

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2-18-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001364</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>2-28-11</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Teck Cleared 2/24/11 letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			
4.			



COMMITTEES
Chairman, Finance
Chairman, Operations and Management

HUGH K. LEATHERMAN, SR.

SOUTH CAROLINA STATE SENATE
DISTRICT 31, FLORENCE
AND DARLINGTON COUNTIES

Interstate Cooperation
Ethics
Labor, Commerce and Industry
Rules
State House
Transportation

FLORENCE ADDRESS

1817 Pineland Avenue
Florence, South Carolina 29501
(843) 667-1152

111 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6640

RECEIVED

FEB 18 2011

February 16, 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

**No Enclosures by*

Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Mr. Keck:

I am writing in support of the application of my constituent, Cameron F. Shirlaw, for reinstatement of his Medicaid benefits. Cameron was diagnosed with Gauchers disease as a child and was enrolled in the TEFRA Medicaid program until age nineteen. He was accepted into the South Carolina Medicaid program in 2008 but was dropped, without notification, in 2009. His application for reinstatement was denied on January 24, 2011; I am enclosing a copy of the Notice for your reference.

In order to live, Cameron must receive infusions costing \$32,000 every two weeks. Although he is not disabled as long as he receives the infusions, he surely would be if he did not get his medication.

Dr. Keck, I would very much appreciate anything you can do under the governing statutes and regulations to reinstate Cameron Shirlaw's Medicaid coverage.

Very truly yours,

A handwritten signature in dark ink, appearing to read "H. K. Leatherman, Sr.", written over a horizontal line.

Hugh K. Leatherman, Sr.
HKL:dsm

Enclosure

CC: M. Ronald Shirlaw
12/SH

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FEB 18 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201



HUGH K. LEATHERMAN, SR.
SENATOR, DISTRICT 31
P. O. BOX 142
COLUMBIA, SOUTH CAROLINA 29202

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/18/11

MEDSPROD MEMBER PERIOD START: 09/30/10 END: ACTION: PAGE: 0001

NAME: SHIRLAW CAMERON F HH NAME: SHIRLAW CAMERON F

RCP NUMBER: 0218848801 HH NUMBER: 100406948 ACTION TYPE: MAINTENANCE

SSN: 250-77-8036 VC: V APL STATUS: ACTION DATE: 10/01/10

PRIMARY INDIVIDUAL: APL CO: 21 WORKER ID: KIMBS LOCATION: 001

3805 DORSET DRIVE SSCN: RSN:

RACE: 01 SEX: M MARITAL STATUS: S

TPL: Y RSP: 1 RELATION: SELF

DOB: 03/01/1989 DOD:

LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

FLORENCE SC 29501-

CORRECT RCP NUMBER: _____

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	SPONSOR
-	90258244	04/01/2008	04/01/2009	32	50	FULL	N	N	.25	9955
-	02188488	09/01/2001	04/01/2008	57	50	FULL	N		.00	

UPDATED: USER ID: MONIW DATE: 02/19/09 SYSTEM ID: TTR1001 DATE: 10/24/02
ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

Log # 364 ✓

February 24, 2011

Mr. Ronald Shirlaw
3805 Dorset Drive
Florence, South Carolina 29501

Dear Mr. Shirlaw:

Senator Hugh Leatherman's office contacted this agency on your behalf regarding Medicaid eligibility for your son, Cameron, and his healthcare needs.

Cameron's application for Medicaid's Aged, Blind or Disabled (ABD) program was denied on January 21, 2011 because he did not meet disability criteria. Medicaid uses the same disability guidelines as the Social Security Administration when determining eligibility for the ABD program. If Cameron's situation changes, you may re-apply for Medicaid at any time.

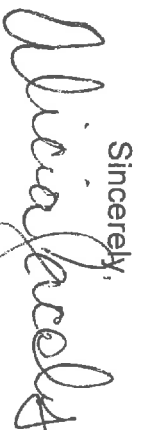
The Federal Government recently passed the *Affordable Care Act* that will make substantive changes to Medicaid's eligibility requirements; however, these changes will not take place until calendar year 2014. Already in place this year is the new "Pre-Existing Condition Insurance Plan" overseen by the US Department of Health and Human Services. To find out more about this plan or to apply for its coverage, please call 1-866-717-5826 or visit www.pcipplan.com.

At the state level, the South Carolina Department of Insurance offers health insurance coverage to residents with pre-existing medical conditions who are considered "high risk" through the *SC Health Insurance Pool*. To find out more about the insurance pool coverage and rates, please call Blue Cross/Blue Shield of SC at 1-800-868-2500, Ext. 46401.

We previously mailed you information on other programs and organizations that can assist residents in South Carolina with their healthcare needs. If you have additional questions or concerns about the Medicaid program, please contact Jenny Lynch in Constituent Services at (803) 898-3965.

We hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/jgl

*Signed Copy Was Mailed, but
they did not make a copy*

The Honorable Hugh Leatherman, Sr.
South Carolina Senate
1817 Pineland Avenue
Florence, South Carolina 29501

Dear Senator Leatherman:

Thank you for contacting this agency on behalf of Mr. Ronald Shirlaw regarding Medicaid eligibility for his son, Cameron.

We have been in direct contact with Mr. Shirlaw regarding the rules and regulations governing the Medicaid program. In order for Cameron to qualify for Medicaid at this time, he must meet the disability guidelines established by the Social Security Administration. We provided Mr. Shirlaw with information on alternate healthcare and insurance options that may be of assistance to him.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Anthony E. Keck
Director

AEK/jjgl

MEDHMS54*P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/18/11
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 09/30/10 END: PAGE: 0001

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South Carolina Medicaid Program
Notice that Medicaid Coverage Will End

STATE OFFICE COUNTY DHHS

P. O. Box 100101

Columbia SC 29202-0000

Date: 02/20/2009.

Worker Name:

MONICA WILLIAMS

Telephone: 803 898-2786

BG #: 90258244

HH #: 100406948

CAMERON F SHIRLAW

C/O RONALD G SHIRLAW

3805 DORSET DR

FLORENCE SC 29501

47 MONIW

Medicaid coverage for the people listed below will end on: **04/01/2009**

Beneficiary name:
CAMERON F. SHIRLAW

Beneficiary Medicaid ID#:
0218848801

Reasons: Medicaid coverage will end because:
You do not meet the disability criteria.

You may get a copy of the manual or policy information that requires your case to be closed from your worker. Manual/policy reference supporting this action:
102.06.02A

You may qualify for Medicaid under other programs if there have been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact a Medicaid eligibility worker in the county where you live.
- Call 1-888-549-0820 and ask that a Medicaid application be mailed to you. This is a free call.
- Use the computer to get an application from our website at www.dhhs.state.sc.us.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form, please contact your worker right away.

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a hearing within 10 days of the date on this letter, you can ask in your request that your Medicaid coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any Medicaid benefits you received while your case was being reviewed.

From: Tammy Martin
To: Jennifer Lynch; LaRonna Faulk
CC: Bryan Kost; Hybert N Strickland
Date: 2/23/2011 4:21 PM
Subject: Re: Cameron Shirlaw HH: 100406948

I called and talked with Mr. Shirlaw and told him that Cameron was denied because his condition was not severe and there was not enough Medical evidence to establish a diagnosis. He said he understood and I told him every time Cameron was turned down with SSA to reapply again. There was no appeal done after I had talked to him.

Tammy Martin
Florence County DHHS
2685 S. Irby St
Florence SC 29505
843-673-1761 x 114
843-669-7116 FAX
martint@scdhs.gov

>>> Jennifer Lynch 2/23/2011 4:16 PM >>>

Hi Tammy! After receiving this email back in January, I called Mr. Shirlaw and told him that Cameron was denied. He stated at that time that he planned to appeal. This week, we received a letter from Senator Leatherman's office regarding Cameron's denial. Have you received an appeal request? If so, when was it sent to appeals?

Thanks!!

Jennifer Lynch
Supervisor, Division of Constituent & Beneficiary Services
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhs.gov

>>> Tammy Martin 1/21/2011 9:48 AM >>>

I got back the decision from Columbia for his Disability determination. He was denied for impairment not severe. I will be denying the application today.

Tammy Martin
Florence County DHHS
2685 S. Irby St
Florence SC 29505
843-673-1761 x 114
843-669-7116 FAX
martint@scdhs.gov