

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <b>Wells</b>	DATE <b>2-7-07</b>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <b>000517</b>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <b>2-14-07</b>		
2. DATE SIGNED BY DIRECTOR <b>Claud 2/28/07, Wells</b> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

	<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.				
2.				
3.				
4.				

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:  
ARMED SERVICES  
INTERNATIONAL RELATIONS  
EDUCATION AND THE WORKFORCE  
HOUSE POLICY

# Congress of the United States House of Representatives

COUNTIES:  
AIKEN\*  
ALLENDALE  
BARNWELL  
BEAUFORT  
CALHOUN\*  
HARTON  
JASPER  
LEXINGTON  
ORANGEBURG\*  
RICHLAND\*  
(\*PARTS OF)  
ERIC DELL  
CHIEF OF STAFF

February 5, 2007

**RECEIVED**

FEB 07 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

RE: Ms. Ralphetta E. Holmes for her autistic son  
Corey Alexander Holmes 249-91-5770

*Ros Wells*  
*W. Ralph's Sign*

I am writing to you on behalf of the above named constituent who has contacted me regarding getting assistance for her autistic son, Corey. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

JOE WILSON  
Member of Congress

JW/jmc  
Enclosure

MIDLANDS OFFICE:  
1700 SUNSET BLVD. (US 378), SUITE 1  
WEST COLUMBIA, SC 29169  
MAILING ADDRESS: P.O. Box 7381  
COLUMBIA, SC 29202  
(803) 939-0041  
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4002  
(202) 225-2452  
FAX: (202) 225-2455  
E-MAIL: joe.wilson@mail.house.gov  
WEBSITE: www.house.gov/joewilson

LOWCOUNTRY OFFICE:  
903 PORT REPUBLIC STREET  
P.O. Box 1538  
BEAUFORT, SC 29901  
(843) 521-2530  
FAX: (843) 521-2535

JAN 29 2007 ✓

1/25/07

Congressman Wilson,

I'm writing on behalf of my 14 year old  
Autistic son, Corey Alexander Holmes.

Date of Birth - 1/24/93

SS# - 249-91-5770

Address - 121 Honey Hill Court - Lexington, SC 29072

Corey has had TEERRA Medicaid for approximately  
10 years. We moved to Lexington a few years  
ago from Summerville, SC. I, Ralphele E Holmes,  
had to reapply for his Medicaid in August 2006.

On 12/19/06 his application was denied.  
The stated reason was "you have not met  
disability criteria." I have requested  
a hearing from the DHH's and I am  
requesting the assistance of your office.

Thank you!

Ralphele E Holmes

Jan 10th to appeal

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*State of South Carolina*  
*Department of Health and Human Services*

*Log 517*



Mark Sanford  
Governor

February 28, 2007

Robert M. Kerr  
Director

Honorable Joe Wilson  
U.S. House of Representatives  
Second District of South Carolina  
1700 Sunset Boulevard, Suite 1  
West Columbia, South Carolina 29169

Dear Congressman Wilson:

This letter is in response to your inquiry referencing your constituent; Corey Alexander Holmes dated February 5, 2007. The information below will explain where we are with reference to Ms. Ralphetta Holmes' appeal request for her son Corey's Holmes' Medicaid benefits.

As stated in her letter to you dated January 25, 2007, Ms. Holmes has officially appealed the denial of the re-application for Medicaid benefits for her son. A Notice of Hearing has been issued to Ms. Holmes notifying her that an appeal hearing is scheduled March 16, 2007.

A copy of the medical records that were compiled in the development of the decision will be provided to her in the near future. Once the hearing is held, the Hearing Officer will issue a decision on Corey's disability appeal as quickly as possible, but no later than thirty (30) days after the Hearing.

If the Department can be of any further assistance to you or your constituents, please feel free to contact us. Thank you for your support of the Medicaid program.

Sincerely,

Handwritten signature of Robert M. Kerr in black ink.

Robert M. Kerr  
Director

RMK/jym