

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

ACTION REFERRAL

TO <i>Liggett/Mary</i>	DATE <i>4/11/14</i>
---------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center" style="font-size: 1.2em;">000358</p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <hr/> <i>cc: Lynch</i> <i>cleared 5/13/14, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u><i>4/18/14</i></u> <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

CHAIRMAN, PERSONNEL SUBCOMMITTEE

FOREIGN AFFAIRS

EDUCATION AND THE WORKFORCE

HOUSE REPUBLICAN POLICY

Congress of the United States
House of Representatives

COUNTIES:
AIKEN
BARNWELL
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

April 9, 2014

Ms. Jennifer Lynch
Constituent Services
S.C. Dept. of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Re: Ms. Megan E. Jennings
250-83-2860

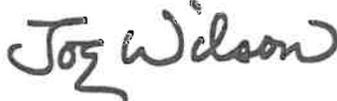
Dear Ms. Lynch,

I am writing to you on behalf of a constituent who has contacted me regarding an issue involving the Department of Health & Human Services. A copy of the correspondence is enclosed for your convenience.

Your kind assistance would be greatly appreciated. Please respond to Ms. Laura Batey at our Midlands District Office at 1700 Sunset Blvd., Suite 1, West Columbia, South Carolina 29169, or laura.batey@mail.house.gov. The phone number is 803-939-0041.

It is an honor to represent the people of the Second Congressional District of South Carolina, and I value your input. If I may ever be of assistance to you, please do not hesitate to contact me.

Very truly yours,



JOE WILSON
Member of Congress

JW/lb

Department of Health & Human Services
OFFICE OF THE DIRECTOR

APR 11 2014

RECEIVED

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0078

2229 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
www.joewilson.house.gov

AIKEN OFFICE:
828 RICHLAND AVENUE WEST
SUITE 300
AIKEN, SC 29801
(803) 642-6416
FAX: (803) 642-6418



RECEIVED

APR 11 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

CONGRESSMAN JOE WILSON

Second District of South Carolina

Privacy Release

Consent for Release of Personal Records by Executive Agencies

To Whom It May Concern:

I have sought assistance from the Office of 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.

Name of Agency: DHHS

Megan Elizabeth Jennings
Name (please print)

08/13/1990
Date of Birth

315 Springcreek Court
Address

West Columbia, SC 29170
City Zip

250-83-2860
Social Security Number

cdemjennings@gmail.com (mom)
meganelizabethjennings@gmail.com
E-mail Address 803-269-2662 (text or call-mom's cell)

803-356-0449
Telephone Number - Home

803-422-2330 (text only)
Telephone Number - Cell

Megan E. Jennings
Signature

03/25/14
Today's Date

Please briefly explain your concern (use the back if necessary): _____

Secondary to an across the board cut in the Respite
hours of all HASC1 waiver participants who receive any
(over)

03/23/2014

South Carolina Department of Health and Human Services
Division of Appeals and Hearings
PO Box 8206
Columbia, SC, 29202-8206

RECEIVED

APR 11 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Director:

I am writing this letter to appeal a decision made to reduce my respite hours following the (2013) 5-year renewal of the HASCI Waiver, which included specific limits for respite care. I understand that the purpose of an appeal at this level is to prove error in fact or in the law or to prove adverse affect on the Waiver participant. This reduction in my hours will have a significantly adverse effect on me as the Waiver participant, as has been fully explained in the enclosed letter of appeal that was sent to SCDDSN. My health is at risk when my caregiving is reduced. There is absolutely no question about that fact.

I do not question that this renewal of HASCI exists with these new limits, but I do question the Constitutionality and thought process behind any policy that would make things harder for individuals with disabilities by expecting that their needs could possibly all be alike and met with the same amount of services. It seems to me that categorically serving individuals should, in fact, be an error in the law.

My right to pursue life as a productive member of our amazing society is being infringed upon when my basic needs are not met. It is difficult to pursue work when one depends on others for even the most basic of bodily functions and then even that is taken away. I ask that you please approve my request to keep my respite hours at the current level without any reduction, so that I may continue to pursue life as independently as possible. Thank you.

Sincerely,

Megan E. Jennings
803-422-2330 (text only)
803-269-2662 (Mother's cell, text or voice)
cdemjennings@gmail.com (Mother's e-mail)

Nikki Bailey
Anthony Keck
P.O. Box 8206 · Columbia, SC 29202
www.scdhhs.gov

May 13, 2014

Ms. Laura Batey
Midlands District Office
1700 Sunset Blvd., Suite 1
West Columbia, SC 29169

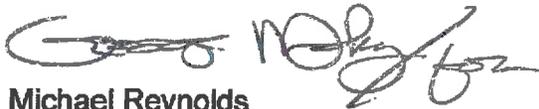
RE: Ms. Megan E. Jennings

Dear Ms. Batey:

The South Carolina Department of Health and Human Services has received Congressman Wilson's letter of April 9, 2014, concerning a reduction in Ms. Jennings respite care service hours. After review of South Carolina Medicaid policy and in follow-up, we have requested the South Carolina Department of Disabilities and Special Needs to rescind their reduction of services and reinstate Ms. Jennings services to their previous level in accordance with current Head and Spinal Cord Injured waiver policy.

We understand they have complied with this request. Should you have any other concerns, please contact me at 803.898.0079.

Sincerely,



Michael Reynolds
Program Manager, Community Options

cc: Ms. Jennifer Lynch, DHHS
Dr. Linda Veldheer, DDSN

Log #358

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Liggett/Mary	DATE 4/11/14
--------------------	-----------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000358	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Lynch	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 4/18/14
	<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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:

ARMED SERVICES

CHAIRMAN, PERSONNEL SUBCOMMITTEE

FOREIGN AFFAIRS

EDUCATION AND THE WORKFORCE

HOUSE REPUBLICAN POLICY

Congress of the United States
House of Representatives

COUNTIES:
AIKEN
BARNWELL
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

April 9, 2014

Ms. Jennifer Lynch
Constituent Services
S.C. Dept. of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Re: Ms. Megan E. Jennings
250-83-2860

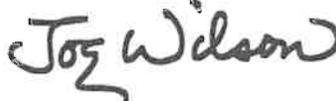
Dear Ms. Lynch,

I am writing to you on behalf of a constituent who has contacted me regarding an issue involving the Department of Health & Human Services. A copy of the correspondence is enclosed for your convenience.

Your kind assistance would be greatly appreciated. Please respond to Ms. Laura Batey at our Midlands District Office at 1700 Sunset Blvd., Suite 1, West Columbia, South Carolina 29169, or laura.batey@mail.house.gov. The phone number is 803-939-0041.

It is an honor to represent the people of the Second Congressional District of South Carolina, and I value your input. If I may ever be of assistance to you, please do not hesitate to contact me.

Very truly yours,



JOE WILSON
Member of Congress

JW/lb

Department of Health & Human Services
OFFICE OF THE DIRECTOR

APR 11 2014

RECEIVED

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0078

2229 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
www.joewilson.house.gov

AIKEN OFFICE:
828 RICHLAND AVENUE WEST
SUITE 300
AIKEN, SC 29801
(803) 642-6416
FAX: (803) 642-6418



RECEIVED

APR 11 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

CONGRESSMAN JOE WILSON

Second District of South Carolina

Privacy Release

Consent for Release of Personal Records by Executive Agencies

To Whom It May Concern:

I have sought assistance from the Office of 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.

Name of Agency: DHHS

Megan Elizabeth Jennings
Name (please print)

08/13/1990
Date of Birth

315 Springcreek Court
Address

West Columbia, SC 29170
City Zip

250-83-2860
Social Security Number

cdemjennings@gmail.com (mom)
meganelizabethjennings@gmail.com
E-mail Address 803-269-2662 (text or call - mom's cell)

803-356-0449
Telephone Number - Home

803-422-2330 (text only)
Telephone Number - Cell

Megan E. Jennings
Signature

03/25/14
Today's Date

Please briefly explain your concern (use the back if necessary): _____

Secondary to an across the board cut in the Respite
hours of all HASC1 waiver participants who receive any
(over)

03/23/2014

South Carolina Department of Health and Human Services
Division of Appeals and Hearings
PO Box 8206
Columbia, SC, 29202-8206

RECEIVED

APR 11 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Director:

I am writing this letter to appeal a decision made to reduce my respite hours following the (2013) 5-year renewal of the HASCI Waiver, which included specific limits for respite care. I understand that the purpose of an appeal at this level is to prove error in fact or in the law or to prove adverse affect on the Waiver participant. This reduction in my hours will have a significantly adverse effect on me as the Waiver participant, as has been fully explained in the enclosed letter of appeal that was sent to SCDDSN. My health is at risk when my caregiving is reduced. There is absolutely no question about that fact.

I do not question that this renewal of HASCI exists with these new limits, but I do question the Constitutionality and thought process behind any policy that would make things harder for individuals with disabilities by expecting that their needs could possibly all be alike and met with the same amount of services. It seems to me that categorically serving individuals should, in fact, be an error in the law.

My right to pursue life as a productive member of our amazing society is being infringed upon when my basic needs are not met. It is difficult to pursue work when one depends on others for even the most basic of bodily functions and then even that is taken away. I ask that you please approve my request to keep my respite hours at the current level without any reduction, so that I may continue to pursue life as independently as possible. Thank you.

Sincerely,

Megan E. Jennings
803-422-2330 (text only)
803-269-2662 (Mother's cell, text or voice)
cдемjennings@gmail.com (Mother's e-mail)