance review audits conducted by SCDHHS and/or its agents.
8. The provider will ensure that its office is open and staffed by qualified personnel during the hours of 10:00 a.m. to 4:00 p.m., Monday through Friday. Outside of these hours, the Provider agency must be available by telephone during normal business hours, 8:30 a.m. to 5:00 p.m., Monday through Friday. Failure to maintain an open and staffed office as indicated will result in sanctions as outlined in section G, last paragraph. The provider must also have a number for emergencies outside of normal business hours. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.
9. The provider must have an effective written back-up service provision plan in place to ensure that the participant receives the PC II/HASCI Attendant services as authorized. Whenever the provider determines that services cannot be provided as authorized, the CM/SC must be notified by telephone immediately.
10. The provider shall update holidays in Phoenix; the provider is not required to furnish services on those days. The PC II/HASCI Attendant, HASCI Respite and/or MCC Respite provider agency must not be closed for more than two (2) consecutive days at a time, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a PC II/HASCI Attendant, HASCI Respite and/or MCC Respite provider agency may be closed for not more than four (4) consecutive days.



Henry McMaster GOVERNOR
 Christian L. Soura DIRECTOR
 P.O. Box 8206 Columbia, SC 29202
 www.scdhhs.gov

April 6, 2017

CERTIFIED MAIL & US MAIL

Ms. Jeanette Vinson
 Jeanette's Loving Care In-Home Care Agency
 107 Chalmers Court
 Summerville, South Carolina 29485

Re: Termination of Contract for Medicaid Home and Community Based Waiver Services
 Contract No.: C 7 5991 C

Dear Ms. Vinson:

The relationship between Jeanette's Loving Care In-Home Care Agency (Jeanette's Loving Care) and the South Carolina Department of Health and Human Services (SCDHHS) is governed by the terms of the contract executed between SCDHHS and Jeanette's Loving Care. In accordance with Article VII, Section C of the contract, Termination for Breach of Contract, this letter is notification that SCDHHS is terminating its contract with you effective seven (7) business days from the date of this letter. The contract violations leading to this termination are set forth below.

Article III of the contract, SCOPE OF SERVICES, states, "The Provider shall meet all standards of participation and requirements of the Scope of Services" Specifically, Section G Compliance Review Process of the Scope of Services states "Provider reviews receive a score based on a sanctioning scale; review scores will determine if the provider will receive a sanction and if so, the level of the sanction... Based on the total score a sanction level is determined. If a provider has no deficiencies, they will not be subject to a sanction. Below is a chart that illustrates the sanction that will be imposed based on the review score:"

Determine sanction

Score Scale & Sanction Level

<u>Sanction Type</u>	<u>Final score</u>	<u>With Good History*</u>
<u>Correction Plans</u>	<u>0-100</u>	<u>0-150</u>
<u>30 Days Suspension</u>	<u>100-199</u>	<u>150-249</u>
<u>60 Days Suspension</u>	<u>200-299</u>	<u>250-349</u>
<u>90 Days Suspension</u>	<u>300-399</u>	<u>350-449</u>
<u>Termination</u>	<u>>400</u>	<u>>450</u>

~~A SCDHHS review of Personal Care II services on February 20, 2017 revealed numerous findings which resulted in a review score of 963 points.~~

R 343
 R0336

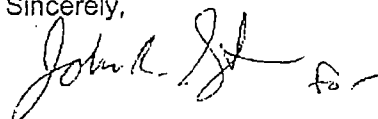
Ms. Jeanette Vinson
April 5, 2017
Page 2

By letter dated February 23, 2017 the results of the review was shared with you and you were asked to respond with your corrective action plan by March 9, 2017. Your response was received via fax on March 9, 2017. The review score was reduced from 963 points to 906 points; the reduction was for the PPD deficiency for the nurse supervisor. This deficiency was scored separately from the same deficiency for the personal care aides (PCA's); the deficiency for the nurse was added in with the deficiency for the PCA's which reduced the total score by 57 points.

Our conclusion is that the information and documentation you submitted was not sufficient to reduce the review score to below 400 points; therefore, the agency is terminating its contract with Jeanette's Loving Care.

If you have any questions or concerns, please contact Debora Carter at (803) 898-2612.

Sincerely,



Ernestine Staley, Director
Division of Contracts



Henry McMaster GOVERNOR
Christian L. Sours DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

February 8, 2017

Ms. Jeanette Langley-Vinson
Jeanette's Loving Care In-Home Care Agency
107 Chalmers Court
Summerville, South Carolina 29485

Dear Ms. Langley-Vinson:

Community Long Term Care has learned that our compliance reviewer attempted to conduct surveys at your office on January 3, 2017 and February 3, 2017; no one was in the office on either date. Per your contract/scope of services, you are required to maintain business hours between the hours of 10:00am - 4:00pm, Monday through Friday with qualified personnel present.

Based on non-compliance to the terms of your contract and the surveyor's inability to complete the review, we are hereby suspending new participant referrals for ninety (90) days effective February 8, 2017. The suspension of new referrals will be lifted on May 8, 2017. If the reviewer is unable to conduct the survey when she returns due to no one being in your office, your contract will be terminated.

Should you have any questions, you may contact me at (803) 898-2612.

Sincerely,

Debora D. Carter

Debora D. Carter
Compliance Review Officer

R345

R0338

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

PROVIDER
ENROLLMENT

PROVIDER PARTICIPATION



The Medicaid program administered by the South Carolina Department of Health and Human Services (SCDHHS) is considered to be a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

Provider participation in the Medicaid program is voluntary. To participate in the Medicaid program, a provider must meet the following requirements:

- Complete an online provider enrollment application and agreement and submit any necessary supporting documentation. Certain provider types, depending on the type of service provided, are required to sign a contractual agreement in addition to the provider enrollment agreement.
- Accept the terms and conditions of the online application by electronic signature, indicating the provider's agreement to the contents of the participation agreement, the Electronic Funds Transfer Agreement, W-9 and Trading Partner Agreement.
- Be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or other pre-contractual approval processes established by SCDHHS.
- If eligible, obtain a National Provider Identifier (NPI) and share it with SCDHHS. Refer to <https://nppes.cms.hhs.gov> for additional information about obtaining an NPI.
- Be enrolled in the South Carolina Medicaid program and receive official notification of enrollment. This also applies to providers wanting to contract with one or all of the South Carolina Medicaid managed care organizations.
- Continuously meet South Carolina licensure and/or certification requirements of their respective professions or boards in order to maintain Medicaid enrollment.

Exhibit
CP

Ex 4
Letter



SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

Compliance Review

Before entering into any contractual arrangement with a provider, SCDHHS will have the Division of Community Long-Term Care conduct a compliance review of the prospective provider. The purpose of this review is to establish that the prospective provider meets the requirements outlined in the applicable Scope of Services. If the provider satisfactorily meets the precontractual compliance review requirements, the contract process will continue.

Compliance reviews are completed approximately 90 days after initiation of services with CLTC. Unannounced reviews are conducted thereafter. At the sole discretion of SCDHHS/CLTC, special reviews may be conducted at any time.

Field Service Representatives

After enrollment, visits are made to providers periodically and upon request. The purpose of each visit is to coordinate information concerning the Medicaid program and provide technical assistance as required.

Workshops are conducted on a periodic basis to acquaint providers with current Medicaid policy and regulations, changes, or amendments.

Requests for Field Service assistance and questions regarding manuals, bulletins, or workshops should be directed to the SCDHHS Medicaid Provider Service Center at 1-888-289-0709 or submit an online inquiry at <http://www.scdhhs.gov/contact-us>.

COMMUNITY LONG-TERM CARE (CLTC) FUNCTIONS

Intake

The intake process in the CLTC area office ensures that all persons with perceived long-term care needs receive every opportunity for exposure to the CLTC program. The process identifies persons who may be eligible for the program and serves as an information and referral source for those who do not meet intake criteria.

Assessment

Assessment uses a comprehensive standard instrument to determine a client's current long-term care needs. Information obtained during the assessment process will assist staff in making a level-of-care decision and initiating a plan of service for discussion with the client and/or family.



Good Afternoon,

With us reaching the date for the appeal on June 8, 2017, as instructed in the letter sent out on May 9, 2017, I am requesting additional information from you. The list of requested information is as follows:

I am requesting the list of the 21 Jeanette's Loving Care clients and the 21 Jeanette's Loving Care workers that I was instructed to pull on the date of review, February 23, 2017.

<u>Clients</u>	<u>Workers</u>
9612607	14898144
9637485	14891314
9718175	14893417
9680488	14897702
1040722	14891735
1053032	14898637
9652998	14895698
9675716	14892107
1043080	14897300
9685979	14898830
9659922	14895374
9687399	14898846
9728209	14892386
9706806	14894916
9627499	14894089
9703797	14897734
9680015	14893929
9717331	14898374
9698104	14895529
9726735	14896019
1053831	14899332

Above are the CLTC #'s of the participants and worker ID#'s for your workers who's records were reviewed; we cannot transmit participant or worker names in an unsecure email and we ask that you refrain from doing so as this constitutes a HIPAA violation.

I am requesting the presence of DHHS staffers at the June 8, 2017 hearing; Mr. Tony Matthews, Ms. Carolyn Lockard, and yourself, Ms. Debora Carter. - Mr. Tony Matthews and myself will be present, Ms. Carolyn Lockard will not be present, she will be out of the office on leave next week. If her presence is required, the hearing will have to be rescheduled.

I am requesting the correspondence that was sent to the Case Managers stating that Jeanette's Loving Care contract was terminated and your notes that include the dates and times for termination that the Case Managers received. I will bring this to the hearing.

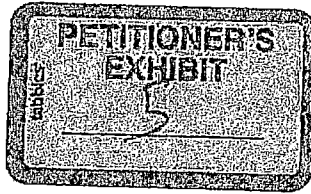
I am requesting the copy of the results of the review and corrective action that was done between the dates of 5/1/16-1/31/17. - This was sent in the previous information to you and to the hearing officer.

I am requesting the notes of these CM/SC managers that stated that services were not provided as authorized 90% of the time: Client: (9675716) [redacted] Client: (9718175) [redacted] Client: (9637485), Client: (9612607) [redacted], Client: (9612607) [redacted], and Client: (1043080) [redacted]. - There are no CM/SC notes to indicate this. - This is determined by the reviewer upon review of your records.

I am requesting the notes of these CM/SC managers that stated the Backup plan was not used appropriately for this participation: Client: (9675716) [redacted], Client: (9718175) [redacted], Client: (9637485), Client: (9612607) [redacted], Client: (9612607) [redacted], and Client: (1043080) [redacted].

R348

~~R0341~~



Nikki R. Haley GOVERNOR
Christian L. Saura DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

May 20, 2016

Ms. Jeanette Langley-Vinson
Jeanette's Loving Care In-Homecare Agency
107 Chalmers Court
Summerville, South Carolina 29485

Dear Ms. Vinson:

We have received notification from Provider Enrollment that your application has been processed. This letter serves as your invitation to attend the required pre-contractual meeting.

The meeting will be held at Blue Cross Blue Shield, 8901 Farrow Rd., Building 200, Columbia, SC on **Wednesday, June 2, 2016 at 2:00 p.m.** We ask that you confirm your attendance by email response to carterdb@scdhhs.gov or by phone call to Debora Carter at (803) 898-2612. **Please note: if you are more than 10 minutes late for this meeting, you will be asked to attend the next meeting on a later date.**

Directions are included.

Thank you for your interest in providing services for Community Long Term Care participants.

Sincerely,

Tony Matthews

Tony Matthews, Department Head
Department of Provider Relations and Compliance

R349

~~R0342~~

Training Sign In Sheet



Topic: Abuse/Neglect

Date: 11-4-16

Location: Jeanette's loving care in-home provider agency

Trainer: Florence Vann, RN

[Handwritten signature]

1. *Adalis Garcia*

18. *Sharicka Her*

2. *Laura Woods*

3. *Cynthia Grayson*

4. *Kara Bennett*

5. *James Bennett*

6. *Jeh...*

7. *Isabel...*

8. *Robertal Cummins*

9. *Margaret...*

10. *Brenda...*

11. *Carol Daxley*

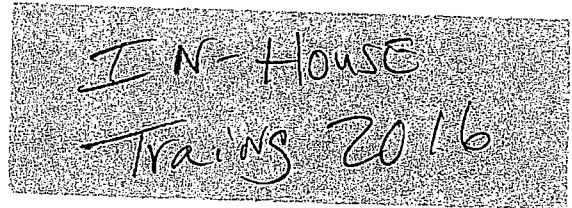
12. *Annette Kleskie*

13. *Ruth Small*

14. *Clair Brown*

15. *Shamecka Brown*

16. *Candice Goodwin*



Training Sign In Sheet

Topic: Autism/ADHD

Date: 11-4-14

Location: Jeanette's loving care in-home provider agency

Trainer: Florence Vann, RN

Florence Vann

1. *Adalio Leeuw*

17. *Sharicka Hen*

2. *Lana Woods*

3. *Cynthia*

4. *Eric Burnett*

5. *Vernon Burnett*

6. *John Smith*

7. *Angela Miller*

8. *Robert Anderson*

9. *Margaret Thomas*

10. *Brenda Lewis*

11. *Carah Darty*

12. *Annette Klutke*

13. *Ruth Small*

14. *Elaine Brown*

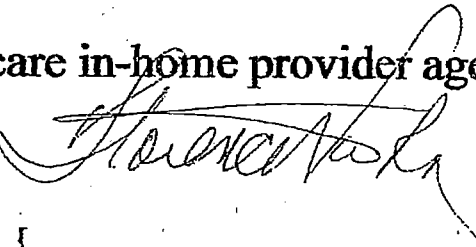
Training Sign In Sheet

Topic: Alzheimer's/Dementia

Date: 11-11-16

Location: Jeanette's loving care in-home provider agency

Trainer: Florence Vann, RN



1. Adelia Lavin
2. Lena Woods
3. Cynthia M
4. Heidi Bennett
5. Venus Bennett
6. Johnnie
7. Asalee White
8. Roberta R Cumming
9. Margie Stinson
10. Brenda Juicost
11. Carole Darby
12. Annette Kleckie
13. Ruth Small
14. Yane Brown
15. Shamicka Brown
16. Candice Goodwin

17. Sharicka Henderson

Training Sign In Sheet

Topic: Client Rights

Date: 11-11-14

Location: Jeanette's loving care in-home provider agency

Trainer: Florence Vann, RN

Florence Vann

1. *Idalia Garcia*

2. *Lana Woods*

3. *Cynthia M*

4. *Renee Bennett*

5. *James Brandon*

6. *Johnnie*

7. *Ryelle White*

8. *Roberta Cumming*

9. *Margie Stinson*

10. *Bridget Lewis*

11. *Carolyn Saxby*

12. *Annette Kleskie*

13. *Ruth Small*

14. *Clara Brown*

15. *Shamickel Brown*

16. *Candice Goodwin*

17. *Shawna Henderson*

Training Sign In Sheet

Topic: Confidentiality

Date: 11/18/14

Location: Jeanette's loving care in-home provider agency

Trainer: Florence Vann, RN

Florence Vann

1. *Edalis Hamir*
2. *Laura Weeks*
3. *Cynthia Gray*
4. *Kara Bennett*
5. *Vernon Bennett*
6. *Johnnie*
7. *Iszelle White*
8. *Roberta L. Cunningham*
9. *Margaret Henson*
10. *Brenda Sizemore*
11. *Carolee Daxby*
12. *Annette Kliskie*
13. *Ruth Smalls*
14. *Clara Brown*
15. *Shamica Brown*
16. *Candice Goodwin*
17. *Shavon Henderson*

Training Sign In Sheet

Topic: Documentation/Record Keeping

Date: 11-18-16

Location: Jeanette's loving care in-home provider agency

Trainer: Florence Vann, RN

Florence Vann

1. *Eldalia Louis*
2. *Laura Woods*
3. *Cynthia N*
4. *Kara Bennett*
5. *Vernice Bennett*
6. *John Tins*
7. *Isabel White*
8. *Margaret Johnson*
9. *Brenda Lincoln*
10. *Caroline Saxby*
11. *Annette Kleskie*
12. *Ruth Small*
13. *Clara Brown*
14. *Shonika Brown*
15. *Candace Goodwin*

16. *Shanice Her*

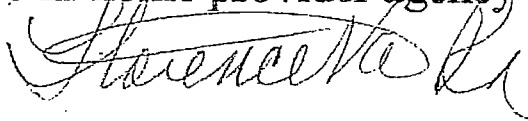
Training Sign In Sheet

Topic: Infection Control/Safety

Date: 12-2-16

Location: Jeanette's loving care in-home provider agency

Trainer: Florence Vann, RN



1. Adelia Lavin
2. Jan Woods
3. Cynthia Y
4. Kara Burch
5. Vernys Bennett
6. John Trice
7. Asalle White
8. Robertah Cuming
9. Margiea Shanon
10. Brenda Lincum
11. Carah Saxby
12. Annette Heskia
13. Ruth Smalls
14. Lam Brown
15. Shanicka Berr
16. Candice Goodarr
17. Shavika Hen

Training Sign In Sheet

Topic: Ethics/Interpersonal Relationships

Date: 12-16-16

Location: Jeanette's loving care in-home provider agency

Trainer: Florence Vann, RN *Florence Vann*

1. *Adalia Terun*

17. *Sharicka Henderson*

2. *Rena Woods*

3. *Cynthia Gray*

4. *Kena Bennett*

5. *Vernuo Bennett*

6. *Johnnie*

7. *Lizelle Williams*

8. *Roberta A Cumming*

9. *Margaret Stinson*

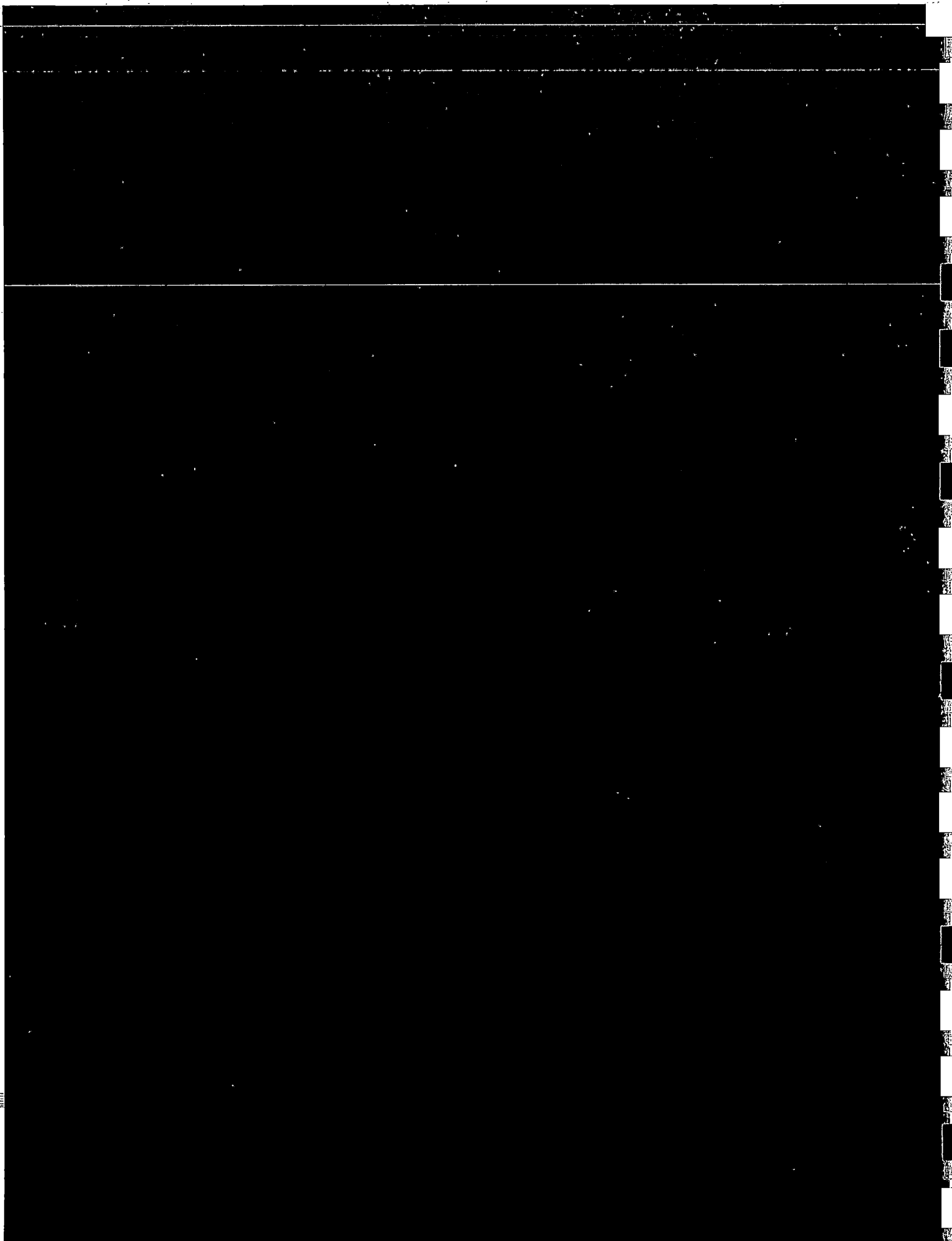
10. *Breeda Lucich*

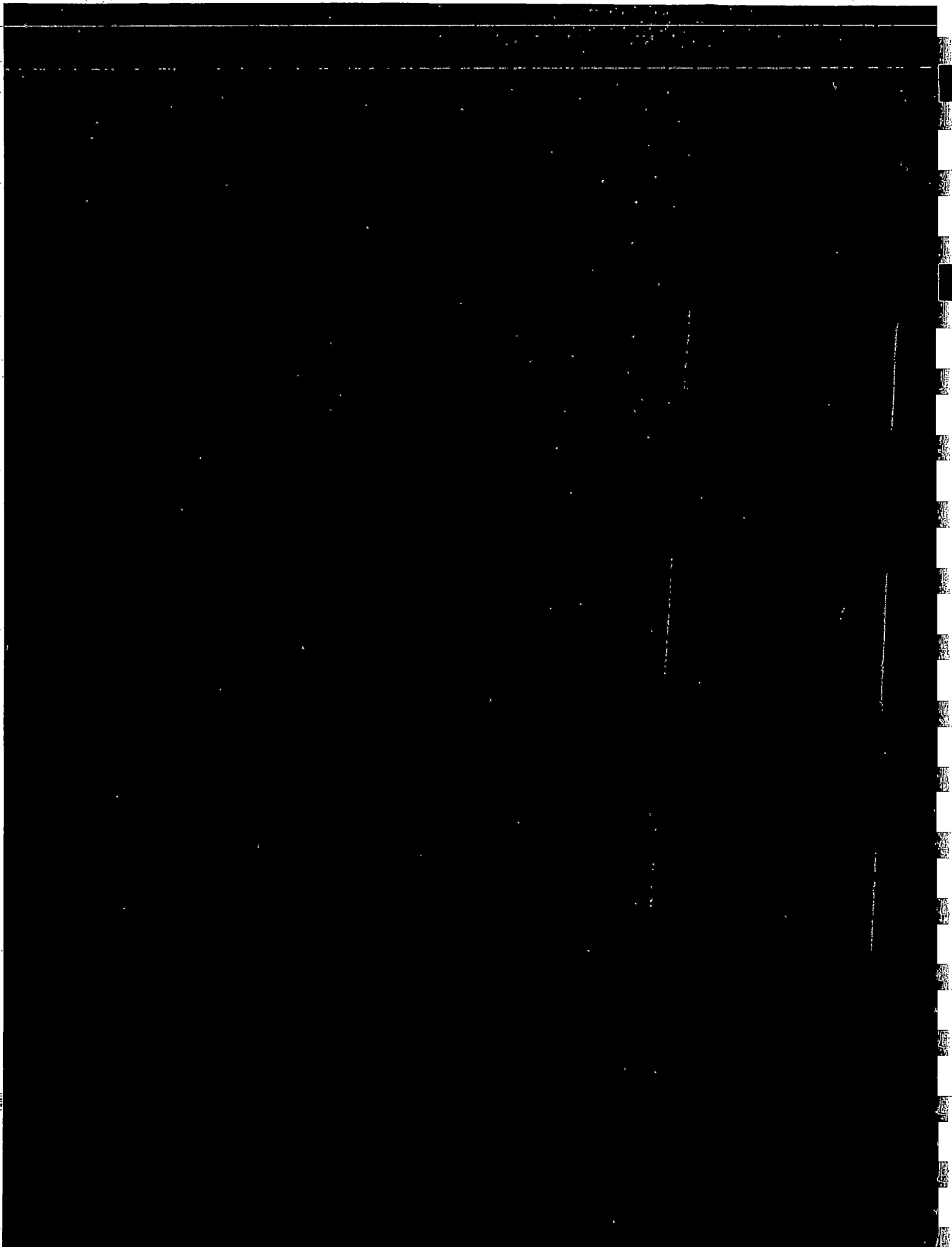
11. *Carolyn Saxby*

12. *Annette Kloski*

13. *Ruth Small*

14. *Nancy Brown*





STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT

JEANETTE'S LOVING IN-HOME CARE)
AGENCY,)

Appellant,)

v.)

SOUTH CAROLINA DEPARTMENT OF)
HEALTH AND HUMAN SERVICES,)

Respondent.)

Docket Number 17-ALJ-08-0347-AP

**CERTIFICATE OF SERVICE BY CERTIFIED MAIL TO JEANETTE VINSON, AND INTRA-AGENCY
MAIL TO CONSTANCE HOLLOWAY, SCDHHS GENERAL COUNSEL**

I HEREBY CERTIFY that a true and exact copy of the South Carolina Department of Health and Human Services' Record on Appeal in the above referenced matter has been forwarded to Jeanette Vinson, and Debora Carter this 16th day of January, 2018 by Certified Mail and Intra-Agency Mail, addressed as set forth:

Jeanette Vinson
107 Chalmers Court
Summerville, SC 29485

APPELLANT

Constance Holloway
SCDHHS
Office of General Counsel
P.O. Box 8206
Columbia, South Carolina 29202

ATTORNEY FOR RESPONDENT



Alexander Shissias, Hearing Officer
SCDHHS
Division of Appeals and Hearings
Post Office Box 8206
Columbia, SC 29202

Fax: (803) 255-8206

Alexander.Shissias@scdhhs.gov

R 378

~~R0366~~

RECEIVED

JAN 31 2019

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT

S. Philip Lenski, Administrative Law Judge

Case No. 2018-00895

Jeanette's Loving In-Home
Care Agency,

Appellant,

v.

South Carolina Department of,
Health and Human Services

Respondent.

PROOF OF SERVICE

I, certify that I have this date served the *Record on Appeal* on the respondents, by depositing a copy of same in the U.S. Mail, postage prepaid, addressed to Constance D. Holloway, SCDHHS Office of General Counsel, P.O. Box 8206, Columbia, S.C. 29202.

Dated : 01/29, 2019.



Jeanette Vinson
107 Chalmers Court
Summerville, S.C. 29485
(843) 709-7086