

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

ACTION REFERRAL

TO	DATE
Boudling	11/17/06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000366	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>11/28/06</u>
2. DATE SIGNED BY DIRECTOR <i>Cleaved 12/15/06, 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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:

ARMED SERVICES

INTERNATIONAL RELATIONS

EDUCATION AND THE WORKFORCE

HOUSE POLICY

Congress of the United States
House of Representatives

November 15, 2006

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

RECEIVED
NOV 17 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director

SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Ms. Linda Surratt
SSN 247-84-2524

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding a denial from Health and Human Services for a needed stay at National Health in West Columbia. Ms. Surratt was in the Lexington Medical Center for several days and her physician knew she could not take care of herself at home. He sent her to National Health for 9 days. The physician sent her to National Health, she was so sick; she could not make that decision. Enclosed is a copy of a signed Privacy Release giving me her permission to make this inquiry. Your kind assistance in this matter would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169, Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,



JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
MAILING ADDRESS: P.O. BOX 7381
COLUMBIA, SC 29202
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
E-MAIL: joe.wilson@mail.house.gov
WEBSITE: www.house.gov/joewilson

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2535

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2ND DISTRICT, SOUTH CAROLINA

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Consent for Release of Personal Records by Executive Agencies

Name of Agency: HHS / SSA

To whom it may concern:

I have sought assistance from Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Name of Claimant- (Please Print) Linda H. Surratt Date of Birth 9-6-46

Address of Claimant 3118 Dudley Rd. Lot 24, W.C. 29170

Social Security Number 247-84-2524 VA Claim # or OPM # (if applicable) —

Telephone Number-Work

Telephone Number-Home

Signature of Claimant Linda Surratt Today's Date 11-8-06

Please briefly explain your concern: Need help w/ Bill
(use the back if necessary)

for Stay at National Health after
being in bot Center for 8-9 days
w/ pneumonia & complications
from pneumonia and pneumonia
problemd

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EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/17/06
MEDSPROD RECIPIENT INFORMATION ACTION: PAGE: 0001

MEMBER PERIOD START: 08/13/06 END: ACTION: PAGE: 0001

NAME: SURRATT LINDA H HH NAME: SURRATT LINDA H
RCP NUMBER: 1730419601 HH NUMBER: 100166744 ACTION TYPE: MAINTENANCE
SSN: 247-84-2524 VC: V APL STATUS: ACTION DATE: 08/04/06
PRIMARY INDIVIDUAL: APL CO: 32 WORKER ID: BEVEM LOCATION: 001
3118 DUDLEY RD. LOT 29 SSCN: 247842524A RRN:

W COLUMBIA SC 29170- TPL INSURANCE: N MARITAL STATUS: S
CORRECT RCP NUMBER: LTV ARRANGEMENT: GHSP INCOME TRUST:

PROVIDER: LMC

BG	BEG	END	BENEFITS	OMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
17304196	11/01/2001	32	50				N		.97	
07/01/2001	11/01/2001	80							.97	

UPDATED: USER ID: LTKIN DATE: 08/08/03 SYSTEM ID: BUY1000 DATE: 08/24/03
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

Log # 366 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

December 15, 2006

The Honorable Joe Wilson
Congress of the United States
Midlands District Office
1700 Sunset Boulevard
West Columbia, South Carolina 29169

Dear Representative Wilson:

This is in response to your recent letter regarding payment for Ms. Linda Surratt's stay at National Health Care. Our review of this matter revealed that her nine day stay at the facility was paid in full by Medicare. Ms. Surratt has now been enrolled in Medicaid's home and community based waiver program and will be receiving long term care services in the home.

Thank you for your support of the South Carolina Medicaid program. If our office can be of further assistance, please contact Maria Patton at (803) 898-2718.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. Kerr".

Robert M. Kerr
Director

RMK/bwpk