

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

*Can't Read Gov #*

TO <i>Ries</i>	DATE <i>7-6-06</i>
-------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000036	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>7-13-06</i>
2. DATE SIGNED BY DIRECTOR  <i>Cleaud 8/3/06, 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.			

07/06/2006 15:02 8037340799

OMBUDSMAN



Department of Health & Human Services  
OFFICE OF THE DIRECTOR

JUL 06 2006

PAGE 01

State of South Carolina

Office of the Ombudsman

MARK SANFORD  
GOVERNOROFFICE OF THE OMBUDSMAN  
POLICY AND PROCEDURE

## FAX TRANSMITTAL COVER

DATE:	7-6-02
FAX TO:	San Polatty
FAX #:	898 - 4515
FROM:	Carmen Bowie

Total number of pages:

3

(including this cover sheet)

If you have any problems receiving this document, please contact:

Office of Constituent Services  
Post Office Box 12267  
Columbia, SC 29211  
TELEPHONE: (803) 734-5049 • FAX: (803) 734-8798

07/06/2006

03:30PM

REC'D  
"Reddy's"  
Sign.

07/06/2006 15:02 8037340799

ONEBUSMAN

PAGE 02

Governor Mark Sanford - Fw: Mary and Wesley Sanders - Medicaid

From: "Gwen Sanders" <pgsanders@slc.net>  
 To: <mark@gov.sc.gov>  
 Date: Wed, Jul 5, 2006 8:27 PM  
 Subject: Fw: Mary and Wesley Sanders - Medicaid

RECEIVED  
 JUL 06 2006  
 Referred to  
 Answered

Referred to  
 Answered

----- Original Message -----  
 From: Gwen Sanders  
 To: governor@gov.sc.gov  
 Sent: Monday, July 03, 2006 8:09 AM  
 Subject: Mary and Wesley Sanders - Medicaid

TO: GOVERNOR SANFORD  
 FROM: GWEN AND PAUL SANDERS, ST. HELENA, SC  
 (843) 838-4186

RE: WESLEY SANDERS TEFRA MEDICAID # 3100533204 DOB -9/25/96  
 MARY ELIZABETH SANDERS TEFRA MEDICAID # 3100533203 - DOB -9/25/96

REF: TEFRA COVERAGE TERMINATING 8/1/96

Pursuant to my telephone conversation with Carmen, please find information regarding our twins and medical condition.

We recently received a letter dated 6/23/06 from SC Medicaid stating that Wesley's Medicaid coverage will end 8/1/06 because she does not meet the "disability criteria". After several phone calls, I was told meeting disability criteria means "functional". Her twin sister ME will be receiving the same letter in the near future.

#### HISTORY:

I was diagnosed with twins at 32 weeks after having premature labor. At 37 weeks I delivered the twins at Beaufort Memorial and was sent home with the twins after 24 hours, even though they had breathing difficulties and looked extremely "different". After 2 weeks they were diagnosed with Crozon syndrome. Shortly after that, Wesley was flown to MUSC with pneumonia and had surgery.

Due to the rare nature of their syndrome, we have taken the twins to John Hopkins Hospital, MUSC, Georgia Eye Institute, Shriners Hospital, and we are currently going to Miami Children's hospital for some of their surgeries.

They have been diagnosed with the following:

Craniosynostosis  
 Hydrocephalus  
 Respiratory difficulties  
 Scoliosis - so severe Wesley wears a back brace nightly.  
 Spina bifida occulta  
 Fused Elbows  
 Fused Vertebrae  
 Adnomal Ear canal- hearing loss in both ears for Wesley/she wears hearing aids ME total loss one optic atrophy

07/06/2006 03:30PM

07/06/2006 15:02 8037340799

OMBLDSMAN

PAGE 03

Governor Mark Sanford - Fw: Mary and Wesley Sanders - Medicaid

Page 2

Optic Nerve damage  
Orthodontics issues - surgery will be required

As of now, both girls have had atleast 15 surgeries, and many more are required until they become

**Surgeries:**

Tracheostomy  
Ventricular shunt  
Shunt Revisions  
Extended Anterior Cranial expansion with orbital advancement (ME had this surgery 3 times)  
Cervical medullary decompression for Chiari malformation  
Ear tubes - due to fluid buildup - hearing loss at least 6 times  
Craniofacial advancement which required 4 very difficult surgeries.  
Trach removal  
Plastic Surgery for scarring from "trach removal and craniofacial advancement  
tonsils and adnoid removal

With all these surgeries, comes all the necessary CT's and Xrays.

**CONCLUSION:**

The bottom line is the girls are in constant medical care. They will require more surgeries until they adults. Yes, they may be considered "functional" but, that is because we have given them the medical attention they need. Our prayers are that they become very functional adults, we are pushing them to be the best despite all their disabilities. Life is not always pleasant for them all the stares and comments from people. But, we are extremely proud of them.

My husband is self employed farmer, our health insurance is extremely expensive and we can not change because of the girls. And, our deductible is also very high. I can not work full time due to all the girls' surgeries and appointments, therefore I bookkeeping for the business and substitute teach.

Paul and I never imagined we would need a social program however, without the medicaid we would be able to provide the girls with the medical treatment required. I has been a "life saver" over the past 9 years. We will probably be in debt for many years come with all their medical needs.

We thank you for your time. Continue the great work in your office.

Sincerely

Gwen M. Sanders

07/06/2006 03:30PM

7/6 Cannon - facing info -&gt;

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/06/06  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 12/29/05 END: PAGE: 0001

NAME: SANDERS MARY E HH NAME: SANDERS MARY E

RCP NUMBER: 3100533203 HH NUMBER: 100200927 ACTION TYPE: MAINTENANCE

SSN: 251-99-1083 VC: V APL STATUS: ACTION DATE: 10/24/02

PRIMARY INDIVIDUAL: APL CO: 07 WORKER ID: JWHIT LOCATION: 001

PO BOX 672 SSCN: RRN:

RACE: 01 SEX: F MARITAL STATUS: U

TPL INSURANCE: RELATION:

DOB: 09/25/1996 DOD:

ST HELENA ISLAND SC 29920- LIV ARRANGEMENT: HOME INCOME TRUST:

CORRECT RCP NUMBER: PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	%	OF	POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	30740376	10/01/1998		57	50	FULL	N		.00	
-		10/01/1997	10/01/1998	88					.00	
-		01/01/1997	10/01/1997	12					.00	
-		09/01/1996	01/01/1997	87					.00	

UPDATED: USER ID: JWHIT DATE: 02/10/05 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

1EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/06/06  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 12/29/05 END: PAGE: 0001

NAME: SANDERS WESLEY HH NAME: SANDERS WESLEY

RCP NUMBER: 3100533204 HH NUMBER: 100117602 ACTION TYPE: MAINTENANCE

SSN: 251-99-1084 VC: V APL STATUS: ACTION DATE: 12/03/02

PRIMARY INDIVIDUAL: APL CO: 07 WORKER ID: JWHIT LOCATION: 001

WESLEY SANDERS SSCN: RRN:

PO BOX 672 RACE: 01 SEX: F MARITAL STATUS: S

ST HELENA ISLAND SC 29920- TPL INSURANCE: N RELATION: SELF

CORRECT RCP NUMBER: DOB: 09/25/1996 DOD: LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	27842811	01/01/2003	08/01/2006	57	50	FULL	N	N	.00	
-	10740377	10/01/1998	01/01/2003	57	50	FULL			.00	
-		10/01/1997	10/01/1998	88					.00	
-		01/01/1997	10/01/1997	12					.00	
-		09/01/1996	01/01/1997	87					.00	

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State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

August 3, 2006

Gwen and Paul Sanders  
Post Office Box 672  
St. Helena Island, South Carolina 29920

Dear Mr. and Mrs. Sanders:


Governor Mark Sanford asked our agency to respond to your recent correspondence concerning the healthcare needs of your daughters.

Wesley's Medicaid eligibility under the Tax Equity and Fiscal Responsibility Act (TEFRA) program was recently terminated because she no longer meets the disability criteria for the program. You are appealing the decision, and an administrative hearing is scheduled for August 30, 2006. Since Mary Elizabeth's condition has been determined permanent, she will probably age out of the TEFRA program before she is due for a review of her medical disability.

To ensure the disability decision was made in accordance with federal requirements, we requested another review of Wesley's record by the disability determination supervisor. The supervisor found no errors and agreed with the original determination.

Should you have any other questions, please contact Mr. Orf at 803-898-2749.

Sincerely,

  
Gary Ries  
Deputy Director

GR/joe

# 36  
Ben # ?  
can't  
determine  
Pls check by  
name -  
me!  
JH  
8/3

Robert M. Kerr  
Director

07/06/2006 15:02

8837340793

OMBUDSMAN

PAGE 02

Governor Mark Sanford - Fw: Mary and Wesley Sanders - Medicaid

From: "Gwen Sanders" <gsanders@akc.net>  
 To: <mark@gov.sc.gov>  
 Date: Wed, Jul 5, 2006 8:27 PM  
 Subject: Fw: Mary and Wesley Sanders - Medicaid

----- Original Message -----  
 From: Gwen Sanders  
 To: governor@gov.sc.gov  
 Sent: Monday, July 03, 2006 8:08 AM  
 Subject: Mary and Wesley Sanders - Medicaid

RECEIVED

JUL 06 2006

Referred to 186  
 Answered 186

TO: GOVERNOR SANFORD  
 FROM: GWEN AND PAUL SANDERS, ST. HELENA, SC  
 (843) 838-4186

RE: WESLEY SANDERS TEFRA MEDICAID # 310053204 DOB - 9/25/96  
 MARY ELIZABETH SANDERS TEFRA MEDICAID # 3100533203 - DOB - 9/25/98

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They have been diagnosed with the following:

Craniosynostosis  
 Hydrocephalus  
 Respiratory difficulties  
 Scoliosis - so severe Wesley wears a back brace nightly.  
 Spina Bifida occulta  
 Fused Elbow  
 Fused Vertal  
 Adnormal Eas  
 Optic atrophy

*Shouldn't we be  
 addressing both of  
 the children - ME's  
 will be intub, soon for  
 a before we respond.*

*We should see when  
 someone asked the  
 question, but, I don't  
 see an answer,*

*Also, what does Frank  
 do to "ensure the...  
 decision was made in  
 accordance with federal  
 requirements... I do  
 this month we can  
 do before we respond.*

*Ann 7/12*

*May E will only  
be 10 in Sept.*

**TERRA CDR R** *NE has determined  
her condition  
as permanent  
of*

TO: DEPT. OF SOCIAL SERVICES  
STATE OFFICE

FROM: DEPT. OF VOCATIONAL REHABILITATION  
DISABILITY DETERMINATION DIVISION

DISABLED INDIVIDUAL May E Sanders  
SSN 251-99-4186 <sup>1083</sup>

This file has been reviewed by the Disability Determination Division prior to receipt of the claim to determine if a medical review of this child's conditions by the Disability Determination Division is needed:

☒ No medical review is necessary. This child has a permanent chronic condition and medical improvement is not expected. The file is being returned to DSS.

☐ CDR review by the DDD is necessary. Medical improvement is possible.

South Carolina Department of Social Services  
Post Office Box 1520  
Columbia, South Carolina 29202-1520

August 25, 2001

Memorandum:

To: Beaufort, County DSS  
  
Latricia Alston, Caseworker  
  
From: Ms. Felicia A. Baccus, Program Coordinator  
Division of Medical Support  
  
Subject: Continuing Disability Review (CDR) Decision  
  
Name: Mary Elizabeth Sanders SSN: 251 / 99 / 1083

Due to unforeseen circumstances the CDR decision is being returned as a permanent decision. The referral will remain in the case claim folder at the Division of Medical Support. Attached is a copy of the decision explaining the disability determination from Vocational Rehabilitation Division.

If further assistance is needed I maybe contacted at 803-898-9476.

FAB/b  
Attachment  
  
CC: Claim Folder

**From:** Jennifer Dabbs  
**To:** Mark Of  
**Date:** 7/21/2006 3:25:53 PM  
**Subject:** Re: Mary Elizabeth Sanders - 3100533203

This particular case is an older case. They actually didn't put a diary date. The decision only says "no medical review necessary-permanent decision". The newer cases have a diary date of age 19 if they don't need to be reviewed, which is when they age out of the program. Let me know if you need a copy of the decision or more clarification.

Jennifer L. Dabbs  
TEFRA Coordinator  
Department of Health and Human Services  
(803) 898-8084  
(803) 255-8223 FAX

>>> Mark Of 7/21/2006 3:17 PM >>>

Jennifer, I know we put a diary date on some of these so they would age out before they received a review. I assume this is what you are referring to, correct?  
TEFRA children age out terminated upon 18th birthday, correct?

>>> Jennifer Dabbs 7/21/2006 8:11 AM >>>

She has a permanent decision in the file, so we will not have to complete a CDR for her.

Jennifer L. Dabbs  
TEFRA Coordinator  
Department of Health and Human Services  
(803) 898-8084  
(803) 255-8223 FAX

>>> Mark Of 7/20/2006 4:18 PM >>>

can you tell me if there is a CDR that will be done on this child anytime soon?  
we just did one on her twin (Wesley).  
Gov.Of referral...thanks!

**From:** Jennifer Dabbs  
**To:** Mark Of  
**Date:** 7/21/2006 8:11:06 AM  
**Subject:** Re: Mary Elizabeth Sanders - 3100533203

She has a permanent decision in the file, so we will not have to complete a CDR for her.

Jennifer L. Dabbs  
TEFRA Coordinator  
Department of Health and Human Services  
(803) 898-8084  
(803) 255-8223 FAX

>>> Mark Of 7/20/2006 4:18 PM >>>  
can you tell me if there is a CDR that will be done on this child anytime soon?  
we just did one on her twin (Wesley).  
Gov.Off referral...thanks!

<b>LEGISLATIVE LOG #</b>	0036
<b>LEGISLATOR/INQUIRER</b>	Governor Sanford
<b>CONSTITUENT</b>	Gwen Sanders for children Wesley & Mary Elizabeth
<b>SSN</b>	
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	7/6/2006
<b>DATE DRAFT DUE GR</b>	7/12/2006

<b>LOG LETTER DUE DATE</b>	7/13/2006
<b>DATE REFERRED TO BC</b>	7/7/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	7/7/2006	Jan	8-2502	Jacobs box
	7/10/2006	Denise	8-2505	Jill gave me the log & Mark is handling.
	7/11/2006	Mark		Spoke with Mrs. Sanders, appeals unit and emailed Jeff Hart. Mrs Sanders has appealed and the hearing is scheduled for August the 30th. Although they have insurance it is apparently very expensive and has a high deductible and may not cover everything. She was not interested in applying for other Medicaid programs - income too high. She was also concerned about having the appeal in her area. I called Barry Streeter and it will be held in the area. I have sent the case back to Jeff Hart for his review. I will call the mother with the results.
	7/11/2006	Denise	8-2505	Gave Mark draft of his letter for his approval.
	7/11/2006	Denise	8-2505	Mark approved letter so I gave it to Alicia today.

### CHECKLIST

Family Size	
Income/Resources	

**Other Resources:**

Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

### Programs:

ABD	(32)	
Foster Children	(31,60)	
General Hospital	(14)	
HCBS	(15)	
LIF	(59)	
MBCCP	(71)	
Nursing Home	(10)	
OSS	(85,86)	
PHC	(88)	
Pregnant Women & Infants	(12,87)	
QMB	(90)	
SILVERxCARD	(92)	
SLMB	(48,52)	
SSI	(80)	
TEFRA	(57)	
Transitional	(11)	
Working Disabled	(40)	

**From:** Mark Orf  
**To:** Jeffrey.Hart@ssa.gov>  
**Date:** 7/11/2006 9:29:32 AM  
**Subject:** Wesley Sanders - 251-99-1084

Jeff I am sending this case back to you for a quick review. I have no reason to think the decision is in error, but need to go the extra mile (referral from Gov Off). I would appreciate you just checking it and see if everything looks ok. Apparently this child has a very rare condition etc.

I will put a copy of this email on it and put a bright cover sheet on it to flag it for your attention. Thanks

*CAROL S HART 7/11/2006*

**From:** Mark Of  
**To:** Nancy Bigelow  
**Subject:** need assistance

Wesley Sanders - 251-99-1084

The above named child was apparently terminated from TEFRA due to an improved condition. Can you please pull the file so we can get more information. Also can you tell me if her twin sister Mary E. Sanders 251-99-1083 is also at DVR? Thanks

**CC:** Valerie Hollis

*Mark Of  
in the  
part CDR*