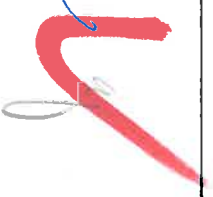


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>4-30-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000554</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-12-08</i>	
2. DATE SIGNED BY DIRECTOR <i>cc: Jacobs</i> <i>C. Emma</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. <i>Cleared 5/14/08, letter attached.</i>			<i>Burke PRS.</i>
2.			
3.			
4.			

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

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>4-30-08</i>
------------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000554</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>5-7-08</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Jacobs</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.			

RECEIVED

April 27, 2008

APR 30 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Laurie N. Koszarek
214 Heather Drive
Spartanburg, SC 29301

Ms. Emma Fortner
Director of Human Services

RE: Nathan R. Clark, 231-53-6531, DOB 8/23/1988

Dear Ms. Fortner:

As Nathan's mother, I helped him apply for SSI benefits in February of 2007. This was done at the urging of Rhonda Tucker with the TEFRA program. Since Nathan was on the TEFRA for most of his life, Rhonda informed me that we should apply for SSI after he turned 18 and before he turned 19. This way there should be no interruption in his Medicaid coverage. She felt that Nathan would easily qualify due to his numerous disabilities.

Unfortunately, Nathan was turned down for SSI. We were stunned so we turned to an attorney, Sam Harms. We requested a reconsideration of the denial, which was also turned down. My attorney applied for an expedited administrative hearing in November of 2007. I have been told that Nathan is on the record but no date or judge has been assigned. I have also been told that it could be another 1 to 3 years before a date is set, even though this is an expedited hearing. My attorney said that with Nathan's extensive medical problems and required medications that he absolutely qualifies for benefits.

Numerous agencies and individuals, from the Lt. Governor to state Senators and everyone in between, have been contacted and are aware of my son's situation but no one seems to be able to help. I am hoping that you will be able to help us.

I greatly appreciate your time and effort.

Sincerely,

Laurie N. Koszarek

Laurie N. Koszarek
864-585-8100, 864-316-1385, 864-587-0922

cc: Frank Adams
Debra McPherson

*Log: Floyd
Appalo Sign.
cc: Jacobs*

Nathan Randall Clark
DOB: 08/23/1988
SS# 231-53-6531
214 Heather Drive
Spartanburg, SC 29301
864-587-0922
Contact: Laurie Koszarek/mother
864-585-8100 work
864-316-1385 mobile

Nathan was born at the University of Virginia Medical Center in Charlottesville, Va. on August 23, 1988. He was born with numerous birth defects including the following:

Spina Bifida
Arnold Chiari Malformation Type II
Valproic Acid Syndrome
A Horseshoe Kidney
Neurogenic Bladder

As a result of these defects, he also suffers from the following conditions:

Seizures
Severe Attention Deficit Disorder
Central Auditory Processing Disorder
Total Incontinence (both bowel and bladder)
Poor Sensory Integration
Severe Headaches
Chronic Bladder Infections
Loss of both Gross and Fine Motor Skills

Nathan has had 17 surgeries since birth. The last of which was on July 5, 2005 at Greenville Memorial Hospital performed by his neurosurgeon, Dr. John Johnson. He has had surgeries at the following hospitals:

Greenville Memorial
The Shriners Hospital of Greenville
Spartanburg Regional
Children's Hospital of Philadelphia

Nathan is currently on the following prescription medications:

Lamictal 150mg
Amitriptyline 25mg
Adderall XR 30mg
Adderall 5mg
Nitrofurantoin Macro 100mg
Strattera 80mg
Tegretol XR 100mg (12/20/2007)

He also is on the following over the counter medications:

Citrucel
Ducolax
Zantac 75
Excedrin

Nathan is required to self-administer a castile soap enema every night to try to empty his bowels. Even with this, he has numerous accidents and alternating bouts of constipation and diarrhea. He must wear adult diapers at all times.

We had an appointment today, 12/20/2007, with his neurologist, Dr. Stella LeGarda. We were told that Nathan is continuing to have seizures so we have added an additional medication.

Nathan is incapable of any kind of work. His seizures and ADD make it impossible for him to remember and carry out any kind of directions. It also makes it dangerous for him to be around any kind of machinery. He must be near a bathroom at all times. He may be in the bathroom for anywhere from 5 minutes to 2 hours, depending on what kind of day he is having. His Fine and Gross Motor Skills make it impossible for him to perform any kind of manual labor. We just found out last night that he failed all of his classes at Spartanburg Community College. All of his classes were remedial.

The Social Security Administration and the TEFRA department of Medicaid have all of Nathan's medical records.

South Carolina Medicaid Program
Notice that Medicaid Coverage Will End

STATE OFFICE COUNTY DHHS
P. O. Box 100101
Columbia SC 29202-0000

Date: 12/07/2007
Worker Name:
RHONDA TUCKER

LAURIE CLARK
214 HEATHER DR
SPARTANBURG SC 29301

Telephone: 803 898-2934
BG #: 38588507
HH #: 100041444
47 RHONT

Medicaid coverage for the people listed below will end on: 10/01/2007

Beneficiary name:
NATHAN R. CLARK

Beneficiary Medicaid ID#:
1471187501

Reasons: Medicaid coverage will end because:
Your child is 19 and is over the age limit for this program.
You have not met eligibility rules.

You may get a copy of the manual or policy information that requires your case to be closed from your worker. Manual/policy reference supporting this action:
305.04.01, 305.04

You may qualify for Medicaid under other programs if there have been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact a Medicaid eligibility worker in the county where you live.
- Call 1-888-549-0820 and ask that a Medicaid application be mailed to you. This is a free call.
- Use the computer to get an application from our website at www.dhhs.state.sc.us.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form, please contact your worker right away.

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a hearing within 10 days of the date on this letter, you can ask in your request that your Medicaid coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any Medicaid benefits you received while your case was being reviewed.

Medicaid Letter of Action

From: SPARTANBURG COUNTY DHHS

P. O. Box 4847

Spartanburg SC 29305-0000

Date: 09/12/2007

Worker Name:

ANGELA HUTCHINSON

Telephone: 864 596-2714

BG #: 49727993

HH #: 100041444

To: LAURIE CLARK

214 HEATHER DR

SPARTANBURG SC 29301

42 AHUTC

Recipient Name:

NATHAN R CLARK

Recipient ID:

1471187501

Your application has been denied for: AGED, BLIND, DISABLED (ABD)

Reason for denial:

You do not meet policy rules of age or disability.

Denied for the month(s) of: 08/2007

Manual/policy reference supporting this action: 102.06.01

X You may ask for a fair hearing before the Department of Health and Human Services if you believe an error was made in processing your application.

To Request A Hearing from the Department of Health and Human Services

- Ask your Medicaid worker in writing within 30 days of this letter. Attach a copy of this letter to your request.

To Get Help with Your Hearing

- You may hire an attorney to help you
- You may have someone you know come to the hearing and speak for you
- Contact your Medicaid worker in person or by phone to get help in asking for a hearing

**NOTICE TO REPRESENTATIVE OF CLAIMANT BEFORE
THE SOCIAL SECURITY ADMINISTRATION**

Samuel Harms
Harms Law Firm, LLC
33 Market Point Drive
Greenville, SC 29807

Date: March 7, 2008

Claimant: Nathan R. Clark

Wage Earner:

Social Security Number: 231-53-6531

We have received written notice that the claimant has appointed you to act as the representative in connection with this claim(s) under the Social Security Act (the Act). We will, therefore, be dealing directly with you on matters pertaining to this claim(s).

Generally, to charge a fee for services, you must use one of two, mutually exclusive fee approval processes. You must file either a fee petition or a fee agreement with us. In either case, you cannot charge more than the fee amount we approve.

Fee Petition Process

You may ask for approval of a fee by giving us a fee petition when you have completed your services to the claimant. This written request must describe in detail the amount of time you spent on each service provided and the amount of fee you are requesting.

Fee Agreement Process

If you and the claimant have a written fee agreement, that you have not already submitted, either of you must give it to us before we decide the claim(s). We usually will approve the agreement if you both sign it; the fee you agreed on is no more than 25 percent of the past-due benefits, or \$5,300 (or a higher amount we set and announce in the Federal Register), whichever is less; we approve the claim(s); and the claim results in past-due benefits.

If you do not file a fee agreement, you must use form SSA-1560-U5 (PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION) to petition for approval of the fee you wish to charge. File the SSA-1560-U5 when the proceedings are complete and your services have ended. If you are an attorney or a non-attorney whom SSA has found eligible to receive direct payment and you seek direct payment from the claimant's title II or title XVI past-due benefits, you must file the SSA-1560-U5, or a notice of intent to petition for a fee within 60 days of the notice of the favorable determination. Further information and instructions for completion are given on the form itself.

After we approve a fee, you must look to the claimant for payment, except when you are an attorney or non-attorney who is eligible to receive direct payment and there are past-due benefits payable under title II or title XVI of the Act as a result of a favorable determination on the claim. In such cases, we will pay up to 25 percent of such past-due benefits directly to you toward payment of the approved fee and charge you the assessment required by section 206(d) and 1631(2)(2)(c) of the Social Security Act. You cannot charge or collect this expense from the claimant.

If you wish to waive either a fee or direct payment of a fee and you have not already done so, you should sign and date the appropriate box below or send us a letter with an appropriate statement. Early filing of the waiver will enable us to prevent the automatic withholding of past-due benefits for a possible direct payment.

- WAIVER OF FEE** - I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligation, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)

Date

- WAIVER OF DIRECT PAYMENT BY ATTORNEY OR NON-ATTORNEY ELIGIBLE TO RECEIVE DIRECT PAYMENT** -
- I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability, insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Representative)

Date



SOCIAL SECURITY ADMINISTRATION

Refer To:
231-53-6531

Nathan R. Clark

Office of Disability Adjudication and Review
Suite 200
300 University Ridge
Greenville, SC 29601
Tel: (864)242-9154

March 7, 2008

Samuel Harms
Harms Law Firm, LLC
33 Market Point Drive
Greenville, SC 29607

Dear Samuel Harms:

Thank you for your client's request for a hearing before an Administrative Law Judge (ALJ). This response explains the hearing process and things that you should do now to prepare for the hearing. We will mail a Notice of Hearing to you and your client at least 20 days before the date of the hearing to tell you its time and place.

The Hearing

At the hearing, you and your client may present his case to the ALJ who will hear and decide it. The ALJ will consider the issue(s) you or your client has raised and the evidence now in his file and any additional evidence you provide. The ALJ may consider other issues as well and, if necessary, change parts of the previous decision that were favorable to your client. The Notice of Hearing will state the issues the ALJ plans to consider at the hearing.

Because the hearing is the time to show the ALJ that the issues should be decided in your client's favor, we need to make sure that his file has everything you want the ALJ to consider. You and your client are responsible for submitting needed evidence. After the ALJ reviews the evidence in the file, he or she may request more evidence to consider at the hearing.

Providing Additional Evidence

If there is more evidence you want the ALJ to see, please submit it to us as soon as possible. If you need help, please contact us immediately. Evidence you cannot submit to us before the hearing may be brought to the hearing, but earlier submission of evidence can often prevent delays in reviewing your client's case. If a physician, expert or other witness is not cooperating with the production of documents important to your client's case, you may ask the ALJ to issue a subpoena that requires a person to submit documents or testify at your hearing.

You May See The Evidence In Your File

If you wish to see the evidence in your client's file, you may do so on the date of the hearing or before that date. If you wish to review the file before the date of the hearing, please call us as soon as you reasonably can.

If You Have Any Questions Or Your Client's Address Changes

If you have any other questions please call or write us. Our rules require you to notify us if there is a change in your client's address. For your convenience, our telephone number and address are shown on the first page of this letter.

Sincerely yours,

Gregory M Wilson
Hearing Office Chief Administrative
Law Judge

Enclosures

Form SSA-L1697-U3

cc: Nathan R. Clark
214 Heather Dr
Spartanburg, SC 29301

TEMPORARY SERVICES, INC.

(864) 573-7070
1-800-573-9557

4-28-08

Mr. Fortner,

We received your name
from Mr. Frank Adams.
Thank you for your time.

RECEIVED Sincerely,

APR 30 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR
Robbie Stephens

359 Whitney Rd., Suite 15
Spartanburg, S.C. 29303

Robbie Stephens
President

(864) 573-7070

TEMPORARY SERVICES, INC.

359 Whitney Rd., Suite 15
Spartanburg, S.C. 29303

tempserv@bellsouth.net
1-800-573-9557

Mrs. Laurie Kearney
214 Weather Drive
Spartanburg, SC 29301

APR 29 2008

MAY 14 2008

RECEIVED

APR 30 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

REGISTERED MAIL™



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Mrs. Emma Fortner
Director of Human Services
PO Box 8206
Columbia, SC 29202

000.820
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CODE29303



Handwritten: #554



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

May 14, 2008

Ms. Laurie N. Koszarek
214 Heather Drive
Spartanburg, South Carolina 29301

Dear Ms. Koszarek:

Thank you for contacting our agency regarding your son, Nathan R. Clark, and his medical needs.

Nathan's eligibility under the Tax Equity and Fiscal Responsibility Act (TEFRA) program ended January 1, 2008 because he reached the age of 19 and no longer meets TEFRA eligibility requirements due to his age.

Prior to Nathan's TEFRA closure, you applied for assistance under the Supplemental Security Income (SSI) program and medical coverage under Medicaid's Aged, Blind or Disabled (ABD) program. As you are aware, Medicaid uses the same disability rules as the Social Security Administration (SSA) to determine eligibility for its ABD program. You have appealed the SSA denial and are awaiting a hearing date. For more information concerning the status of your appeal, please contact the Greenville SSA Office of Adjudication and Review at (864) 242-9154. Should SSA reverse their decision, please contact the Medicaid Eligibility Office in Greenville, SC at (864) 467-7926 for reconsideration for coverage under the ABD program.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs. Please call the contact number on each for more information.

If you have additional questions about the Medicaid program, please contact Ms. Jennifer Lynch at (803) 898-3965, and she will be happy to assist you. We hope this information is helpful.

Sincerely,

Handwritten signature of Raymond J. Floyd

Raymond J. Floyd
Deputy Director

RJF/col
Enclosures