


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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-14-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1000202</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/23/08, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-23-08</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.			

South Carolina Office of the Governor
ATTN: Governor Mark Sanford
1205 Pendleton Street
Columbia, South Carolina 29201

Mayte C. Greve
206 Chastain Road
Irmo, SC 29063

Monday, October 06, 2008

Dear Governor Sanford,

I would like to begin by thanking you and your staff for your prompt attention and response to an issue I recently brought to your attention. I have heard people say, many times, that you can't depend on the government for help. I am here to say that they are wrong. Your sincere concern for mine and my daughter's situation speaks volumes.

In my initial letter to you I revealed that I am a single mother and that my daughter, a senior in high school, is pregnant. This experience has made me aware of what parents in my position, and pregnant teens must endure. As a result of my experience, I have recently become an advocate for pregnant teens and am working with a representative from the Family Educator's district office. My goal is to help teen girls and their parents through some of the challenges that they will face during and after pregnancy.

Let me begin by saying that I am amazed at the amount of paperwork required to sustain a pregnant teens educational and medical needs. It is utterly ridiculous and overwhelming at times. Forgive me, but I just can't simply watch this happen and do nothing. Instead, my intent is to bring to light each issue and follow up with suggestions for improvement. My hope is that you will start beside me to help make these changes a reality.

I have listed below some key points that should be considered for change. I understand that some of these issues may need to be addressed at the school district level. However, I feel very strongly that you should be made aware of these items.

> **Text books:** Our children are physically carrying a heavy load. As our curriculum changes to meet the growing need for advancement in education, the physical load also increases for our students. The average high school student can have as many as 6 classes per day. Each of these classes requires a text book, sometimes two. The complaint that I hear most often is that there is not enough time between classes to allow a student to visit their locker. The result is that our children are carrying a very large load. My daughter has complained of back pain for years and I am certain that most of it results from carrying her book bag. When you add pregnancy to the mix, this becomes a dangerous situation. Currently, the school districts require that a medical excuse be furnished to allow an additional set of books be released to a student. This permits a student to maintain one set of books at home and one at school so as to "lighten their load". This rule is sufficient under normal circumstances. However, when the need for a second set of books becomes obvious, such as a teen in her 7th month of

pregnancy, why require a medical excuse? This should be common sense.
RESOLUTION: A note from a parent should be sufficient.

> **Homebound:** Homebound is a program that the school districts offer to students whose attendance is interrupted due to a medical condition. In these cases, the school provides the student with forms that must be completed by the student/parent and the doctor. Once the school receives the completed form, a school committee meets to decide whether or not there is a sufficient need for homebound. If approved, a teacher is assigned to the student. This teacher delivers assignments to the student's home during a specified time, provides instruction and proctors exams. Again, this is a sufficient method when under normal circumstances. However, I feel that policy needs to change where pregnancy is involved. There is a huge difference in a fully developed woman carrying a child as compared to a still developing teen. No matter what age, pregnancy can result in many physical ailments from morning sickness to very complicated issues. Some ailments associated with pregnancy can persist throughout the entire pregnancy which creates a great deal of stress for the mommy-to-be and sometimes the unborn child, while others intermittently create disruptions in the ability to rest at night, and still others affect the ability to function whatsoever. My point is that during examination the OB doctor may not be able to provide sufficient medical reasoning to warrant homebound. However, the need is still there. Not all ailments are evident in a Petri dish or in vital signs. For example, when Braxton Hicks contractions, or migraine headaches caused by hormonal changes, disrupt sleep a doctor may not find evidence of these ailments the next day. The ailments, however, are very real and do affect the functionality of the expectant mother. **RESOLUTION:** Schools and their district offices should allow the parents of a pregnant teen to request homebound without requiring a doctor's signature. Pregnancy is not an appendectomy or car accident.

Personal Note: In the midst of writing this letter I have been informed by my daughter's school (Dutch Fork High School) that there was a problem with the homebound form submitted last week. Apparently, the doctor indicated some dates incorrectly. This will create yet another delay in assigning a homebound teacher for my daughter, who is now on bed rest. In the mean time, my daughter is falling further and further behind in her school work and will most likely be penalized for missed days. My daughter simply wants to keep up with her school work and be able to graduate with her class. Frankly, I cannot afford to send her to summer school. I just don't have the money. This is one more example as to why requiring a doctor's signature is not efficient. (It takes an average of 10 business days for the doctor's office to return the completed form back to the school.) This is not beneficial to any student, parent or teacher.

> **Homebound Made Simple:** Currently you must log into your school districts webpage to obtain each teacher's email address then correspond with them on an individual basis. A homebound student may be faced with numerous questions and obstacles during his/her time away from school. Communication between student and teacher, as it stands, is time consuming and cumbersome. **RESOLUTION:** A HOMEBOUND webpage would streamline this process. It should be designed so that parent/students and teachers are better able to communicate, both on a community level and a one-on-one basis. This webpage should contain a syllabus for each class, an assignment calendar, the homebound teacher's contact information, a Q&A forum and a student profile. There should also be web cam capability so that the student can continue class participation, when possible. I can speak for at least one high level school administrator in that this would be a welcome change.

> **Pregnant Teens and Medicaid:** Before I get into the nuts and bolts of this subject, I have to ask if there is a published rule stating that a Medicaid applicant must be left to flounder on the shores of confusion. As the parent of a pregnant teen, I must confess that the initial shock of this news is nothing compared to the mountain of disappointment, frustration and alienation you encounter when attempting to obtain maternity coverage. Just so you completely understand what I mean by this, I'll tell you my story.

In April of this year I learned that my teenage daughter was pregnant. Needless to say, this news was immediately followed by one massive panic attack. Little did I know that this was just the tip of the iceberg. However, within twenty-four hours I had somehow wrapped my mind around most of the idea that I was soon to be a grandmother. I reassured my daughter that this was by no means a mistake. "This baby is a blessing and the only thing wrong with the situation is that the timing is off". A week later I suddenly realized that my daughter may not have maternity benefits built into her existing health insurance policy through my ex-husband. The insurance company was contacted and we were told that, in fact, there was no maternity coverage available for her. Once again, I found myself struggling to breathe. I knew from having worked in the insurance industry for the better part of twenty years that no insurance company was going to write a policy on her due to pre-existing condition - pregnancy. I spoke with several people about my situation and was urged to apply for Medicaid. This is where my frustrations really began. I fumbled through website after website until I finally found the appropriate application. I read the rules and regulations surrounding Medicaid coverage and felt sure that my daughter would be accepted. I was wrong; the application was denied. I was now faced with paying all medical expenses for the pregnancy, tests and labor and delivery out of my own pocket. Are you kidding me??? I was overcome with fear from the thought of a catastrophic event. I wanted to speak with someone at DSS about the rejection but, to do so I had to have a case number. I couldn't get a case number without my daughter's application having first been accepted. She couldn't be accepted without her filling out the application. Help couldn't come without a case number. "OK, WHERE DOES THIS TRAIN STOP BECAUSE I WANT OFF!"

Three months later I learned that the application needed to be filled out based solely on my daughter's information. Had someone from DSS explained this to us a lot of unnecessary stress and confusion could have been avoided. The application was completed again, this time by my daughter and based solely on her information. We handed carried the form to the DSS office on Two Notch Road where we sat for three hours until our number was called. The woman at the window instructed us to "leave the application in a bin located at window 5". I won't complain about the wait because three days later, FINALLY, the application was accepted. You have no idea how much relief this brought to me, my daughter, my family, our entire world.

What was the purpose of my telling you this story? There are several reasons.

1. As my daughter and I sat at the DSS office waiting to be assisted it was very reminiscent of how operations once were at the DMV. It occurred to me that a lot of questions could be answered within a matter of seconds if a screener were put in place. Every person that enters the DSS office would be required to check in with the "screener". The screener's job would then be to direct each person to the appropriate next step. I am willing to bet that this will create some extra much needed time for the staff and reduce stress levels for both staff and clients. A number of people stood in line over twenty minutes only to be redirected to a mailbox located at the entrance where their document(s) could be dropped. A lot of time is being wasted.

2. The DSS and DHHS websites are phenomenal. There is a wealth of information on both websites that I have found invaluable. However, enhancement is needed to better communicate how applications should be filled out based on some basic situations. Perhaps provide examples of situations and how the application might be completed based on each situation. Examples also need to be provided in hardcopy form for those without internet access.

In the above section titled Pregnant Teens and Medicaid I began with a rather sarcastic question. As cynical as it may have sounded, I still consider this a very important question. I certainly do not want to break any rules and/or laws that pertain to "coaching" someone on how to fill out an application. Of course, I would not be giving anyone specifics, just generalizations. I would very much appreciate some official, documented feedback on this point.

The Family Educator's began working with my daughter's school just this year. I am not aware of this program in any others. All schools should be equipped with at least documentation that can be provided to these young ladies, which is exactly what I intend to do.

In closing, again I thank you and your staff for a job very well done. I also appreciate your taking the time to read through this letter. It has been a pleasure working with you and your staff and I look forward to hearing from your office again.

Most Sincerely,


Maryle C. Greve



State of South Carolina
Department of Health and Human Services

Copy #902

Mark Sanford
Governor

Emma Folkner
Director

October 23, 2008

Ms. Meryle C. Greve
206 Chatteris Road
Irmo, South Carolina 29063

Dear Ms. Greve:

Governor Mark Sanford contacted our agency on your behalf regarding your concerns about the Medicaid application process.

Good customer service is very important to us, and we regret any difficulty or misunderstandings you experienced when submitting your daughter's application. Our Richland County Medicaid Office and the Richland County Department of Social Services Office share the same space, but each agency maintains its own application process and procedures. The Medicaid office does not operate on a number system, but does offer a screener to help streamline the application process. In addition, case numbers are not required to inquire about the status of a Medicaid application, although other identifying information is necessary before information may be released.

Thank you for noting that the information found on our website was helpful. Although our website may not provide examples of every application situation, representatives are available at 1-888-549-0820 between the hours of 7:00am and 7:00pm, Monday through Friday, to answer any questions an individual may have about the Medicaid application process.

We appreciate your suggestions and have notified the appropriate areas of your concerns. Again, we regret your unpleasant experience during our application process. If you have questions about the Medicaid program, please contact Sheila Chavis at (803) 898-2707.

Sincerely,

Alicia Jacobs
Acting Deputy Director

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