

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

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>4-10-12</i>
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DIRECTOR'S USE ONLY	
1. LOG NUMBER 101390	ACTION REQUESTED <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>David Stalter, Acting</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-17-12</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

:HayssenSandiacre - Duncan -- Stacey Blodgett
09:12 04/05/12 EST Pg 1-9

To: FW: ATTN: Tony Keck (180325582)

Dear Mr. Keck,

I'm writing to you to copy you on information I have sent to Nikki Haley regarding Medicaid guidelines. My son was again denied for SSI and now that he is turning 19 will be denied Medicaid (He has TEFRA until May 31st.) Without Medicaid, his prescriptions are over \$700 per month and my private insurance does not cover any of this.

I have over 70 pages that I would like to send you but don't see that that's necessary so I'm attaching my first and second letters to Governor Haley for your review to give you background. I have also copied Jim DeMint, Lindsey Graham and President Obama.

My son desperately needs someone to intervene and overturn this decision. I will be appealing with attorney but wanted to reach out to you as well. Thanks!

Stacey A. Blodgett, Executive Assistant
HayssenSandiacre | A Barry-Wehmiller Company
225 Spartangreen Blvd, Duncan, SC 29334
(864) 486-4010 | (864) 316-2531 cell
stacey.blodgett@hayssensandiacre.com
"We build GREAT people who do EXTRAORDINARY things"

RECEIVED

APR 06 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Tyler Goad - Medicaid / SSI Appeal
Information proved by mother - Stacey Blodgett

April 4, 2012

Handwritten signature: Stacey Blodgett

We just received word that Tyler was denied SSI benefits (see denial letter). They state that "based on the evidence in file, we have determined that you can adjust to other work." ... meaning that they think he is capable of doing some type of work. Therefore, your claim is denied." He has had job after job over the past two years and never a job more than 2 months. His attendance, moods, rage, ability to consistently perform are always a factor and make him an unreliable employee. Depression and the inability to get out of bed or the anxiety of pressure and mood swings keeps him from being functional. Some days he cries - other days is a raving maniac - and there are days that he is my sweet son who doesn't want to be bad. He vomits at least once per week because he is a nervous wreck.

Denying SSI means he will also not qualify for Medicaid. He turns 19 on May 25th. His TEFRA Medicaid will end May 31st and he will then not be able to afford the medication he is on as my private insurance doesn't cover it. One prescription is over \$700 per month. The other two are less but how can we possibly afford this each month without Medicaid? Without his medication he will either end up in jail, hurting himself or someone else. Of course my plan is to now appeal SSI but how long will that take? What needs to happen before someone steps in and just does the right thing for someone truly deserving of assistance. I make too much money according to programs available to help him, yet he is now considered "an adult" according to Medicaid but what I make cannot support his medical needs.

Just last week I had to call 911 because he was out of control and I was fearful of his rage. This is not a daily thing but he is so moody that from one day to the next I have no idea what I'm going to come home to. Holes in doors, broken windows, holes in walls, the door in the house left unlocked, etc. It just goes on. Nobody can possibly imagine the stress this is putting on me and my teenage daughter. November 2010 he was rushed by ambulance because he punched a window and the glass cut his wrist. The ambulance driver told me he almost "bled out" in my driveway. The doctor at the hospital told me that a hair more and he would have died from cutting a major vein.

He has been in the mental hospital 3 times since he was 12. Should have been admitted several more times but was denied treatment because at the time of "examination" he wasn't threatening to harm himself or someone else. Keep in mind - at that time - meaning 45 minutes after he just said he wanted to die or that he would kill someone - but that very minute he wasn't homicidal or suicidal.

After a seven year relationship with my boyfriend, he and I split up this past November and he moved out because he cannot handle the constant instability of our household. (I am attaching a letter written by my boyfriend in 2009 to describe Tyler's behavior as well as my notes from 2009). It's not a matter of discipline. He truly has "a screw loose" and nothing is going to completely help. It's a chemical imbalance, controlled somewhat with medication but it is never CURED.

In my opinion, he IS Disabled and the guidelines used by the State and Federal agencies deciding this don't take into account "mental disabilities" other than retardation. The guidelines for TEFRA are from 1989 when bi-polar didn't exist or wasn't understood. It took me two years of applying and appealing to get TEFRA for him and the State of SC finally approved him showing he was DISABLED. Now that he turns 19, they are going to say he isn't??? If you lose a leg and you're disabled, that leg doesn't grow back. It's the same for bi-polar. He won't get better.

:HayssenSandiacre - Duncan -- Stacey Blodgett To:FW: ATTN: Tony Keck (180325582;
09:13 04/05/12 EST Pg 3-9

Tyler has said since he was little that his "brain hurts". He used to beg me to help it not hurt and to make him "normal". I wish with all my being that I could help him. My fear at this moment is that his Medicaid will be denied and he won't be able to afford his medication. If he were homeless, he could get state benefits and assistance, but because i won't kick him out on the street, nobody can help him. It just makes no sense. If I die tomorrow he will be homeless and unable to support himself.

My 15 year old has anxiety because of Tyler's bi-polar. She is a nervous wreck all the time and was homeschooled for 2 years because she couldn't leave the house without panic. Thankfully she is slowly learning to control her anxiety but his bi-polar affects us all.

To top it all off, he has severe allergies to peanuts and all nuts. He is hypersensitive and cannot stand certain clothes touching him, cannot stand people touching him softly, he shakes uncontrollably due to the medication he is on and as I said earlier he vomits consistently. He can't sleep some nights and other times sleeps for days.

Social Security Administration

454/L93840

EXPLANATION OF DETERMINATION

Name of Claimant	NH's Name (if CDB or DWB Claim)	SSN	Type of Claim
TYLER J GOAD		251-91-2513	DI

The following evidence, listed with receipt date, was used to decide this claim.

FAMILY PHYSICIANS OF SPARTANBU, 03/05/12
CARDIOLOGY CONSULTANTS, 03/06/12
DR SHANE SHERBONDY MD, 02/23/12
The evidence received from Brian Lann 7/5/11, Carolina Cr For Behavioral Health 6/20/11, Shane Sherbondy 6/15/11, and Family Physicians of Spartanburg

This guy not with Tyler for 30 mins.

You state you are disabled and unable to work due to Bipolar and ADD. You are not performing any substantial work now.

The evidence we received shows that your condition(s) causes some work-related restrictions. We do not have sufficient vocational information to determine whether you can perform any of your past relevant work. However, based on the evidence in file, we have determined that you can adjust to other work. Therefore, your claim is denied.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

Hardly enough time to make a decision of such importance

HKE/
SNO:

Form SSA-4268-C4 (1-85)

Tyler Goad - TEFRA Appeal

1/21/09

Information provided by mother - Stacey Blodgett

HOME

- Daily activities are difficult for Tyler. Although he can bathe himself, you must tell him to take a shower (bring a towel in the bathroom, etc.), brush his teeth, put on deodorant, etc. The simplest daily activities that we perform each day are a struggle for him in that he cannot remember what is common sense to us.
- Each day he must be given his medication and constantly reminded to take it morning and night. He doesn't remember on his own and if he misses a dose it has a catastrophic affect on his behavior for days following.
- Mornings -- he needs assistance waking up. I have to wake him up 6 or 7 times to get him to get out of bed and get ready.
- Nights are very difficult as he sometimes cannot sleep and needs constant monitoring if he is awake. He has in the past wandered off in the middle of the night.
- He is easily angered and sometimes very destructive
- He is very confrontational with his family
- He has no judgment skills and sometimes has difficulty with reality versus true life.
- His 12 year old sister helps us with him at home. She has to "report in" to us frequently and keep in contact with Tyler. She makes sure he takes his pills, does his assignments, etc.
- On a good day he is kind and loving sometimes helps with chores but a list must be given or he will not remember what I've asked him to do. He is always sweet to our dogs and sometimes his sister.
- On a bad day he is argumentative, loud, inattentive, rude, and sometimes aggressive and violent. During a tantrum he will sometimes throw things, punch walls, pull his hair, bite something or run. He has not yet directed his tantrum on me or his sister.
- We walk on eggshells most of the time to try not to irritate him.
- Tyler may never be able to do the things that teens his age do like drive a car, get a job, babysit, etc. He doesn't have the mental capacity to do these things.
- He self-medicates using tobacco products (smoking and dip) as this seems to calm him when he is easily agitated. (Constant monitoring of Tyler is required by his doctors and counselor.) Most bi-polar teens self-medicate using alcohol or drugs. Thankfully this has not been the case of yet with Tyler and we keep a close watch over him to be sure of it.

SCHOOL

- SEE IEP NOTES PROVIDED FROM DORMAN HIGH SCHOOL - coping with pressure of school has made Tyler sick. He was vomiting on a daily basis. We have since removed him from school and he is currently being schooled at home and online.
- Interaction with peers was difficult for him in that he was easily agitated by others.
- He has difficulty completing tasks in a timely manner. His writing is slow and he was always falling behind and needed extra assistance. He never was able to get his homework from school to home and then back and often forgot what he had for homework or would swear there was none. I had to stay in constant communication with his teachers to assist in this process.

SOCIALIZATION

- Tyler wants acceptance but has a very difficult time with his peers. He cannot keep friends as he can be "scary" when he is irrational. He is sometimes violent and cannot make rational decisions when he is beyond the "zone".
- He can be a danger to himself and to others if not monitored and kept on a strict medication cocktail.
- Routine is critical in keeping Tyler in check. If his routine is broken, it has an effect on the way he acts.
- He is picked on viciously by peers.
- He was recently assaulted by a much larger boy/man who is now being prosecuted for this attack. Tyler will have to testify at a trial and this is a pressure that can result in a very serious adverse reaction.

In summary I would like to add that Tyler is a good kid. Very loving towards others and has a big heart. It hurts him tremendously to be ostracized by his peers. He is often sad that he cannot help his behavior and wonders "why me". He wants to be just like every other kid but in all reality that will probably never happen. He will be medicated for the rest of his life and any alterations to that medication can potentially hospitalize him.

There have been numerous times over the past several years where we have looked into permanent placement for Tyler. Twice he has been admitted to Marshall Pickens. One time he was brought there but they refused to keep him because he wasn't at that moment a threat to himself or others. All facilities we've checked into are far away. Many are extremely expensive and we cannot afford them. The bottom line is we chose to keep him at home with us where we can love him and care for him. It would be heartbreaking for him and us to send him away with strangers who really may not understand him at all. Potentially the wrong treatment could make his condition worse. We have made tremendous progress with his condition and will continue to care for him and keep him safe.

January 19, 2009

To Whom It May Concern:

My name is Sean Sullivan. I am Tyler's stepfather and have been living with them since August of 2008. During my three year relationship with Tyler's mother, I have witnessed many different stages of Tyler's Bi-polar. I didn't quite understand the severity of his condition until I began living with them on a daily basis.

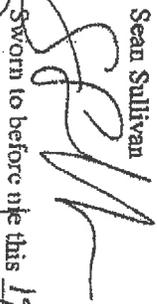
At times Tyler is quite violent and has periods of depression and instability. Each time there is a medication change, we brace ourselves for the worst behavior and hope that the period of adjustment is brief. It has at times taken weeks and even months to readjust to any alterations made. During these periods Tyler has become violent and destructive.

Appearances can be deceiving, as Tyler seems to be a normal teen. However, on a daily basis, there is a constant struggle to be sure Tyler takes his medication, does his school work, showers, etc. Daily normal activities which should be so simple are very complex at our house. We have set up routines and charts to assist Tyler with daily living. Without constant monitoring our lives would be total chaos.

Normal teens this age are getting ready to drive, work and preparing for college. Tyler may never do these things as he is incapable of being responsible for his actions and at times uses very poor judgement.

There have been numerous occasions in the last few years where Tyler has been to the point of hospitalization but we had no options for placement. The local facilities would not take him because he was "not a threat to himself or others". We have not had many options and have chosen to educate ourselves on his condition in order to accommodate his needs and care for him at home. Many placement facilities are in excess of \$30,000 for 90 days and this is way beyond our means. In addition, there aren't any placement facilities nearby where we could monitor him closely. This just isn't an option for our family. We want Tyler to be safe and give him the care needed at home with people who love him.

Sean Sullivan


Sworn to before me this 19th day of January, 2009.


Notary Public State of SC

My commission Expires


My Commission Expires
August 31, 2009

South Carolina Department of
Health & Human Services



Anthony E. Keck • Director
Nikki R. Haley • Governor

Log # 390

May 2, 2012

Ms. Stacey Blodgett
247 Weston Valley Drive
Spartanburg, South Carolina 29369

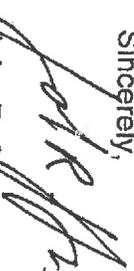
Dear Ms. Blodgett:

The Office of Governor Nikki Haley contacted this agency regarding Medicaid eligibility and the healthcare needs of your son, Tyler Goad.

Unfortunately, Tyler's Medicaid coverage will end effective July 1, 2012 because he is above the age limit of 19 for continued coverage through the Tax Equity and Fiscal Responsibility Act (TEFRA) program. His TEFRA eligibility continued during the application process for our Aged, Blind or Disabled program; however, because the Social Security Administration denied his disability claim, we must adopt their decision. If you choose to appeal the disability determination with SSA, please contact them directly at 1-800-772-1213.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare needs and prescriptions. I hope this information is helpful.

Sincerely,


John R. Supra, Jr.
Deputy Director

JS/I
Enclosures

Brenda James

From: Teeshla Curtis <CURTIST@scdhhs.gov>
To: Brenda James <JAMESBR@scdhhs.gov>, Jennifer Lynch
<LYNCHJEN@scdhhs.gov>, ...
Date: 5/2/2012 11:32 AM
CC: Sharon Mondier <MONDIER@scdhhs.gov>
Attachments: Ref Log 390 Response.pdf

Brenda,

Attached is the response for log 390.

Teeshla