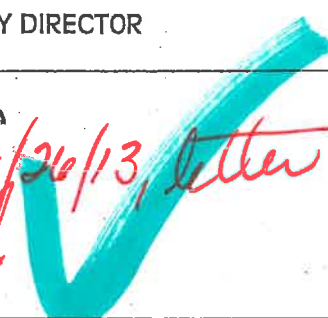


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>11-7-13</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000165</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Lynch</i> <i>Cleared 11/26/13, letter</i> <i>attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-19-13</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.			

## Brenda James

---

**From:** Jenny Lynch  
**Sent:** Tuesday, November 05, 2013 9:24 PM  
**To:** Brenda James  
**Subject:** FW: Kimberly Wilson - Please LOG  
**Attachments:** Kimberly Buie Wilson file info.pdf; Kimberly Wilson pr and email dated 112013.pdf  
**Importance:** High

Hi! Please log this and copy me so I can respond back once finalized.

Thanks!

**RECEIVED**

NOV 07 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

---

**Jenny Lynch**  
*Director, Legislative Affairs*  
[LYNCHJEN@scdhhs.gov](mailto:LYNCHJEN@scdhhs.gov)  
803-898-3965  
cell: 803-351-5673  
[www.scdhhs.gov](http://www.scdhhs.gov)  


SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID 

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**From:** Bentley, Claudia (Scott) [[mailto:Claudia Bentley@scott.senate.gov](mailto:Claudia_Bentley@scott.senate.gov)]  
**Sent:** Tuesday, November 05, 2013 5:25 PM  
**To:** Jenny Lynch  
**Subject:** Kimberly Wilson  
**Importance:** High

Hey Jenny,

I am attaching a letter from our office, privacy release and letter. The second attachment is the p/r and letter. Hopefully you can see this information.

Your help in this matter is appreciated.

Thanks

Claudia

Claudia Rabun Bentley  
US Senator Tim Scott  
Constituent Service Representative  
2500 City Hall Lane  
North Charleston, SC 29406  
Phone: 843-727-4525  
Fax: 1-855-802-9355  
[Claudia Bentley@Scott.Senate.gov](mailto:Claudia_Bentley@Scott.Senate.gov)

TIM SCOTT  
SOUTH CAROLINA

167 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
PHONE: (202) 724-6121  
FAX: (202) 228-5143  
scott.senate.gov

## United States Senate

COMMITTEES  
AGING  
COMMERCE, SCIENCE,  
AND TRANSPORTATION  
ENERGY AND NATURAL RESOURCES  
HEALTH, EDUCATION, LABOR,  
AND PENSIONS  
SMALL BUSINESS AND ENTREPRENEURSHIP

November 5, 2013

Ms. Jennifer Lynch  
Congressional Director  
Medicaid of South Carolina  
PO Box 8206  
Columbia, SC 29202-8206

**RECEIVED**

NOV 07 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Lynch:

I am writing on behalf of my constituent, Kimberly Buie Wilson, about her need to receive an approval for an intestinal transplant. Enclosed is a copy of her letter for your review.

Please address the questions and concerns outlined in Ms. Wilson correspondence, with respect to governing rules and regulations. I have assured Ms. Wilson that I would write to emphasize my interest in her case and to help obtain a reply from your office.

Thank you for your help. Please feel free to call Claudia Bentley of my staff at 843-727-4525 if you have any questions or need additional information. I look forward to your prompt reply to our Charleston office. The address is below.

2500 City Hall Lane  
Charleston, SC 29406

Sincerely,



Tim Scott  
United States Senator

TS/cb

The Honorable Tim Scott  
167 Russell Senate Office Building  
United States Senate  
Washington, DC 20510

Dear Senator Scott:

I am a resident of the state of South Carolina. I am writing to you on behalf of my daughter, Kimberly Dianne Buie Wilson, who is also a resident of the state of South Carolina. Kim is a recipient of Medicaid. She has been diagnosed with immobile/dead bowel syndrome. She requires an intestinal transplant. She is a mother of 2 children and is unable to work due to her condition. She has not been able to eat since April 2013 and receives her nutrition through a tube.

We have been told that she will need to go to Georgetown University hospital in Washington to receive the intestinal transplant she requires. We have been waiting several months for this to get approved due to jurisdictional and bureaucratic disputes within the Medicaid system.

I am writing to request that you investigate this situation and see if, through your office, pressure can be applied to the Medicaid bureaucracy to get Kim's surgery approved in a timely manner. I thank you in advance for your attention to this matter.

Respectfully Yours,



Lois Rachel Hazelwood  
488 Cooktown Road  
Lake City, SC 29560  
(843) 758-0974



Kimberly Buie Wilson  
490 Cooktown Road  
Lake City, SC 29560  
(843) 356-0419



UNITED STATES SENATOR  
**TIM SCOTT**

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I (print name) Kimberly A. Scott do hereby authorize Senator Scott and/or his staff to access the information necessary to assist me.

Sign and Date

Kimberly A. Scott

Date: 11-2-17

Address

477 Commerce Rd  
Lehi, UT 84043  
2015

Telephone

801-506-0419 801-702-0973

Email

kimberly.a.scott@lehiutah.gov

Social Security Number

209-67-1484

Date of Birth

11-20-81

Would you like our office to share the information we obtain on your behalf with someone else?

Yes ☒ No ☐

If yes, please provide his/her name and contact information: \_\_\_\_\_

Please describe the situation with which you need assistance: See Attachment



UNITED STATES SENATOR  
**TIM SCOTT**

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I (print name) Kimberly Wilson do hereby authorize Senator Scott and/or his staff to access the information necessary to assist me.

Sign and Date

Kimberly Wilson

Date: 11-2-13

Address

4700 Chestnut Rd  
Lake City, SC  
29560

Telephone

843-556-0419 803-753-0773

Email

goldrater@brierley.com

Social Security Number

249-67-1471

Date of Birth

11-26-81

Would you like our office to share the information we obtain on your behalf with someone else?

Yes ☒ No ☐

If yes, please provide his/her name and contact information:

\_\_\_\_\_  
\_\_\_\_\_

Please describe the situation with which you need assistance:

See attached

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Honorable Tim Scott  
167 Russell Senate Office Building  
United States Senate  
Washington, DC 20510

Dear Senator Scott:

I am a resident of the state of South Carolina. I am writing to you on behalf of my daughter, Kimberly Dianne Buie Wilson, who is also a resident of the state of South Carolina. Kim is a recipient of Medicaid. She has been diagnosed with immobile/dead bowel syndrome. She requires an intestinal transplant. She is a mother of 2 children and is unable to work due to her condition. She has not been able to eat since April 2013 and receives her nutrition through a tube.

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488 Cooktown Road  
Lake City, SC 29560  
(843) 758-0974



Kimberly Bule Wilson  
490 Cooktown Road  
Lake City, SC 29560  
(843) 356-0419



Nikki Haley GOVERNOR  
Anthony Keck DIRECTOR  
P.O. Box 8206 > Columbia, SC 29202  
[www.scdhhs.gov](http://www.scdhhs.gov)

November 26, 2013

The Honorable Tim Scott  
United States Senate  
1<sup>st</sup> District South Carolina  
2500 City Hall Lane  
Charleston, South Carolina 29406

Dear Senator Scott:

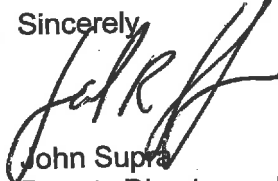
Thank you for your letter on behalf of your constituent, Ms. Kimberly D. Wilson, who contacted you regarding a request to receive approval for an intestinal transplant. We welcome the opportunity to be of assistance.

We received the necessary medical documentation from Ms. Wilson's referring physician and provided approval on September 16, 2013 for a transplant evaluation at Georgetown Medical Center. We have coordinated for Ms. Wilson to receive care in December. We have arranged for lodging through LogistiCare from December 15 - 20, 2013.

Once the evaluation has been completed, the treating facility will submit medical records, to include the results of the evaluation to our Quality Improvement Organization to confirm appropriateness of the treatment and medical necessity.

Thank you for your leadership and continued support of the Medicaid program.

Sincerely,

  
John Supra  
Deputy Director and CIO

