


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>1-19-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>0000812</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia Jacobs, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-28-11</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.			

FAX COVER SHEET

RECEIVED

JAN 19 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR



South Carolina House of Representatives
House Agriculture, Natural Resources and Environmental Affairs
Committee
FAX #: (803) 734-9926

DATE: January 19, 2011
TO: Brian Kost
FROM: Joannie Nickel
FAX NUMBER: 803-255-8235
MESSAGE: Please let me know if you need anything else. Thanks.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CONTACT THE
HOUSE AGRICULTURE COMMITTEE AT (803) 734-3022.

CONGRESSMAN TIM SCOTT

SOUTH CAROLINA FIRST CONGRESSIONAL DISTRICT
COMMITTEES:

RULES - TRANSPORTATION & INFRASTRUCTURE

PHONE (843) 852-2222 • FAX (843) 852-2909
WEBSITE: WWW.TIMSCOTT.HOUSE.GOV

FACSIMILE COVER SHEET

copy
e-mailed
01/18/2010
3:49pm
KTD

To: Rep Nelson Hardaway Date: 1-18-11
Organization: Claudius Butts

Fax Number: (803) 734-2725 Total Number of Pages Including Cover: 8

Phone Number: Sender's Reference Number:

RE: Pamela Carr Your Reference Number:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NARRATIVE: Medicaid

RECEIVED

JAN 19 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

2000 SAM RITTENBERG BLVD., SUITE 3007
CHARLESTON, SC 29407

RECEIVED

January 5, 2011

JAN 19 2011

TO: SC Representative Tim Scott
FROM: Gwen Chapman
IN RE: Pamela J. Carr

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir,

Enclosed you will find a courtesy copy of some information I recently typed up & sent to the local Department of Health & Human Services in Myrtle Beach, SC on behalf of my friend - Pamela Carr. As the information states, she recently suffered some injuries (a broken bone in her back & in her elbow) due to a fall & since that time (appx. 1 1/2 months ago), she & her daughter have been staying with my husband & I in Garden City, SC because she is unable to take care of herself at this time. I sent my husband to go & check her mailbox today & she received a letter from DHHS advising that her Medicaid would terminate on February 1, 2011 due to the fact that she did not submit the required review form to their office on time. Accordingly, I sent their office a letter explaining these circumstances, along with an authorization letter signed by Pamela fully authorizing them to speak with me about any & all matters pertaining to her. It is my sincere hope that this office will take these extenuating circumstances into account & thus, decide not to terminate her Medicaid, which she desperately needs since she has been unemployed since 2006 due to an injury wherein her left foot was literally run over by a motorcycle. And she takes several medications on a daily basis, which she could not afford if she did not have Medicaid. I chose to contact you in hopes that you could contact this office on her behalf & persuade them not to terminate her Medicaid, given that the required paperwork not being timely submitted was not her fault, nor due to any negligence on her part. Further, I indicated to this office that if they would mail me the appropriate paperwork to my home address, I would see to it that it is filled out properly & submitted back to them ASAP to be processed.

I also wish to inform you that as I previously stated, she has not been able to work since 2006 since that accident involving her left foot & at this point in time, she has already been denied Disability due to the fact that she is NOT BLIND, which is exactly what she was told by an employee @ the Social Security Office. However, I am bound & determined to do everything within my power to see to it that she receives Disability benefits, which she overwhelmingly qualifies for. For the past 3 years, I have been helping her in all respects - personally, financially, etc., including but not limited to, cooking several meals a week for her & her daughter, helping her financially to pay bills, driving her to all of her doctor appointments, taking her daughter to school & the list goes on & on..... She was even told recently by a local attorney that based upon her age (42 years old), it was going to be nearly impossible for her to qualify for Disability, which leaves me almost speechless! I have always been under the assumption that determining if an individual qualifies to receive Disability benefits is based on their overall health & whether or not they are able to perform any type of manual labor & NOT based on a person's age. And given that for the past 3 years, I have either see her in person or talk with her on the phone on a daily basis, I have

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03:37:35 p.m. 01-18-2011

3/8

seen firsthand just how limited she is with respect to performing any type of work related activity since the accident in 2008, & things most of us take for granted, such as washing & combing our hair, she has to rely on someone else to do this for her. I literally shudder to think what would happen to her if our paths had not crossed 3 years ago as it's obvious that the agency that was designed to help those who could not help themselves has completely failed her thus far. I would be most appreciative for anything you could do on her behalf in this regard. Should you have any questions or require further information, please feel free to contact me @ (843) 651-0567. Thanking you in advance for your time & consideration in this regard.

Sincerely,

Gwen Chapman

To: 9180325558235

P. 4/9

JAN-19-2011 09:58 From:

LOW INCOME FAMILIES

HORRY COUNTY DHHS
P. O. Box 290
Conway SC 29528-0000

Date: 01/04/2011

Worker:

PAMELA J CARR
2724 CAPRICORN DR
MYRTLE BEACH SC 29577

SHERI SATTERFIELD

Worker Phone: 843 381-8260
BG #: 60625346
HH #: 100216727

We regret to inform you that Medicaid will stop on 02/01/2011 or the following people:

Beneficiary Name:
PAMELA J. CARR

Beneficiary ID#:
5881168901

Reasons for action:

We did not receive your review form or it was received incomplete.

Manual/Policy Reference Supporting the Action: A copy of the referenced material is available upon request from the county department:
101.11

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 of this letter, you can ask in your request that your 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 benefits you received while your case was being reviewed.

January 5, 2011

TO: Shen Satterfield c/o Horry County DHHS
FROM: Gwen Chapman

IN RE: Pamela J. Carr - S.S.# 239-43-4893; Date of Birth: 03/21/1968
BG# 60625346; HH# 100216727

FAX #: (843) 915-8952
No. of Pages (including cover letter): 4 (Four)

Dear Ms. Satterfield,


I am now contacting you on behalf of Pamela J. Carr & for legal purposes, I am also faxing you an authorization form that Pamela has typed up & signed, wherein she has fully authorized your office to speak with me about any & all matters pertaining to her. Accordingly, I am now contacting you on her behalf in regards to a letter from your office dated January 4, 2011 that she received in the mail today advising that her Medicaid will stop on February 1, 2011 due to the fact that you did not receive her review form or it was received incomplete. (I have sent you a copy of this letter for your reference) However, there are extenuating circumstances that I feel your office needs to be aware of, which is the reason why Pamela did not submit her review form in time. Approximately 2 months ago, Pamela fell & broke a bone in her back & her elbow - she went to Waccamaw Community Hospital in Murrells Inlet, SC to be treated & then was given a referral & set up for an appointment with Dr. Eugene Giddens (a Neurosurgeon in Myrtle Beach, SC), who ran extensive tests on her & concluded that due to her weight & some other health issues, she was not a candidate for surgery to repair the broken bones, so the only thing she can do is wait for them to heal on their own, which may take quite some time according to the doctor. After Pamela was hurt, I brought her & her daughter here to stay with my husband & I so that I could help take care of her, she cannot get out of bed or walk without assistance at this time. And as a result of them staying here with me, Pamela has not been at home to get her mail or take care of any of her affairs, which is exactly why this form in question was not timely submitted. With everything going on right now & my taking care of her & her daughter, along with taking care of my own family, checking her mail & keeping up with her bills has unfortunately, been overlooked. I sent my husband today to retrieve her mail from her mailbox & this is when she got the letter from your office today stating that her Medicaid would be expiring on February 1, 2011. And just today, I sent requests to Waccamaw Hospital & to Dr. Giddens office requesting copies of her medical records & once I receive them, I will forward to your office to verify this recent injury. Taking all of this into account, I truly believe that your office will understand that she was physically unable to forward any paperwork or handle any of her business affairs due to this recent injury that has left her almost bedridden. Accordingly, I am kindly asking that you please forward any paperwork that she needs to fill out with respect to her continuing to receive Medicaid to my home address & I will see to it that it is filled out & sent back to your office ASAP. She has been unemployed for quite some time now, due to an

injury that she sustained in 2006 (her left foot was literally run over by a motorcycle & she has had many resulting troubles & ailments since then) & this most recent injury has only served to add "insult to injury". And she takes several medications on a daily basis that are extremely vital to her health & without the assistance of Medicaid, she cannot afford to pay for these necessary medications, which is why I am going to do everything within my power to see to it that her Medicaid coverage continues, especially given the fact that this recent injury is totally to blame for her not sending in the required paperwork to your office on time & thus, not her fault or due to her negligence in any way. Therefore, I trust that your office will take all of this information into consideration & as a result, see to it that the appropriate paperwork is mailed to me to help her fill out. Should you have any questions or require further information, please feel free to contact me @ (843) 651-0567. Thanking you in advance for your prompt attention in regards to this very important matter.

Please mail the appropriate paperwork to: **Gwen Chapman**
617 Calhoun Drive
Garden City, SC 29576

cc: Senator Lindsey Graham

Senator James DeMint
 Representative Tim Scott

Sincerely,

 Gwen Chapman

January 4, 2011

TO: *Shelbi Statterfield* c/o. *Horry County DHHS*
FROM: Pamela J. Carr

IN RE: Authorization for Gwen Chapman

FAX #:

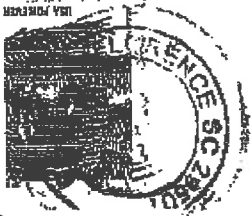
To Whom It May Concern:

I, Pamela J. Carr (date of birth: 03/21/68; S.S.# 239-43-4893; Home Address: 2724 Capricorn Drive - Myrtle Beach, SC 29575) am hereby authorizing your organization to speak with Gwen Chapman about any & all matters that pertain to any business that I have with your organization. Accordingly, she is thus hereby authorized to speak with any of your agents & request any information whatsoever concerning me, request copies or anything else she may request in regards to my affiliation with your agency. I trust that this notification is sufficient & thus, your agency & all employees thereof will honor this request. Should you have any questions or concerns, please feel free to contact me @ (843) 246-1511. Thanking you in advance for your prompt & diligent attention in regards to this very important matter.

Sincerely,

Pamela J. Carr

Pamela J. Carr



Ray
Don Quay
803-212-6100

South Carolina Representative Tim Scott
1405 Ashley River Road
Charleston, SC 29407

Reg. Jackson (doubtful)
(803) 734-3022

2940785305

Gwen Chapman
517 Calhoun Dr
Murrells Inlet, SC 29576 - 9034

January 24, 2011

Ms. Pamela Carr
617 Calhoun Drive
Garden City, South Carolina 29576

Dear Ms. Carr:

At the request of your friend, Gwen Chapman, Senator Raymond Cleary, III and Representative Nelson Hardwick contacted this agency on your behalf regarding Medicaid eligibility and your healthcare needs.

Your coverage under Medicaid's Low Income Families program is scheduled to end effective February 1, 2011 because we did not receive your completed *Annual Review* form. We previously mailed a review form to the address above and a copy is also enclosed. It is important that you return the form before January 31, 2011 so that your eligibility can be reassessed. You may return the completed form in person to the Horry County Medicaid Office: 1601 11th Avenue, 1st Floor, Conway, SC 29526 or fax it to (803) 255-8350, Attention: Jenny Lynch.

If you have questions about the Medicaid program, please contact Jenny Lynch in Constituent Services at (803) 898-3965. We hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/jgl
Enclosure