


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

**ACTION REFERRAL**

|                     |                        |
|---------------------|------------------------|
| TO<br><i>Jacobs</i> | DATE<br><i>11-3-08</i> |
|---------------------|------------------------|

|  |  |   |  |
|--|--|---|--|
| <b>DIRECTOR'S USE ONLY</b>   |  | <b>ACTION REQUESTED</b>   |  |
| 1. LOC NUMBER<br><br><i>300246</i>   |  | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____   |  |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>cc: Ms. Forner</i><br><i>Clear and 11/03/08 letter</i><br><i>attached.</i>  |  | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>11-13-08</i><br><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><br><input type="checkbox"/> Necessary Action |  |

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

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA  
ASSISTANT REPUBLICAN WHIP  
COMMITTEES:  
ARMED SERVICES  
EDUCATION AND LABOR  
FOREIGN AFFAIRS  
HOUSE POLICY

## Congress of the United States House of Representatives

COUNTIES:  
AIKEN\*  
ALLENDALE  
BARNWELL  
BEAUFORT  
CALHOUN\*  
HAMPTON  
JASPER  
LEXINGTON  
ORANGEBURG\*  
RICHLAND\*  
(\*PARTS OF)

DINO TEPPARA  
CHIEF OF STAFF  
AND COUNSEL

October 30, 2008

**RECEIVED**

NOV 03 2008

Ms. Emma Forkner  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Mrs. Joan Roberts-Reed for her son, Glenn Jamal Corbit [251-99-2883]

Dear Ms. Forkner,

I am writing to you on behalf of Joan Reed, mother of Glenn J. Corbit who has contacted me regarding Medicaid for her son. A copy of all correspondence is enclosed 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 37B), SUITE 1  
WEST COLUMBIA, SC 29169  
(803) 939-0041  
FAX: (803) 939-0078

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

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

DR. JOAN ROBERTS-REED  
Business & Marketing Technology Ed. Consultant  
3560 Lynhaven Drive  
Columbia, SC 29204  
(803) 735-3336  
(803) 735-3381 - Fax

"All Education is Career Education!"

# FAX

|                        |                         |
|------------------------|-------------------------|
| To: Ms. JoAnn Coefield | From: Joan Roberts-Reed |
| Fax: 803-939-0078      | Subject: [REDACTED]     |
| Phone: 803-939-0041    | Date: [REDACTED]        |
| Re: Form & Letter      | cc: [REDACTED]          |

**Comments:**

Ms. Coefield,

Please find attached a copy of your "Consent for Release of Personal Records by Executive Agencies" form, a personal letter to Congressman Wilson, the denial letter from the S.C. Department of Health and Human Services, as well as a letter to Ms. Rhonda Tucker requesting a fair hearing with her department.

Should you need additional information, please feel free to contact me at (803) 347-6751.

Respectfully,

Joan

OCT/27/2008/MON 11:40 AM DC

FAX No. 12022252455

P. 002/002

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

### Consent for Release of Personal Records by Executive Agencies

Name of Agency: S.C. Department of Health and Human Services

To whom it may concern:

I have sought assistance from 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.

Glenn Jamal Corbit 9-20-95  
Name of Claimant (Please Print) Date of Birth

2809 Knightbridge Rd, Columbia, SC 29223  
Address of Claimant

251-99-2883  
Social Security Number

VA Claim # or OPM # (if applicable)

(803) 234-4246  
Telephone Number-Home

(803) 347-6751 (mother's cell phone)  
Telephone Number-Work

Dean Robert-Reed  
Signature of Claimant  
Claimant's Parent

October 27, 2008  
Today's Date

Please briefly explain your concern: My son, Glenn Jamal  
Corbit, was recently denied Medicaid services

(TEFRA). Please see attached letter.

MISSISSIPPI OFFICE  
7700 SUMMIT BLVD, SUITE 300, SUITE 1  
WILSON, MISSISSIPPI, MS 39218  
MAKING ADDRESS: P.O. BOX 7381  
COLUMBIA, SC 29202  
(803) 888-4241  
FAC (803) 888-0778

212 CAMDEN HOUSE DEMOCRAT BUILDING  
WASHINGTON, DC 20515-4002  
(202) 225-2452  
FAX: (202) 225-2458  
EMAIL: joe.wilson@mail.house.gov  
WEBSITE: www.house.gov/joe/wilson

LOWCOUNTRY OFFICE  
803 POPE MEMORIAL STREET  
P.O. Box 1528  
Greenville, SC 29601  
(843) 821-2830  
FAC (843) 521-2555

October 27, 2008

Congressman Joe Wilson  
U.S. House of Representatives  
1700 Sunset Boulevard  
West Columbia, SC 29169

Dear Congressman Wilson,

Thirteen years ago on September 22, 1995 my husband and I traveled from Rock Hill, South Carolina to Richland County to pick up our new bundle of joy. Glenn Jamal Corbit was born at 8:05 a.m., Wednesday, September 20, 1995, and two days later he joined our family. He was the blessing we'd prayed about for a number of years. It was a closed adoption so medical information was extremely limited and we'd soon find out how much this would affect his well being.

Around five months of age I realized, even as a new mother, that he was failing to thrive. After a phone call to the Department of Special Needs, they referred us to Baby Net who sent a team out to assess him. They found that services were necessary and worked with him from that day until he turned three years old.

From that time until this past May, 2008, he continued to suffer with various medical conditions. He has had the following procedures:

- tonsillectomy
- adenoidectomy
- 8 sets of ear tubes
- patching for a lazy left eye
- surgery for a wandering right eye
- bronchoscopy
- exploratory surgery by a pediatric gastroenterologist

He has spent time at the following hospitals for various illnesses:

- Palmetto Richland (Columbia, SC)
- The Regional Medical Center (Orangeburg, SC)
- Piedmont Medical Center (Rock Hill, SC)
- The Medical University of South Carolina (Charleston, SC)
- Carolina Medical Center (Charlotte, NC)

During the past four years, Jamal has suffered with a bout of pneumonia each year, with this past year being the most severe. It began in March, 2008 with a cough (as usual) followed by a low grade fever. After a visit to his pediatrician (Dr. Elizabeth Haile – Sandhill Pediatrics) she prescribed an antibiotic and a cough suppressant. The cough continued for the next forty-five (45) days with various medications being prescribed but to no avail. At the beginning of May, 2008 he was referred to Dr. David Brown

(pulmonologist) who immediately scheduled a bronchoscopy. After a grueling two hour procedure (where they removed mucus and pleura from his left lung), Dr. Brown contacted an immunologist (Dr. David Amrol) for further diagnosis.

After Dr. Amrol ordered a CT scan and additional labs, Jamal was diagnosed with CVID - Common Variable Immune Deficiency, a Primary Immune Deficiency Disease. During our consultation with Dr. Amrol on May 27, 2008, he informed us that Jamal's body does not produce IGgs (antibodies that fight off infection) hence the reason he's been medically challenged all of his life. He went on to share that for the duration of his life he would need monthly infusions to remain healthy and not cause further damage to his lungs. In addition, a daily dose of an antibiotic would also be necessary.

Jamal had his first IVIG infusion two days later, and has successfully completed eight to date with no side effects. It took my breathe away this past summer to see my child so active and literally brought tears to my eyes. He is working hard in school and is still receiving speech services. We recently met and placed him on a 504 plan to assist him as well.

Jamal was recently denied Medicaid, specifically TEFRA, because they noted he did not meet the disability criteria or the medical level of care for services (no specifics noted). I am asking that your office please advocate on behalf of my son who relies on these monthly infusions to live a healthy life. These infusions cost a little over \$9,000.00 each

When I think back on all the hospital stays, surgeries and even the sick days at home, I know my strength and his fighting spirit has come from God. I am pleading for any assistance you can provide on behalf on our little angel.

Respectfully,



Joan Roberts-Reed

Information requested:

Full Name: Joan Roberts-Reed  
Address: 2809 Knightbridge Road  
Columbia, SC 29223  
SS #: 250-45-3978  
Phone #: (803) 347-6751  
Date: October 27, 2008

South Carolina Department of Health and Human Services  
Notice of Action

**From:** STATE OFFICE COUNTY DHHS

P. O. Box 100101  
Columbia SC 29202-0000

**Date:** 10/22/2008**Worker Name:****RHONDA TUCKER****Telephone:** 803 898-2786**BG#:** 10143898**HH#:** 101268909

47 RHONT

**To:** GLENN J CORBIT

C/O JOAN REED

2809 KNIGHTBRIDGE ROAD

COLUMBIA SC 29223

**Beneficiary Name:**

GLENN J CORBIT

**Beneficiary ID:**

6780884878

Your application has been denied for: KATIE BECKETT CHILDREN - TEFRA

**Reason for denial:**

You do not meet the disability criteria.

You do not meet the medical level of care for Medicaid services.

Denied for the month(s) of: 06/2008

Manual/policy reference supporting this action: 102.06.02A

304.06.01

**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 on 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.

COPY

October 27, 2008

Ms. Rhonda Tucker  
TEFRA Coordinator  
State Office County DHHS  
P. O. Box 100101  
Columbia, SC 29202

Dear Ms. Tucker,

This letter comes to request that a fair hearing be granted regarding the recent denial of services for the my son Glenn Jarnal Corbit.

I will not be securing legal representation at this time; however, I have contacted Congressman Wilson's office on my son's behalf.

Please let me know if your office will need additional information prior to the hearing. I am also requesting a copy of his entire file for my records.

Respectfully,

Joan Roberts-Reed



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

**ACTION REFERRAL**

|                     |                         |
|---------------------|-------------------------|
| TO<br><i>Jacobs</i> | DATE<br><i>11-23-08</i> |
|---------------------|-------------------------|

|   |   |
|---|---|
| <b>DIRECTOR'S USE ONLY</b>  | <b>ACTION REQUESTED</b>   |
| 1. LOG NUMBER<br><br><i>000246</i>  | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____   |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>cc: Ms. Forner</i><br><i>[Signature]</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>11-13-08</i><br><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><br><input type="checkbox"/> Necessary Action |

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



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

Mark Sanford  
Governor

Emma Forkner  
Director

November 12, 2008

The Honorable Joe Wilson  
United States House of Representatives  
Midlands District Office  
1700 Sunset Boulevard, Suite 1  
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for contacting our agency on behalf of Glenn Jamal Corbit and his healthcare needs.

A member of our staff has been in direct contact with his mother, Joan Roberts-Reed, regarding the Medicaid appeals process. She also has the name and telephone number of a staff person in Constituent Services if she has any questions or concerns.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/jcole

*Log # 0846*



*Log # 0346*

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

Mark Sanford  
Governor

Emma Forkner  
Director

November 17, 2008

Ms. Joan Roberts-Reed  
2809 Knightbridge Road  
Columbia, South Carolina 29223

Dear Ms. Roberts-Reed:

Congressman Joe Wilson asked our agency to assist with your questions concerning Medicaid eligibility.

Your son Glenn Jamal Corbit's application for Medicaid's Tax Equity and Fiscal Responsibility Act (TEFRA) program was denied on October 21, 2008, because he does not meet the disability criteria or the medical level of care for Medicaid services. We understand you have notified our Division of Appeals and Hearings that you no longer wish to appeal this decision. In the future, if you feel your family's situation changes, you may always reapply for Medicaid benefits.

If you have further concerns or questions regarding the Medicaid program, please call Denise Epps in Constituent Services at (803) 898-2505.

We hope this information is helpful.

Sincerely,

*Alicia Jacobs*  
Alicia Jacobs  
Acting Deputy Director

AJ/cole