

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>10-30-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000154</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Lynch</i> <i>cleared 11/14/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-8-13</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.			

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OCT 30 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

October 28, 2013

Participant's Name: Abigail M. Morris

17448 Hwy 56 N, Clinton, SC 29325

SSN: XXX-XX-8266; DOB: 08/18/07; Medicaid ID# : 7781105996

I would like to appeal your decision on Community Long Term Care for Incontinence supplies for Abigail M. Morris.

Abigail is a 6 year old little girl with RETT Syndrome. There are less than 10 girls in the state of South Carolina with this disease. Abigail will need incontinence supplies for the rest of her life. She has not received any incontinence supplies as of the time of this letter.

You stated that since she was on a PDD waiver that she could not be on the CLTC for incontinence supplies. I do not see what the two have in common. Her PDD wavier allows her to receive her ABA therapy, which is greatly needed and has helped her tremendously. Her PDD waiver expires in March, 2014.

I would appreciate your reconsideration in this much needed matter.

Thank you,



Marlene F. Morris, Abigail's mother

17448 Hwy 56 N, Clinton, SC 29325

864-833-5696

Copies to: Division of Appeals and Fair Hearings – SC DHHS

Community Long Term Care

Anthony E. Keck, Director

Nikki R. Haley, Governor

Laurens County DDSN

Ms. Marlene Morris
17448 Highway 56 N
Clinton, SC 29325

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony E. Keck, Director
DC Dept of Health & Human Services
PO Box 8206
Columbia SC 29202-8206

29202820606

November 14, 2013

Ms. Marlene F. Morris
17448 Highway 56 N
Clinton, South Carolina 29325

RE: Abigail M. Morris, PDD Waiver Participant

Dear Ms. Morris:

The SC Department of Health and Human Services (SCDHHS) has received your letter of October 28th seeking incontinence supplies for your daughter Abigail. In follow-up to your letter we have requested Mr. Daniel Davis, Autism Director, SC Department of Disabilities and Special Needs (SCDDSN), to contact Abigail's waiver case manager to proceed with your request according to policy.

Under Medicaid policy the waiver case manager has responsibility for the authorization of incontinence supplies for children under age 21 who meet established medical necessity criteria. For children who meet the service requirements their waiver case manager is directed to coordinate and process the request for supplies.

On November 7th we received verbal confirmation from SCDDSN that Abigail's waiver case manager had authorized the incontinence supplies. We are pleased to understand this situation has been resolved. Should you have any other concerns, please contact Anita Atwood, LMSW at 803-898-4641.

Sincerely,



Peter Liggett, Ph.D
Deputy Director

cc: Daniel Davis, SCDDSN

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Community Long Term Care

Anthony E. Keck, Director

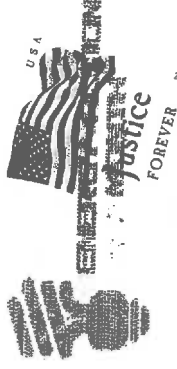
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