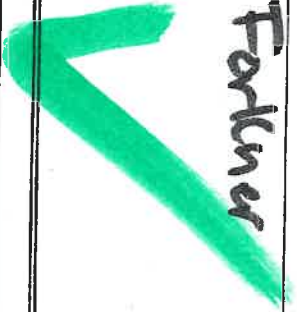


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>7-9-10</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>101019</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Farkner</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-10</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**

JUL 09 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

## FACSIMILE

**RECEIVED**

JUL 09 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

TO: Emma Fortner, Director  
S.C. Department of Health and Human Services

FAX: 803-255-8235

FROM: Hugh K. Leatherman, Sr.

DATE: July 9, 2010

PAGES: Three, including cover sheet

Hugh K. Leatherman, Sr.  
Senate District 31  
111 Circassette Building  
Columbia, SC 29201  
Telephone: 803-212-6640  
Facsimile: 803-212-6690

07/09/2010 03:04PM



FLORENCE ADDRESS  
1817 Pineland Avenue  
Florence, South Carolina 29501  
(843) 667-1152

HUGH K. LEATHERMAN, SR.

SOUTH CAROLINA STATE SENATE  
DISTRICT 31, FLORENCE  
AND DARLINGTON COUNTIES

111 GRESSETTE SENATE OFFICE BUILDING  
COLUMBIA, SOUTH CAROLINA 29202  
(803) 212-6640

COMMITTEES  
Chairman, Finance  
Chairman, Operations and Management

Ethics  
Interstate Cooperation  
Labor, Commerce and Industry  
Rules  
State House  
Transportation

July 30, 2010

VIA FAXSIMILE 803-255-8235

Emma Forkner, Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, South Carolina 29201

Dear Ms. Forkner:

I am enclosing herewith a facsimile that I received this afternoon from my constituent, Len Caudill, relative to his grandson, Will Prociak. Will suffers from diastrophic dysplasia and must have a caregiver. Will has been receiving services through your agency but will soon turn twenty-one and must switch from child to adult's services. Will has received approval for twenty hours per week, but he very much needs services for thirty hours per week.

Emma, I would very much appreciate it if you would ask your staff to look into this matter and do everything you can to approve Will Prociak for the number of hours he requires.

As always, thank you for your assistance.

Very truly yours,

Hugh K. Leatherman, Sr.  
HKL:dsm

Enclosure  
cc: Mr. Len Caudill

13-PR/1

07/09/2010 03:04PM

Diianne Mullis, Administrator  
Senator Hugh K Leathernan, Sr  
SC Senate District 31  
Columbia, SC  
FAX: 803-212-0690

RE: Will Procik

Dear Ms Mullis:

Thank you for taking my call and listening to my request for help in obtaining approval by SC HHS for Will Procik to receive the needed 30 hours of Personal Care Aid services.

We understand the need to maintain the privacy rights of all people concerned in matters such as this request. Therefore, the first purpose of this letter will be for Will to indicate his personal approval for you to assist us in getting the necessary approval for the needed services. And, secondly, the letter will include a brief summary of Will's case and need for the requested services.

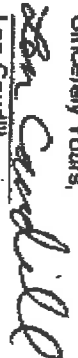
Will's physical condition is severe Diastrophic Dysplasia--a form of dwarfism. Because of the severity of his condition, he needs personal care services. In the past, he has been approved for 30 hours per week of the services of a Personal Care Aid. At times other than 7:30 a.m. to 3:00 p.m. Monday through Thursday, Will's family will provide needed care.

We're having to go through this re-approval process because Will will soon celebrate his 21st birthday and his case will, therefore, move from children's services to adult services in the Community Long Term Care Program.

The current status is that Will has been approved for 20 hours per week which is the maximum approval level of the initial case intake official Chrissy Carawan (phone 843-992-6829). To obtain the needed 30 hours per week will require that a Community Choices Waiver be submitted to the next level of authority in the organization who is Lucy King, the Lead Team Case Manager. And, the next level in the organization is Lucy's manager, Mona Seacrest.

The entire family appreciate your concern and thank you, in advance, for your help in securing the required approval for Will to receive HHS services.

Sincerely Yours,

  
Len Caudill

PRIVACY APPROVAL:

  
Will Procik

7/9/2010