

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Boaling</i>	DATE <i>3-12-07</i>
----------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000582	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-19-07</i>		
2. DATE SIGNED BY DIRECTOR <i>Cleaveland 3/26/07, 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.			

From: Richard Kluender
To: Keller@scdhs.gov
Date: 3/9/2007 2:44 pm
Subject: Fwd: Incoming Fax Message
CC: JAMESBR@scdhs.gov
Marga I'm out today, could you get the attached logged to Sam.
Thanks
Richard

RECEIVED

MAR 09 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

*Log-Bowling
"Robby's Sign"*

From: Sam waldrep
To: Richard Kluender
Date: 3/9/2007 1:05 pm
Subject: Fwd: Incoming Fax Message

CC: Bryan Kost
I guess these needs to get logged.

>>> Edna M Wulff 03/09/07 12:54 PM >>>

IR RECEIVED

MAR 09 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Office of The Lieutenant Governor

Andre Bauer
Lieutenant Governor

Office on Aging
Curtis M. Lofis, Jr.
Director

FAX COVER SHEET

"CONFIDENTIAL INFORMATION ENCLOSED"

RECEIVED

MAR 09 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DATE: 3/9/07

TO: Sen

Telephone #: _____

Fax #: 255-9209

FROM: Judis

Total Number of Pages Transmitted: 5 (Including Cover Sheet)

COMMENTS:

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this in error, please notify us immediately and destroy the related message. Thank you.

Office of the Director
1301 Carvins Street, Suite 200 - Columbia, South Carolina 29201
(803) 734-9900 • Fax (803) 734-9886

Herb Krash
District No. 47 - York County



Home Address:

Box 31
Clover, SC 29710
Bus. (803) 222-9430
Res. (803) 222-3768
Fax (803) 222-9430

House of Representatives

State of South Carolina

532-A Blatt Building
Columbia, SC 29211
Tel. (803) 734-3071
Fax (803) 734-3103

- Committees:**
- Ways and Means
 - Legislative, Executive, Tourism and Local Government Subcommittee
 - Personnel and Benefits Subcommittee
 - Proviso Subcommittee, Chairman
 - Secretary-Treasurer
 - Invitations and Memorial Resolution
 - State House Committee
 - York County Legislative Delegation, Secretary

2/20/07

Ms. Trile Easterby

Office on Aging

Box 142, Col SC 29202

Mail -

Judi,
This is from Reg.
Kirk & we need
to set this as a
priority for a
response. Thanks -
Mike

I am enclosing a copy of 2 letters that I have
recently received - one from Bryan for 7 yrd - one
from Mrs. Dawn L. Sales of York.

She needs help from your office - she has 2
grand sons / one 27, one 24 yrd old! They both live
in S.C. She really needs to be home with her sons as
their primary caregivers. Please refer to the second paragraph.

Herb Kirsh
District No. 47 - York County



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- Invitations and Memorial Resolution
- State House Committee
- York County Legislative Delegation, Secretary

with Mayor's letter to me.

I would greatly appreciate any help that you can lend

for Mrs. Suley.

Mary Shanks
Kent



CITY OF YORK

10 North Roosevelt Street P.O. Box 500
York, South Carolina 29745
(803) 684-2341 (803) 684-1705 Fax
www.yorkcitysc.com

J. EDWARD LEE, Ph.D.
Mayor

February 14, 2007

The Honorable Herb Kirsh
Post Office Box 31
Clover, South Carolina 29710

Dear Herb:

One of York's citizens, Ms. Dawn Sader, has contacted me about a matter of concern (see enclosed letter). As her correspondence indicates, she is the mother of two disabled adult sons who suffer from muscular dystrophy.

Ms. Sader and I spoke recently, and she asked me to contact our state officials to see whether or not a pilot program could be attempted that would allow single parents like her to stay home, receive financial assistance, and lovingly care for handicapped family members, thus saving Medicaid funds that presently pay non-family caregivers.

I would appreciate your ascertaining whether or not such a trial program could be attempted to help Ms. Sader and others like her. If such a pilot initiative is not feasible, could you ensure that Ms. Sader is presently receiving all possible state assistance?

Sincerely,

J Edward Lee, Ph.D.
Mayor

JEL:njp

enclosure

cc: Senator Robert W. Hayes, Jr.
Representative Dennis C. Moss
Governor's Office of Ombudsman

Dear Mayor Eddie Lee

This letter is from Dawn Stalen
I was wanting to let you know
I am a single Mom with 2 sons
who are adults and live here
at home. They are Timothy who is
22 years old and Joseph who is
24 years old - they have
dutchman museum daytripping
and I want to know if there
is any way a program can be
set up so I can be at home
with my sons and receive some
sort of supplemental pay for being
able to keep the boys off our
living home environment,
I'm in busy with city council
and projects for youth.

Please check into this issue
with our higher government and
our legislators,

Dawn Stalen,
Dawn Stalen,
91 Ross Cannon St
York, SC 29745
803-681-2992

Thank you for looking into this and
I will be waiting to hear back from
you very soon.

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 12/23/04 END: PAGE: 0001

NAME: SADER JOSEPH M HH NAME: SADER JOSEPH M
RCP NUMBER: 4724843001 HH NUMBER: 100250734 ACTION TYPE: MAINTENANCE
SSN: 477-11-4700 VC: V APL STATUS:
PRIMARY INDIVIDUAL: APL CO: 46 WORKER ID: CUWKR LOCATION: 099
91 ROSS CANNON ST SSCN: RRN:

YORK SC 29745-1341 DOB: 10/29/1982 DOD:
CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE <td>IND</td> <td>IND</td> <td>LEVEL</td> <td>NUMBER</td>	IND	IND	LEVEL	NUMBER
-	47248430	10/01/2000	10/01/2000	80	50				.00	
-		04/01/2000	10/01/2000	80					.00	
-		11/01/1999	04/01/2000	80					.00	
-		11/01/1998	11/01/1999	80					.00	
-		08/01/1998	11/01/1998	80					.00	

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: SDX1000 DATE: 08/06/05

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

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MAR 09 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07

MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 12/23/04 END: PAGE: 0001

NAME: SADER TIMOTHY D HH NAME: SADER TIMOTHY D

RCP NUMBER: 2724580501 HH NUMBER: 100194086 ACTION TYPE: MAINTENANCE

SSN: 477-96-6196 VC: V APL STATUS: ACTION DATE: 10/24/02

PRIMARY INDIVIDUAL: APL CO: 46 WORKER ID: CUWKR LOCATION: 099

91 ROSS CANNON SSCN: 477966196A RRN:

RACE: 01 SEX: M MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

YORK SC 29745-1341 DOB: 10/04/1979 DOD:

CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	NUMBER
-	27245805	01/01/1998		80	50				.00
-		12/01/1996	01/01/1998	57					.00
-		05/01/1996	12/01/1996	32					.00
-		10/01/1994	05/01/1996	80					.00

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: SDX1000 DATE: 07/23/05

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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 26, 2007

The Honorable Herb Kirsh
South Carolina House of Representatives
532-A Blatt Building
Columbia, South Carolina 29211

Dear Representative Kirsh:

Mr. Mike Easterday in the Office of The Lieutenant Governor referred your recent correspondence regarding Ms. Dawn Sader to the Department of Health and Human Services for review and response. We appreciate the opportunity to be of assistance in this matter.

With a few exceptions, our home and community based waiver program allows for family members to become paid caregivers. Our regional office in Rock Hill has been working with Ms. Sader regarding the requirements. It is my understanding that she will pursue approval to become a paid family caregiver for her sons.

If you have any questions or if we can be of further assistance, you may contact me directly or Susan Bowling, Deputy Director of Medical Services, at (803) 898-2501.

Sincerely,

A handwritten signature in black ink that reads "Robert M. Kerr".

Robert M. Kerr
Director

RMK/bwsk

#582



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 26, 2007

Mr. Mike Easterday
Chief of Staff
Office of the Lieutenant Governor
1301 Gervais Street, Suite 200
Columbia, South Carolina 29201

Dear Mr. Easterday:

Thank you for referring Representative Kirsh's correspondence regarding Ms. Dawn Sader to our agency for review and response. We appreciate the opportunity to be of assistance.

With a few exceptions, our home and community based waiver program allows for family members to become paid caregivers. Our regional office in Rock Hill has been working with Ms. Sader regarding the requirements to become a paid family caregiver.

If you have any questions or if we can be of further assistance, please contact Ms. Maria Patton in the Bureau of Long Term Care at (803) 898-2590.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/wsk