

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

**ACTION REFERRAL**

TO <i>Bowling</i>	DATE <i>11/17/06</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000366</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11/28/06</i>
2. DATE SIGNED BY DIRECTOR <i>Cleaveland 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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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  
ORANBURG\*  
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

TOLL FREE 1-888-381-1442

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA

NOV 14 2006

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## Congress of the United States House of Representatives

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(\*\*PARTS OF)  
ERIC DELL  
CHIEF OF STAFF

### 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.

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

3118 Dudley Rd. Lot 29, W.C. 29170  
Address of Claimant

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

794-4802 Telephone Number-Home  
Telephone Number-Work

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

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

for Stay at National Health after  
being in hot water for 8-9 days  
w/ pneumonia & complications  
from pneumonia and pneumonia  
prevention

MIDLANDS OFFICE:  
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903 PORT REPUBLIC STREET  
P.O. Box 1538  
BEAUFORT, SC 29901  
(843) 521-2530  
Fax: (843) 521-2535

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/17/06  
MEDSPROD RECIPIENT INFORMATION ACTION:  
MEMBER PERIOD START: 08/13/06 END: 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- DOB: 09/06/1946 RELATION: SELF  
CORRECT RCP NUMBER: \_\_\_\_\_ LIV ARRANGEMENT: GHSP INCOME TRUST:  
PROVIDER: IMC

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	LEVEL	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE <td>IND</td> <td>IND</td> <td>LEVEL</td> <td>NUMBER</td>	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



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

December 15, 2006

Log # 366 ✓

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 black ink, appearing to read "R. M. Kerr".

Robert M. Kerr  
Director

RMK/bwpk