


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-6-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center;"><i>0001290</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>Cleared info, letter attached.</i>  </div>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-15-10</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

JAN 06 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dec. 30 2009

Lisa M. Cooper
2381 Hilldale Dr.
Rock Hill, SC 29732
lcooper@comporium.net
(704) 582-9820

To whom it may concern,

My name is Lisa Cooper and I am writing this letter on behalf of my son Jordan Cooper. My son Jordan is a 23-year-old young man who works part-time at the local YMCA. He works 3 hours a week on the fitness floor refilling the spray disinfectant bottles and light cleaning. Jordan has had this job since June 2007 one week after graduating High School.

Jordan attends a club for young adults with specials needs three days a week after work at the YMCA. Within this club, Jordan is involved in delivering to local businesses a local community newspaper, and volunteering at the animal shelter, along with other fun and constructive community services.

Jordan has flourished in this environment and without an opportunity to be with his peers and friends, he will have very little community involvement and his ability to be within a social peer network will be severely hampered. We are encouraged as parents to have Jordan involved in these programs that allow him to be an individual without Mom and Dad. He has become more self reliant and productive in a safe, educational environment.

This letter is being sent to you as a formal request for reconsideration of the Community Supports Waiver. Upon review of the guidelines for the CSW, posted on your website @ www.ddsn.sc.gov, I noted that those who previously participated in Medicaid funded rehabilitation support services would automatically transfer to the CSW. Jordan has been state funded since June 2007 with a DDSN job coach, I understood that rehabilitation support, (DDSN job coach), was one and the same. Jordan has also been on the *MR/RD waiver since 2007*. From spring of 2007 I was led to believe from my local service coordinator that Jordan was in line for the CSW as well. July of 2007 I was again led to believe that all paperwork/applications being compiled, were to be sent to Columbia, SC in a packet for the CSW *by our local DDSN office*. In August of 2007, I was updated and notified by phone, by my service coordinator, that paperwork/application for Jordan *had been misplaced* and every effort was being made to resubmit the needed paperwork/application for the CSW. My concern is that during this sensitive time frame Jordan along with others in our local groups may have been bumped off the list.

We have been "hanging on" financially month-to-month, being led to believe that Jordan was indeed a recipient and the CSW entitlement was due at any moment by our local service coordinator. So when the letter of denial came to me with no explanation of reason, I was shocked. Again according to your posted website qualification, there should have, at the least, been reasons given. I made a phone call to Columbia and was told that Jordan did not receive his slot do to the fact that all slots were filled with critical or grave cases first and then names were pulled in a lottery which put Jordan at 167 out of 3500.

Jordan is in a critical financial situation. His entire livelihood is about to change, he is about to lose his complete routine and become shut off from what he has known for many years. This could lead to regression and depression. After being a National Special Olympics Champion representing the State of South Carolina, this just should not happen!

Jordan, as stated above, is working in a high energy, positive; environment surrounded by a network of supportive, loving coworkers and is contributing to our community and in an economy that could very easily extinguish his position. He is involved with a group of young adults much like himself that he stands to lose without the CSW. Financially, we are unable to support his involvement without the CSW. Without the CSW he will be at home without his current level of socialization and community activity, this should not happen with the level of commitment we were promised by our local service coordinator. We have followed the guidelines as we were informed, and in a timely manner to assure Jordan's' continued success through DDSN. If there were other restrictions to be adhered to, we never were made aware of them.

We would appreciate your time given to consider this request for Jordan receiving the CSW.

Please see attached activity logs form his Job Coaches from June 07- to present.

Sincerely,
Lisa M. Cooper
Mother/Legal Guardian



Cc. Gov. Mark Sanford
U.S. Senators - Lindsey Graham / Jim DeMint
Emma Forkner – Director SC Dept. Health and Human services
Ellen Weidner – Horizon Industries Job Coach
Mary Poole – YCDDSN
Ashley Lapoint – Service Coordinator YCDDSN



290
to close ✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 15, 2010

Ms. Lisa M. Cooper
2381 Hilldale Drive
Rock Hill, SC 29732

Dear Ms. Cooper:

This letter is in response to your request for reconsideration for enrollment in the Community Supports Waiver for your son, Jordan. My staff have been in contact with the Department of Disabilities and Special Needs (DDSN) regarding this matter and it is our understanding that DDSN is updating and re-reviewing Jordan's application. We also understand that DDSN has been in contact with you regarding their actions. If, after this further review, you are still dissatisfied with the decision made by DDSN, you may appeal that decision to my agency. We encourage you to work closely with your son's DDSN service coordinator regarding any questions you may have about the status of his waiver application or the appeal process. Thank you for sharing Jordan's successes with us and for advocating so strongly for your child.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF:jip

c: Governor Mark Sanford
U.S. Senator Lindsey Graham
U.S. Senator Jim DeMint
Beverly A.H. Buscemi, Ph.D.
Vicki Coleman, District I Waiver Coordinator
Mary Poole, Executive Director, York County DSN Board
Ashley Lapoint, Service Coordinator, York County DSN Board
Ellen Weidner, Horizon Industries Job Coach

File with → Ref Log # 290
cc: EF, Deps, JS,
BK, KQ

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy



3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
V/TTY: 803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

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Susan K. Lait
Deborah C. McPherson

January 7, 2010

RECEIVED

JAN 19 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Lisa M. Cooper
2381 Hilldale Drive
Rock Hill, SC 29732

Dear Ms. Cooper:

This letter is in response to your appeal concerning the denial of enrollment into the Community Supports Waiver for your son, Jordan Cooper. After reviewing the situation, I have requested that the York County Board of Disabilities and Special Needs resubmit the application for enrollment into the Community Supports Waiver. There have been recent changes in Jordan's activities that may justify a reconsideration. Once a determination is made on the enrollment resubmission, your Service Coordinator will inform you of further actions that can be taken.

If you are not satisfied with the SCDDSN decision in this matter, you have the right to appeal directly to the Medicaid agency (South Carolina Department of Health and Human Services). The appeals process is attached for your review.

Sincerely,

Beverly A. H. Buscemi PMO
Beverly A.H. Buscemi, Ph.D.
State Director

Attachment

c: Governor Mark Sanford

U.S. Senator Lindsey Graham

U.S. Senator Jim DeMint

Emma Forkner, Executive Director, SCDDHHS

Kara Lewis, Program Manager, SCDDHHS

Vicki Coleman, District I Waiver Coordinator

Mary Poole, Executive Director, York County DSN Board

Ashley Lapoint, Service Coordinator, York County DSN Board

Ellen Weidner, Horizon Industries Job Coach

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whittem Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

SCDDSN RECONSIDERATION PROCESS AND SCDHHS MEDICAID APPEALS PROCESS

The SC Department of Disabilities and Special Needs (SCDDSN) is responsible for the day-to-day operations of the Mental Retardation/Related Disabilities (MR/RD) Waiver and the Head and Spinal Cord Injury (HASCI) Waiver. A request for reconsideration of an adverse decision must be sent in writing to the State Director at SCDDSN, P. O. Box 4706, Columbia, SC 29240. The SCDDSN reconsideration process must be completed in its entirety before seeking an appeal from the South Carolina Department of Health and Human Services (SCDHHS).

A formal request for a reconsideration must be made in writing within thirty (30) calendar days of receipt of written notification of the adverse decision. The request must state the basis of the complaint, previous efforts to resolve the complaint and the relief sought. The reconsideration request must be dated and signed by the consumer, representative, or person assisting the consumer in filing the request. If necessary, staff will assist the consumer in filing a written reconsideration.

Note: In order for waiver benefits/services to continue during the reconsideration/appeal process, the consumer/representative's request for reconsideration must be submitted within ten (10) calendar days of the written notification of the adverse decision. If the adverse action is upheld, the consumer/representative may be required to repay waiver benefits received during the reconsideration/appeal process.

The State Director or his designee shall issue a written decision within ten (10) working days of receipt of the written reconsideration request and shall communicate this decision to the consumer/representative. If the State Director upholds the original adverse action/decision, the reason(s) shall be specifically identified in the written decision.

If the consumer/representative fully completes the above reconsideration process and is dissatisfied with the results, the consumer/representative has the right to request an appeal with the SCDHHS. The purpose of an administrative appeal is to prove error in fact or law. The consumer/representative must submit a written request to the following address no later than thirty (30) calendar days from the receipt of the SCDDSN written reconsideration decision.

Division of Appeals and Hearings
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The consumer/representative must attach copy of the written reconsideration notifications received from the SCDDSN regarding the specific matter on appeal. In the appeal request the consumer/representative must clearly state with specificity, which issue(s) the consumer/representative wishes to appeal.

Unless the request is made to the above address within thirty (30) calendar days of the receipt of the SCDDSN written reconsideration decision, the SCDDSN decision will be final and binding. An appeal request is considered filed at the above address if postmarked by the thirtieth (30th) calendar day following receipt of the SCDDSN written reconsideration decision. The consumer/representative shall be advised by the SCDHHS Division of Appeals and Hearings as to the status of the appeal request.

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
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Kathi K. Lacy, Ph.D.
Associate State Director
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Deborah C. McPherson

January 7, 2010

Ms. Lisa M. Cooper
2381 Hilldale Drive
Rock Hill, SC 29732

JAN 19 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Cooper:

This letter is in response to your appeal concerning the denial of enrollment into the Community Supports Waiver for your son, Jordan Cooper. After reviewing the situation, I have requested that the York County Board of Disabilities and Special Needs resubmit the application for enrollment into the Community Supports Waiver. There have been recent changes in Jordan's activities that may justify a reconsideration. Once a determination is made on the enrollment resubmission, your Service Coordinator will inform you of further actions that can be taken.

If you are not satisfied with the SCDDSN decision in this matter, you have the right to appeal directly to the Medicaid agency (South Carolina Department of Health and Human Services). The appeal must be attached for your review.

Sincerely,

Beverly A. H. Buscemi
Beverly A.H. Buscemi, Ph.D.
State Director

Attachment

c: Governor Mark Sanford

U.S. Senator Lindsey Graham

U.S. Senator Jim DeMint

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Ref Log # 290
cc: EF, Deps, JS,
BE, KQ

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Ret Log # 290
Felicity

To whom it may concern,

This letter is in response to everyone who heard our plea for our son Jordan. We are so appreciative to everyone who read our letter and responded. We had almost immediate e-mails and phone calls asking us questions and wanting to help. At our local level, Jordan's service coordinator Ashley Lapoint and the Executive Director of the YCDSN, Mary Poole, were helpful and generous with their time while we sorted through the paperwork.

Jordan received the Community Supports Waiver on or about the middle of February and started the day activity program at Horizons and is doing well along with two days a week at the High Five Club in Ft. Mill.

A heartfelt thank you is due to all those who were of assistance with us in this endeavor for our son.

Sincerely,
Mr. and Mrs. Bradley W. Cooper

Mr. and Mrs. Bradley W. Cooper

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MAR 10 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attn: Emma Forkner 33202+8206



Columbia, SC. 29202

Post Office Box 8206

South Carolina Dept. Health & Human Services

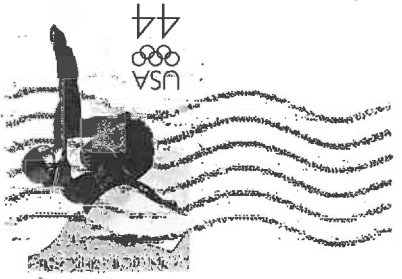
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Mrs. Lisa M. Cooper
2381 Hilldale Dr
Rock Hill, SC 29732