


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-31-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100544</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/7/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-9-09</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.			
4.			

RECEIVED

MAR 31 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Twana D. Muldrow
1001 Sopkin Avenue
Florence, South Carolina 29506
(843) 409-4766

March 26, 2009

SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206
Attn: Office of the Director

Dear ma'am or sir,

Hello... this letter is being written on behalf of my mother, Elouise Muldrow. She has the benefit of receiving community long term care (CLTC) under the Department of Health and Human Services (DHHS). Unfortunately, the cumulative monthly hours she receives are not sufficient assistance in order to avoid institutionalized care.

It is my understanding that community long term care (CLTC) was first established to meet the needs of the elderly or disabled person who was not able to care for himself or herself independently over along period of time, perhaps for life. It is also my understanding that community long term care (CLTC) operates home and community-based waiver programs for person's eligible for nursing home care but who prefer to receive their services in the community. Through a process of case management and an individualized service package, waiver clients are able to successfully remain at home at a cost to Medicaid that is substantially less than the cost of institutional care.

My mother has a very rare disease called polymyositis (PM) which is an inflammatory muscle disease causing weakness and pain. Polymyositis (PM) is an inflammatory disorder in which muscle tissue becomes inflamed and deteriorates. This disease is an autoimmune disease, caused by the immune system's attack on the body's own tissue. Weakness may cause difficulty walking, standing, and lifting objects. The muscles of breathing and swallowing are eventually affected. This disease causes heart abnormalities, including electrocardiogram changes.

I feel that the services and/or care being offered to my mother currently are not in her best interest. After speaking with her caseworker on several occasions I strongly feel that the proper steps are not being taken with that interest at heart.

The mission of this division is to provide for the effective and cost-efficient delivery of health, human, and Medicaid services to the citizens to this state. During the South Carolina General Assembly (115th Session) 2003-2004 title 2 of the 1976 code was amended by adding chapter 64 which in part reads "recommendations for improving the program and public health by initiative to improve the overall health and personal responsibility of citizens for healthy lifestyles."

in conclusion, my mother's condition has gotten worse over the past several of years causing her to have little or no limb function. She is unable to feed herself or go to the bathroom on her own. She also requires an A-frame or Hoyer lift system when getting in and out of bed and when using the bathroom. This disease has gotten to the point that she is unable to turn herself when she is in bed. I invite the DHHS Director and/or State Representative to take time out of their busy schedule to come and sit and monitor the actions of this extraordinary survivor. Thanks for your time.

Sincerely,

Twan D. Muldrow



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 7, 2009

Twan D. Muldrow
1001 Sopkin Avenue
Florence, South Carolina 29506

Dear Mr. Muldrow:

I have received your letter of concern sent to the Florence County Office regarding the services your mother receives through the home and community-based waiver program.

A request for increased service units, i.e. additional hours, has been received in the Community Long Term Care Central Office from the assigned case manager and is currently under review.

Your letter of concern is appreciated and indeed your mother's medical and functional conditions you describe are a part of the case manager's assessment that relates to the request submitted for increased service units.

Please know that the request is being given careful attention and the case manager will contact you when a determination has been made.

If you have additional questions, please feel free to contact the Community Long Term Care Division Director, Maria Patton at (803) 898-2590.

Sincerely,

A handwritten signature in cursive script, appearing to read "F. Myers", is written over the printed name of Felicity Myers.

Felicity Myers, Ph.D.
Deputy Director

FM/wpd

Log #544