

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

ACTION REFERRAL

TO <i>Miles</i>	DATE <i>11-24-08</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000289</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Dir. office # 823743</i> <i>Cleared 12/3/08, letter</i> <i>attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-5-08</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.			



RECEIVED

NOV 24 2008

State of South Carolina

Office of the Governor

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mark Sanford
Governor

Post Office Box 12267
Columbia 29211

FAX TRANSMITTAL COVER

FAX TO:

Terry Lynch, HHS

FAX #:

255-8350

FROM:

Dorothy Moore

PHONE:

734-5127

DATE:

11/24/08

TOTAL NUMBER OF PAGES CONTAINED IN THIS TRANSMISSION 3
(including this cover sheet)

If you have any problems receiving this document, please contact the sender.

Thanks,
Terry!

(emails are
from Gwen
Kon, for
Nicole
Huschfelder)

1205 Pendleton Street
Columbia, South Carolina 29201
(803) 734-5049

Govrmo: Mark Sanford - Landin

Page 1

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NOV 19 2008

Referred to

Answered

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NOV 24 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: "Gwen" <rkoon@bellsouth.net>
To: "Governor Mark Sanford" <governor@oapp.sc.gov>
Date: Tue, Nov 18, 2008 8:35 PM
Subject: Landin

Thank you for returning our calls. I just have some concerns about your correspondence. You asked why Landin needed to go out of state to receive treatment, and that the out of state fees would be to high for medicaid to pay. Well let me give you a little insight on the real story, and I would appreciate it if the governor would read this letter also. We are tax paying citizens with a real need. Aiken Standard has done an excellent job covering this for us and you can read all of the articles on their web site by putting in Householder, you can also go to www.histo.org and look up about this disease Landin has a page on this site also under faces of histo. I would appreciate it if you would take the time to research these before you make any rational decisions. Our plan is to have him treated in South Carolina which has been stated in several of the articles published. We need a specialist to impliment necessary test that can only be accurately read by some one who knows what LCH looks like, come up with a treatment plan and contact the oncologist here who will distribute treatment under the advice of the specialist. As far as out of state being to expensive that is nonsense, if we were out of state and he became sick they would pay for treatment, they already have. The doctor here that was assigned to Landin gave us three treatment plans in a 4 day span, put a chemo port in him before all test were completed then came back and told us they could take the chemo port out because it was probably not needed. (he still has the port) told us that a test result for Diabetes Insipidus, which involves the pituitary gland and LCH, came back negative and the urine bag was still on Landin collecting the urine for the test. He also told us the day we were dismissed that if we had any other concerns to take them up with the specialist which we can not see now because we cant get any one to help us (except the media). Do I need to keep on? I dont know if you have children or grand children but how would you feel? Since Landin has been diagnosed we know of 2 children that have died with this horrible disease and if we keep waiting Landin could be another statistic because he has had another problem arise and we won't know if it is LCH related unless we get the test done. That would tear my heart out especially since we have asked for help and now the governor has refused to help us? Where do we go from here? On the MEDICAID web page it says "good health is important to everyone. If you cant afford to pay for medical care right now MEDICAID can make it possible for you to get the care that you need so that you can get healthy and stay healthy" does this not apply to my grandson??? I pray that some how you will have a change of heart and try to help us. A precious 13 month old child is depending on us to take care of him please help us. Gwen Koon
803-642-6455 803-292-1851

11/24/2008 03:50PM

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/24/08
 MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 10/27/08 END: PAGE: 0001

NAME: HOUSEHOLDER LANDIN W HH NAME: HOUSEHOLDER NICOLE K

RCP NUMBER: 2780790029 HH NUMBER: 101174244 ACTION TYPE: MAINTENANC

SSN: 658-26-6896 VC: V APL STATUS: ACTION DATE: 11/03/08 ,

PRIMARY INDIVIDUAL: APL CO: 02 WORKER ID: JALLE LOCATION: 002

141 FAYS GARDEN LN SSCN: RRN:

RACE: 01 SEX: M MARITAL STATUS: S

TPL: N RSP: 0 RELATION: CHILD

DOB: 09/21/2007 DOD:

AIKEN SC 29805- LIV ARRANGEMENT: HOME INCOME TRUST:

CORRECT RCP NUMBER: PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	
-	10350251	11/01/2008		88	30	FULL	N	Y	1.23	0200
-	79876247	12/01/2007	11/01/2008	12	30	FULL	N	N	.00	0200
-	19797755	09/01/2007	12/01/2007	12	30	FULL	N	N	.00	0200

UPDATED: USER ID: JALLE DATE: 11/03/08 SYSTEM ID: SVE3000 DATE: 11/07/08
 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

MEDEL001 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/24/08
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 10 / 2008 THRU: / PAGE: 2 OF 3

HH NAME: NICOLE K HOUSEHOLDER HH NUMBER: 101174244

BGN: 10350251 PCAT: PHC SPN: 0200 AIKEN Cty Elig ACT TYPE: MAINTENANC

BG: A BGP: A WKR: JALLE JENNIFER ALLEN ACT DATE: 11/06/08

COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME: 1805.20 COUNTABLE RESOURCES: 156.00

INCOME LIMIT: 2200.00 RESOURCE LIMIT: 30000.00

POV-LVL: +1.23 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 11/06/08

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 11/07/09

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -

UPDATED: USER ID: JALLE DATE: 11/06/08 SYSTEM ID: ELD3000 DATE: 11/06/08

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+

MEDELD00 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/24/08
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: NICOLE K HOUSEHOLDER DATES-FROM: 10 / 2008 THRU: ____ / ____ PAGE: 1 OF 3
 BGN: 10350251 PCAT: PHC QCAT: 30 SPN: 0200 AIKEN Cty E ACT TYPE: MAINTENANC HH NUMBER: 101174244
 BG: A BGP: A WKR: JALLE JENNIFER ALLEN ACT DATE: 11/06/08

REQUIREMENTS LANDI H NICOL H STEPH H
 APPLYING: A NA NA
 CITIZENSHIP: P N/A N/A
 RESIDENCY: P N/A N/A
 SSN: P N/A N/A
 PREGNANCY: N/A N/A N/A
 AGE: P N/A N/A
 RELATIONSHIP: N/A N/A N/A
 IDENTITY: P N/A N/A
 DISABLED/BLIND: N/A N/A N/A
 ASSIGNMENT OF RIGHTS: P N/A N/A
 REFERRAL TO OTHER BENEFITS: P P
 LIVING ARRANGEMENTS: N/A N/A N/A
 UPDATED: USER ID: JALLE DATE: 11/06/08 SYSTEM ID: ELD3000 DATE: 11/06/08
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 PF1->HELP PF2->MBR CTZN/ID PF3->NEXT PF5->HH MBR DTL PF6->RET PF13->FIELD HELP
 PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST

From: Jeff Stensland
To: Valeria Williams
Date: Wed, Dec 3, 2008 10:43 AM
Subject: Re: Log Letter 000289 Landin Householder

Val,

Sorry I didn't get back with you yesterday. I spoke with the Gov's office about this and we don't need a letter. I will let Felicity know.

-----Original Message-----

From: Valeria Williams
Cc: William Feagin <FEAGINW@scdhs.gov>
To: Jeff Stensland <STENSJEFF@scdhs.gov>

Sent: 12/3/2008 10:41:25 AM
Subject: Log Letter 000289 Landin Householder

Jeff, according to Will Feagin log letter 000289 is one that we do not need to draft a response. This letter came from the Governors office concerning Landin, the letter is dated November 18, 2008. If he is correct please let Felicity know that you have handled this matter and to **cancel** the log. Thanks Val

Log # 2189

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

[Handwritten signature]

ACTION REFERRAL

TO <i>Myles</i>	DATE <i>11-24-08</i>
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<i>Cleaned 12/3/08, see attached e-mail.</i>		<input type="checkbox"/> Necessary Action DATE DUE _____	

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Dept of HHS
S. HHS-00000000

NOV 25 2008

Director
Health Services



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NOV 24 2008

State of South Carolina

Office of the Governor

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mark Sanford
Governor

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Governor Mark Sanford - Re: Your Correspondence

Page 11

822679
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NOV 19 2008

From: "Gwen" <rkoon@bellsouth.net>
To: "Governor Mark Sanford" <governor@ospp.sc.gov>
Date: Tue, Nov 18, 2008 9:54 PM
Subject: Re: Your Correspondence

Every day that goes by without treatment we are losing ground on a disease that could take the life of our precious little one. Landin's grandparents

Re:lined to pk
Answered pk

pc 823743
NA, 11/19
*2 e-mails
LM 11/21

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

11/24/2008 03:50PM

Govtmt> Mark Sanford - Landin

Page 1

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MEDHMS54.P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/24/08
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MEMBER PERIOD START: 10/27/08 END: PAGE: 0001

NAME: HOUSEHOLDER LANDIN W HH NAME: HOUSEHOLDER NICOLE K
 RCP NUMBER: 2780790029 HH NUMBER: 101174244 ACTION TYPE: MAINTENANC
 SSN: 658-26-6896 VC: V APL STATUS: ACTION DATE: 11/03/08
 PRIMARY INDIVIDUAL: APL CO: 02 WORKER ID: JALLE LOCATION: 002
 141 FAYS GARDEN LN SSCN: RRN:

AIKEN SC 29805- RACE: 01 SEX: M MARITAL STATUS: S
 TPL: N RSP: 0 RELATION: CHILD
 DOB: 09/21/2007 DOD:

CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:
 PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	SPONSOR
-	10350251	11/01/2008		88	30	FULL	N	Y	1.23	0200
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UPDATED: USER ID: JALLE DATE: 11/03/08 SYSTEM ID: SVE3000 DATE: 11/07/08
 ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
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MEDEL01.P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/24/08
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 DATES-FROM: 10 / 2008 THRU: ____ / ____ PAGE: 2 OF 3
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 BGN: 10350251 PCAT: PHC SPN: 0200 AIKEN Cty Elig ACT TYPE: MAINTENANC
 BG: A BGP: A WKR: JALLE JENNIFER ALLEN ACT DATE: 11/06/08
 COUNTABLE BG MEMBERS: 3
 COUNTABLE INCOME: 1805.20 COUNTABLE RESOURCES: 156.00
 INCOME LIMIT: 2200.00 RESOURCE LIMIT: 30000.00
 POV-LVL: +1.23 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
 MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 11/06/08
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 11/07/09
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 REASON(S) FOR DENIAL/CLOSURE/CHANGE: ____

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _
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	LANDI H	NICOL H	STEPH H
REQUIREMENTS			
APPLYING:	A	NA	NA
CITIZENSHIP:	P	N/A	N/A
RESIDENCY:	P	N/A	N/A
SSN:	P	N/A	N/A
PREGNANCY:	N/A	N/A	N/A
AGE:	P	N/A	N/A
RELATIONSHIP:	N/A	N/A	N/A
IDENTITY:	P	N/A	N/A
DISABLED/BLIND:	N/A	N/A	N/A
ASSIGNMENT OF RIGHTS:	P	N/A	N/A
REFERRAL TO OTHER BENEFITS:	P	P	P
LIVING ARRANGEMENTS:	N/A	N/A	N/A
UPDATED: USER ID: JALLE	DATE: 11/06/08	SYSTEM ID: ELD3000	DATE: 11/06/08
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NOV 25 2008
Bureau of Health Services



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Department of Health & Human Services
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Re: st. ed to W
Answered W

823743
NA, 11/19
*2 e-mails
LP 11/21

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Govrnor Mark Sanford - Landin

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Preferred mail

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141 FAYS GARDEN LN SSCN: RRN:

RACE: 01 SEX: M MARITAL STATUS: S

TPL: N RSP: 0 RELATION: CHILD

AIKEN SC 29805- DOB: 09/21/2007 DOD:

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PROVIDER:

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PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

MEDEL001.P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/24/08
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 10 / 2008 THRU: ____ / ____ PAGE: 2 OF 3
 HH NAME: NICOLE K HOUSEHOLDER HH NUMBER: 101174244
 BGN: 10350251 PCAT: PHC SPN: 0200 AIKEN Cty Elig ACT TYPE: MAINTENANC
 BG: A BGP: A WKR: JALLE JENNIFER ALLEN ACT DATE: 11/06/08
 COUNTABLE BG MEMBERS: 3
 COUNTABLE INCOME: 1805.20 COUNTABLE RESOURCES: 156.00
 INCOME LIMIT: 2200.00 RESOURCE LIMIT: 30000.00
 POV-LVL: +1.23 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
 MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 11/06/08
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 11/07/09
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: ____
 REASON(S) FOR DENIAL/CLOSURE/CHANGE: _____

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -
 APPEAL REQUEST DATE: ____ COUNTY DECISION UPHELD? (Y/N): -
 UPDATED: USER ID: JALLE DATE: 11/06/08 SYSTEM ID: ELD3000 DATE: 11/06/08
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+

MEDEL000.P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/24/08
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 10 / 2008 THRU: ____ / ____ PAGE: 1 OF 3
 HH NAME: NICOLE K HOUSEHOLDER HH NUMBER: 101174244
 BGN: 10350251 PCAT: PHC QCAT: 30 SPN: 0200 AIKEN Cty E ACT TYPE: MAINTENANC
 BG: A BGP: A WKR: JALLE JENNIFER ALLEN ACT DATE: 11/06/08

REQUIREMENTS	LANDI H	NICOL H	STEPH H
APPLYING:	A	NA	NA
CITIZENSHIP:	P	N/A	N/A
RESIDENCY:	P	N/A	N/A
SSN:	P	N/A	N/A
PREGNANCY:	N/A	N/A	N/A
AGE:	P	N/A	N/A
RELATIONSHIP:	N/A	N/A	N/A
IDENTITY:	P	N/A	N/A
DISABLED/BLIND:	N/A	N/A	N/A
ASSIGNMENT OF RIGHTS:	P	N/A	N/A
REFERRAL TO OTHER BENEFITS:	P	P	P
LIVING ARRANGEMENTS:	N/A	N/A	N/A
UPDATED: USER ID: JALLE	DATE: 11/06/08	SYSTEM ID: ELD3000	DATE: 11/06/08

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1->HELP PF2->MBR CTZN/ID PF3->NEXT PF5->HH MBR DTL PF6->RET PF13->FIELD HELP
 PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST