

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Ries	DATE 3-9-07
-------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000580	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 3-16-07
2. DATE SIGNED BY DIRECTOR Cleaved 3/27/07, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<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.			

GLENN G. REESE
SENATOR, SPARTANBURG COUNTY
SENATORIAL DISTRICT NO. 11

SENATE ADDRESS:
P. O. BOX 142
502 GRESSETTE SENATE OFFICE BLDG.
COLUMBIA, SC 29202
(803) 212-6108
E-MAIL: GR@SCSENATE.ORG

HOME ADDRESS:
507 FAGAN DRIVE
LAKE BOWEN
INMAN, SC 29349-7000
(864) 592-2984 HOME
(864) 585-1956 OFFICE

E-MAIL: REESEJD@CHARTER.NET



COMMITTEES:
BANKING AND INSURANCE
FINANCE
GENERAL
INVITATIONS
LABOR, COMMERCE AND INDUSTRY
RULES

RECEIVED

MAR 09 2007

MEMORANDUM

Department of Health & Human Services
OFFICE OF THE DIRECTOR

TO: Robert M. Kerr, Director
Department of Health and Human Services

FROM: *GR* Glenn G. Reese

DATE: March 7, 2007

RE: Christopher Lee Reaves's Medicaid

Doyle. Rice
"Reddy's Sign."

Please find the enclosed information that I received from David Reeves the father of Christopher Reeves, which is self-explanatory. I would appreciate it if you would have a staff member review that information and determine if he is eligible to receive Medicaid or any other services. Thank you.

GGR/ks

c: David Reeves

RECEIVED

MAR 09 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

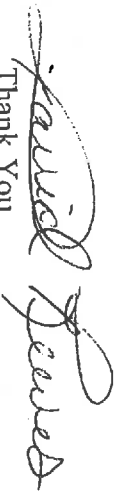
To: Senator Glenn Reese

Subject: Assistance with Disability and Medicaid

From: David Reeves (Father) Chris Reeves

Senator Glenn Reese, We are in desperate need of assistance and hoping you can help. I called you in reference to my son Christopher Lee Reeves. He has been disabled since 2/28/06 due to RSD, pinched nerves and frozen shoulder. We have tried twice to get Medicaid and disability with negative results. Disability sends survey after survey with no results. SCDHEC Kay Burk (case representative) told me the case is closed and has refused to meet me or my son in person. When told to bring sometime we have always complied. When the enclosed documentation was requested, I was told that it must be pickup in person between 4 and 5 p.m. today only. My finances have been exhausted and my son's finance are none existent. My son has no transportation (sold for medication money) to meet appointments. My son's condition continues to decline due to no medical treatment or medication. The St Lukes free medical clinic could not assist either. His attempt to get food stamps gets the run around. He was told a phone interview was possible but now must be done in person. He has been refused three time as of 3/2/07. We no longer know where or how to get help. Chris's condition is such the he can not walk, sit very long or use his right arm. This physical condition has accelerated his depression. Due to extremely limited movement he rarely ventures outside. I found a wheel chair after repairing that he currently uses. Due to the inability to obtain wheel chair accessible apartment (lack of money) he must hobble into the bathroom. This causes his constant pain to elevate to the point of passing out which has worsening the condition. We are crying for your help and would welcome ANY assistance you can give. Enclosed is a copy of all medical records and request for assistance. You can call me anytime 24 hours a day at (864) 580-9975

Thank You
David Reeves



DAVID REEVES
142 WINDAW GIX
SPR 2C 29301
(864) 595-3577

-1029



gdavid46@hotmail.com

Printed: Thursday, February 8, 2007 5:31 PM

From : chris reeves <hippyru4692@yahoo.com>
Sent : Thursday, February 8, 2007 5:15 PM
To : george david reeves <gdavid46@hotmail.com>

Get your own web address.
 Have a HUGE year through Yahoo! Small Business.
 medication list:

- 1) hydrocodone (lortab) 10/500tablet
1 pill every 4 hours
 - 2) alprazolam (Xanax) 1mg. tablet
1 pill twice a day
 - 3) Trazodone 150 mg.
2 tablets at bedtime
 - 4) gabapentin (neurontin) 800 mg.
1 tablet twice daily
 - 5) catapress tts #2
1 patch every week
 - 6) zoloft 100mg.
1 tablet twice daily
 - 7) celebrex 200mg.
1 tablet twice daily
- Christopher L. Reeves
 404 aspen creek cir.
 spartanburg, sc 29301
 (864)541-8092
 ssn: 090-70-1821

Dr. Ira G. Early (family medicine)
 1241 Boiling Springs Rd,
 Spartanburg, SC
 (864) 591-0992

Dr. Robert G. Schwartz (rds)
 317 st. Francis dr. Suite 350
 Greenville SC 29601
 (864) 235-1834

Dr. John e. Keith (orthopedic)

(864) 560-4567

211 wilder dr.

(864) 574-8047

205 N. pine st.

(864) 560-8000

1650 skyln dr.

(864) 583-0354

spartanburg, sc 29302

(864) 583-3967

Spartanburg, SC 29302

(864) 586-1010

Spartanburg County
(864) 596-2714

Medicaid Eligibility
Spartanburg County DHHS
Pinewood Shopping Center
1000 N. Pine Street, Suite 23
Spartanburg, SC 29303

Post Office Box 4847
Spartanburg, SC 29305

APPLICATION FOR DISABILITY INSURANCE BENEFITS

CHRISTOPHER LEE REEVES
404 ASPEN CREEK CIR
APT 101
SPARTANBURG SC 29301

CHECKING THE STATUS OF YOUR CLAIM

Information about the status of your claim will soon be available on the Internet. Please wait at least 5 days before you check your claim status. Just go to the Social Security Claims page at www.socialsecurity.gov/applyforbenefits and enter your confirmation number. Just process than other types of Social Security claims because we need to obtain sufficient medical evidence to show that you are disabled. It may take 90-120 days before "Check Your Claim Status" will reflect a final decision on your disability claim. The confirmation number for this claim is:

55143629

REMEMBER TO GUARD YOUR CONFIRMATION NUMBER CAREFULLY. Your Confirmation Number is the key to your application information!

- o Don't put it where others can see it.
- o Don't store it with other personal information, like your Social Security number.
- o Don't give it to anyone else.
- o Social Security employees will NEVER ask for your Confirmation Number.

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

CHRISTOPHER LEE REEVES
404 ASPEN CREEK CIR
APT 101
SPARTANBURG SC 29301

NAME OF PERSON TO CONTACT
ABOUT YOUR CLAIM:

Mr B McAllister

UNIT: LMGLWG	:
:	:
:	:
:	:
:	:
:	:
:	:

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:
AFTER YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT
WWW.SOCIALSECURITY.GOV.

YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN 120 DAYS AFTER YOU HAVE GIVEN US ALL THE INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION IS NEEDED.

IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE CHANGE.

On September 12, 2006, we talked with you and completed your application for SOCIAL SECURITY BENEFITS. We stored your application information electronically in our records and attached a summary of your statements.

What You Need To Do

- o Review your application to ensure we recorded your statements correctly.
- o If you agree with all your statements, you may retain the application for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after the date of this notice to let us know.

I HAVE THE FOLLOWING CHILD OR CHILDREN UNDER AGE 18; AGE 18-19 ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL TIME; OR AGE 18 OR OVER AND DISABLED BEFORE AGE 22 WHO MAY BE ELIGIBLE FOR SOCIAL SECURITY BENEFITS ON THIS RECORD. THIS INCLUDES CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.
 KAYIA REEVES

I UNDERSTAND THAT I MUST PROVIDE MEDICAL EVIDENCE ABOUT MY DISABILITY, OR ASSIST THE SOCIAL SECURITY ADMINISTRATION IN OBTAINING THE EVIDENCE.
 I UNDERSTAND THAT I MAY BE REQUESTED BY THE STATE DISABILITY DETERMINATION SERVICES TO HAVE A CONSULTATIVE EXAMINATION AT THE EXPENSE OF THE SOCIAL SECURITY ADMINISTRATION AND THAT IF I DO NOT GO, MY CLAIM MAY BE DENIED.

I AUTHORIZE ANY PHYSICIAN, HOSPITAL, AGENCY, OR OTHER ORGANIZATION TO DISCLOSE ANY MEDICAL RECORD OR INFORMATION ABOUT MY DISABILITY TO THE SOCIAL SECURITY ADMINISTRATION OR TO THE STATE DISABILITY DETERMINATION SERVICES THAT MAY REVIEW MY CLAIM OR CONTINUING DISABILITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE ANY INFORMATION ABOUT ME TO A PHYSICIAN OR MEDICAL FACILITY PREPARATORY TO AN EXAMINATION OR TEST. RESULTS OF SUCH EXAMINATION OR TEST MAY BE RELEASED TO MY PHYSICIAN OR OTHER TREATING SOURCE.

I AUTHORIZE THAT INFORMATION ABOUT MY DISABILITY MAY BE FURNISHED TO ANY CONTRACTOR FOR CLERICAL SERVICES BY THE STATE DISABILITY DETERMINATION SERVICES.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION OF ALL EVENTS AS EXPLAINED TO ME.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION:

-- IF MY MEDICAL CONDITION IMPROVES SO THAT I WOULD BE ABLE TO WORK, EVEN THOUGH I HAVE NOT YET RETURNED TO WORK.

-- IF I GO TO WORK WHETHER AS AN EMPLOYEE OR A SELF-EMPLOYED PERSON.

-- IF I APPLY FOR OR RECEIVE A DECISION ON BENEFITS UNDER ANY WORKERS' COMPENSATION LAW OR PLAN (INCLUDING BLACK LUNG BENEFITS FROM THE DEPARTMENT OF LABOR), OR OTHER PUBLIC BENEFIT BASED ON DISABILITY.

-- IF I AM CONFINED TO A JAIL, PRISON, PENAL INSTITUTION, OR CORRECTIONAL FACILITY FOR CONVICTION OF A CRIME OR I AM CONFINED TO A PUBLIC INSTITUTION BY COURT ORDER IN CONNECTION WITH A CRIME.

THE ABOVE EVENTS MAY AFFECT MY ELIGIBILITY TO DISABILITY BENEFITS AS PROVIDED IN THE SOCIAL SECURITY ACT, AS AMENDED.

AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION IF I BECOME ENTITLED TO A PENSION OR ANNUITY BASED ON EMPLOYMENT AFTER 1956 NOT COVERED BY SOCIAL SECURITY, OR IF SUCH PENSION OR ANNUITY STOPS.

#580



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 27, 2007

The Honorable Glenn G. Reese
Member, South Carolina Senate
Post Office Box 142
Columbia, South Carolina 29202

Dear Senator Reese:

Thank you for referring Mr. David Reeves to our agency with his concerns about the financial, personal and healthcare needs of his son, Mr. Christopher Lee Reeves.

A member of my staff has been in direct contact with Mr. Christopher Reeves, and we were pleased to answer his questions about the Medicaid program and the Social Security Administration (SSA) disability payment program. SSA governs the rules and guidelines of their disability benefits program. We advised Mr. Reeves how to request an expedited appeal hearing date by writing the Columbia SSA Office of Adjudication and Review and referencing a "dire need" situation based on his current medical condition and lack of health insurance coverage.

Since the South Carolina Department of Social Services administers the Food Stamp Program, we provided him contact information and forwarded a copy of his father's correspondence to their Spartanburg County Office for assistance. We also mailed Mr. Reeves other information that may assist with his healthcare and medication needs.

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 dark ink, appearing to read "R. M. Kerr", written over a horizontal line.

Robert M. Kerr
Director

RMK/rjodl



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 22, 2007

Mr. Christopher Lee Reeves
404 Aspen Creek Circle, Apartment 101
Spartanburg, South Carolina 29301

Dear Mr. Reeves:

Senator Glenn Reese, at the request of your father, asked our agency to address your concerns about healthcare needs and Medicaid eligibility under the Aged, Blind or Disabled (ABD) program.

Your recent ABD application is under review, and Medicaid uses the same criteria as the Social Security Administration (SSA) to determine eligibility. Because SSA has denied your disability claim, we must adopt their decision. It is our understanding you are appealing your SSA denial. Should you be successful with your appeal, you may then become eligible for ABD coverage.

Since SSA administers the disability payment program, you may wish to contact the Greenville SSA Office of Adjudication and Review at 864-242-9154 to determine the status of your appeal. Due to your medical condition and lack of health insurance, you may want to request a "dire need" and ask SSA to expedite a hearing date for your appeal.

We are enclosing materials on several programs that may assist with your healthcare and medication needs while you await the status of your SSA appeal. We have also included a list of charitable and community programs in the Spartanburg area that may assist with your other daily living needs.

The South Carolina Department of Social Services (DSS) administers the Food Stamp Program and determines its eligibility requirements. The Director of the Spartanburg County DSS Office is Mr. Ray Trail, and his telephone number is 864-596-3001. We forwarded a copy of your father's correspondence to his attention.

Your father indicated you experienced some difficulty in submitting your application to our Spartanburg County Office. Good customer service is very important to our agency, and we regret any inconvenience you or your father may have encountered.

We hope this information proves helpful in meeting your healthcare needs.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary Ries".

Gary Ries
Deputy Director

GR/jodl
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 22, 2007

Mr. Ray Trail
Director, Spartanburg County Office
South Carolina Department of Social Services
Evans Human Resources Center
142 South Dean Street
Spartanburg, South Carolina 29304

Dear Mr. Trail:

Please find enclosed a copy of correspondence we received from Senator Glenn Reese concerning the financial, personal and healthcare needs of Mr. Christopher Lee Reeves, 404 Aspencreek Circle, Apartment 101. Spartanburg, South Carolina 29301.

We provided him with information that can assist with his healthcare and Medicaid issues, and we would appreciate anything your office can do to assist Mr. Reeves with his concerns about Food Stamp eligibility.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary Ries".

Gary Ries
Deputy Director

GR/jodl
Enclosure



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

*Barry -
Jenny revised*

The Honorable Glenn G. Reese
Member, South Carolina Senate
Post Office Box 142
Columbia, South Carolina 29202

Dear Senator Reese:

Thank you for referring Mr. David Reeves to our agency with his concerns about the financial, personal and healthcare needs of his son, Mr. Christopher Lee Reeves.

A member of my staff has been in direct contact with Mr. Christopher Reeves, and we were pleased to answer his questions about the Medicaid program and the Social Security Administration disability payment program. Since the South Carolina Department of Social Services administers the Food Stamp Program, we provided him contact information and forwarded a copy of his father's correspondence to their Spartanburg County Office for assistance. We also mailed Mr. Reeves other information that may assist with his healthcare and medication needs.

Thank you for your continued interest and support. Can we work this program to make it clear the issues of disability is in SSA and we have been done. The other items are here done. are perfect.

RMK/rjodl

Pending

From: Jan Polatty
To: Jennifer Dabbs
Date: 3/21/2007 2:27:51 PM
Subject: Log #580

Jenny,

Gary would like to reword Sen. Reese's letter - 2nd para reworded to make sure it is clear the issue of eligibility is an SSA appeal issue and we referred them there. He said that the other items we have done are perfect.

Please let me know if you need the folder - if not, just send me the revision and I can print it up here.
Thanks! Jan



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable Glenn G. Reese
Member, South Carolina Senate
Post Office Box 142
Columbia, South Carolina 29202

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A member of my staff has been in direct contact with Mr. Christopher Reeves, and we were pleased to answer his questions about the Medicaid program and the Social Security Administration disability payment program. We also mailed him information on materials that may assist with his healthcare and medication needs.

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,

Robert M. Kerr
Director

RMK/rjodl

Medicaid Programs / Other Resources Check List

Log # 0580

Legislator/Inquirer: Glenn Reese

Constituent: Christopher Lee Reeves
by father David Reeves

SS#: 090-70-1821

PROBLEM / ISSUE		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS	OTHER RESOURCE
Father writing because son has been denied SSA, and Food Stamps; ABD application pending		1		ABD	Communicare
		STAFF PERSON		Foster Children	FQHC
		Bob Linnic		HCBS	Free Medical Clinics
DATE	ACTIONS TAKEN TO HELP		LIF	Medicare	
3/12/07	Get file from Jenny, check MEDS, e-mail re case to worker		MAO	MiAP	
3/13/07	Mr. Reeves returns call, we discuss SSA/ABD I tell him how to contact GV SSA Hearing Office also has to file "Dire Need". He gives me okay to discuss with his father		MBCCP	Prescription Drug Programs	
3/14/07	Rechecked status of case still pending, 2 disc frozen shoulder, pinched nerve depression 12/16/07 - 2/22/07		Optional Supplement	Social Security	
3/15/07	Have tried 4 times to reach father at two phone # but no answer left msg. that I had spoken with son		PHC	TogetherRX	
3/18/07	Draft ltr. for Jenny/Denise review, print charity list for Sptg. + get copies of resource data to go with letter		Pregnant Women/Infants		
	Mr. Reeves claims case worker refused to meet with him + father; his e-mail says there was no need. Unclear if they requested a mtg and if it was a misunderstanding. I apologized for any problems they experienced; also my direct phone # if any further questions		SILVERxCARD		
			SLMB		
			SSI		
			TEFRA		
			Working Disabled		

LEGISLATIVE LOG #	0580
LEGISLATOR/INQUIRER	Senator Glenn G. Reese
CONSTITUENT	Christopher Lee Reaves
SSN	
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	3/9/2007
DATE DRAFT DUE GR	3/14/2007
LOG LETTER DUE DATE	3/16/2007
DATE REFERRED TO BC	3/9/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	3/9/2007	Jan	8-2502	To Jacobs - asking for quick return because Gary will be out
	3/12/2007	Jenny	8-3965	To Bob.
	3/15/2007	Jenny	8-3965	Bob gave Denise the letters to reformat and then brought them to me. I added a letter to Senator Reese in case it is needed. To Alicia in Mark's absence.

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

Programs:

ABD	(32)	
Foster Children	(31,60)	
General Hospital	(14)	
HCBS	(15)	
LIF	(59)	
MBCCP	(71)	
Nursing Home	(10)	
OSS	(85,86)	
PHC	(88)	
Pregnant Women & Infants	(12,87)	
QMB	(90)	
SILVERxCARD	(92)	
SLMB	(48,52)	
SSI	(80)	
TEFRA	(57)	
Transitional	(11)	
Working Disabled	(40)	

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.

From: Mary Kay Burke
To: Robert G Liming
Date: 3/12/2007 12:07 PM
Subject: Re: Status and background on Christopher Lee Reeves SS # 090-70-1821

Thanks for taking the time to communicate your understanding of how clients get upset and sometimes do not understand. I think there are many opportunities for improving processing times and customer service here at the front line.

Kay

>>> Robert G Liming 03/12/07 11:42 AM >>>
Great, we really appreciate the swift response, especially since he claims he was denied twice, when in reality it was simply closing the case because we didn't get the materials and now the case is pending, but this isn't going to satisfy them because SSA has already denied disability and we will t certainly adopt their decision> Thanks so much for the background material.

>>> Mary Kay Burke 3/12/2007 11:17 AM >>>
Mr. Liming,

Client applied 12/15/2006. Client did not provide requested info so I closed case on 01/16/2007. Client provided info on 1/31/2007 and I reopened case. When I reopened I noticed that signed 921 forms were not in file. I pended client for this on 2/2/2007. When these forms were returned to me I sent the disability app to Columbia. Columbia received application on 2/16/2007. Case is in pending status.

I would not have refused to see a client if there was an issue to discuss, Clients don't typically give info directly to workers, they leave at front desk. Front desk may have asked if I needed to see them. This may have been the case, I don't know. I have never refused to see a client that had an issue to discuss.

I hope this is what you needed.

Have a good Monday.

Kay

>> Robert G Liming 03/12/07 10:49 AM >>>

I am handling a legislative referral from Sen. Reese involving this client and would appreciate any background you can provide on his ABD status. The client's father says the son has been turned down by Medicaid at least twice, but I only find one application and it was sent in on 2/16/07 and then sent to VR on 2/22/07. It appears that the application was submitted 12/15/07.

Can you give me some background on the case and the process? It appears the application was submitted on 12/15/07, was the reason it wasn't submitted to Columbia until 2/16/07 due to missing paperwork/documentation? The father in his correspondence to Sen. Reese claims he requested to meet with you, but you told him "The case is closed and refused to meet me or my son in person." I fully understand that often clients and their family members claim all kind of things when they are upset. Frankly, I think a lot of the frustrations are due to the long time process and the overall issue with social security disability claims. I just want to be certain of all the facts in the file on this case before trying to respond to Senator Reese.

Any information you can provide will be greatly appreciated.

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: rlimingr@scdhhs.gov

Website: www.scdhhs.gov

*Called 3x + wies
3/13 and left msg.
on both phones*

From: Mary Kay Burke
To: Robert G Liming
Date: 3/12/2007 11:18 AM
Subject: Re: Status and background on Christopher Lee Reeves SS # 090-70-1821

Mr. Liming,

Client applied 12/15/2006. Client did not provide requested info so I closed case on 01/16/2007. Client provided info on 1/31/2007 and I reopened case. When I reopened I noticed that signed 921 forms were not in file. I pended client for this on 2/2/2007. When these forms were returned to me I sent the disability app to Columbia. Columbia received application on 2/16/2007. Case is in pending status.

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Any information you can provide will be greatly appreciated.

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: limingr@scdhs.gov

Website: www.scdhs.gov

South Carolina Department of Health and Human Services
Medicaid Disability Tracking System
Disability Applicant Event Listing

Applicant Name: Reeves, Christopher L

Social Security #: 090701821

Applicant ID	OrdList	Event ID	Event Description	Date
31605	3	21	Package forwarded to VR	02/22/2007
31605	2	28	Received from Input	02/20/2007
31605	1	1	Initial package received from eligibility worker	02/16/2007

Report Date: 3/12/2007

Report Time: 10:21 AM

MEMHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
MEDSPROD MEMBER PERIOD START: 12/15/06 END: ACTION: PAGE: 0001

NAME: REEVES CHRISTOPHER L HH NAME: REEVES CHRISTOPHER L
RCP NUMBER: 9780474294 HH NUMBER: 101164895 ACTION TYPE: MAINTENANCE
SSN: 090-70-1821 VC: V APL STATUS: ACTION DATE: 12/15/06
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: MMBUR LOCATION: 003
404 ASPENCREEK CIRCLE SSCN: 090701821A RRN:
APT 101 RACE: 01 SEX: M MARITAL STATUS: S
TPL INSURANCE: N RELATION: SELF

SPARTANBURG SC 29301-
CORRECT RCP NUMBER: _____ DOB: 01/01/1983 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

S	NUMBER	BG	BEG	END	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
		BG	BEG	END	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER

UPDATED: USER ID: MMBUR DATE: 12/15/06 SYSTEM ID: IEV7115 DATE: 02/18/07
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

Reeves

EDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
MEDSPROD BUDGET GROUP DETERMINATION ACTION:

BUDGET GROUP PERIOD START: 12/15/06 END:

PAGE: 1

HH NAME: REEVES CHRISTOPHER L

HH NUMBER: 101164895

BG NUMBER: 49465800

CATEGORY: ABD

ACTION TYPE: MAINTENANCE

BG STAT: PENDING

WKR: MMBUR MARY KAY BURKE

ACTION DATE: 02/02/07

BUDGET GROUP COUNT: 1

BGM

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
---	REEVES CHRISTOPHER L	A	SELF	24	I			

RETRO MONTHS REQUESTED(Y/N): Y

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: MMBUR DATE: 02/02/07 SYSTEM ID: ELD2000 DATE: 02/02/07

ME904660 BUDGET GROUP INFORMATION FOUND

PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU

PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST+

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: CHRISTOPHER L REEVES PAGE: 2 OF 3
 BG NUMBER: 49465800 CATEGORY: ABD HH NUMBER: 101164895
 BG: P BGP: P WKR: MMBUR MARY KAY BURKE ACTION TYPE: MAINTENANCE
 ACTION DATE: 02/02/07
 COUNTABLE BG MEMBERS: 1
 COUNTABLE INCOME: COUNTABLE RESOURCES:
 INCOME LIMIT: 0.00 RESOURCE LIMIT: 0.00
 POV-LVL: +.00 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N): _ ACT ON DECISION COMPLETE? (Y/N): _
 MEETS INCOME? (Y/N): _ DECISION ACCEPTED DATE: _
 MEETS RESOURCES? (Y/N): _ NEXT REVIEW DATE: _
 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: MMBUR DATE: 02/02/07 SYSTEM ID: ELD2000 DATE: 02/02/07
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUNO
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07

MEDSPROD RECIPIENT INFORMATION ACTION: PAGE: 0001

MEMBER PERIOD START: 12/15/06 END: ACTION: 0001

NAME: REEVES CHRISTOPHER L HH NAME: REEVES CHRISTOPHER L

RCP NUMBER: 9780474294 HH NUMBER: 101164895 ACTION TYPE: MAINTENANCE

SSN: 090-70-1821 VC: V APL STATUS: ACTION DATE: 12/15/06

PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: MMBUR LOCATION: 003

404 ASPENCREEK CIRCLE SSCN: 090701821A RRN:

APT 101 RACE: 01 SEX: M MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

DOB: 01/01/1983 DOD:

SPARTANBURG SC 29301- LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	LEVEL	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	NUMBER

UPDATED: USER ID: MMBUR DATE: 12/15/06 SYSTEM ID: IEV7115 DATE: 02/18/07
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

MEMHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 12/15/06 END:

NAME: REEVES CHRISTOPHER L HH NAME: REEVES CHRISTOPHER L
RCP NUMBER: 9780474294 HH NUMBER: 101164895 ACTION TYPE: MAINTENANCE
SSN: 090-70-1821 VC: V APL STATUS: ACTION DATE: 12/15/06
APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
DOB: 01/01/1983 AGE: 24 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
DOD: MEDICARE COVERAGE(Y/N): N
SEX: M MALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 090701821A
REL: SFI SELF RAILROAD NUMBER(Y/N): N
SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME
MARITAL STATUS: S SINGLE PROVIDER NAME:
STUDENT STATUS: N N ADMISSION DATE:
PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:
BLIND/DISABLED(Y/N): N RSP(Y/N): CHILD SUPPORT/ALIMONY PAID(Y/N): N
DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): N
US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G
US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
UPDATED: USER ID: MMBUR DATE: 12/15/06 SYSTEM ID: DATE:
ME9000063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

Mary Kay Burke

Bureau:

Division/Location:

eMail:

BURKEMK@scdhhs.gov

Answer Station or Phone

864.596.2~~266~~

Number:

3059

Direct Dial or Phone

Number:

Fax:

Other Phone:

Room Number:

Manager:



- Programs and Services
- Contact Information
- South Carolina Department of Social Services
Wendell Price, Interim State Director
- Forms and Brochures
- Reports

Spartanburg County DSS

Search

Programs and Services

Adoption

Adult Protective Services

After-school Snack Program

Child and Adult Care Food Program

Child Care Services

Child Protective Services

Child Support Enforcement

Daniel's Law

Domestic Violence

EBT (for clients)

EBT (for retailers)

Emergency Shelters Food Program

Faith-Based and Community Initiatives

Family Independence (TANF)

Family Nutrition Programs

Foster Care Services

Foster Home and Group Home Licensing

Food Stamps

Healthy Helpings

Independent Living

Interstate Compact on the Placement of Children

Out-of-Home Abuse and Neglect Investigations

Summer Food Service Program

More Programs and Services ...

Travel Directions



Mr. Ray Trail
County Director

From Columbia, take I-26 West to Spartanburg. Exit at US 221 in Spartanburg County. Turn right and travel into the Spartanburg city limits. US 221 becomes South Church Street. Take Church Street to Kennedy Street. Turn right and go four blocks on Kennedy St. The DSS office is located in the Evans Human Resource Center off Evans and Dean Streets.

Address:

Spartanburg County DSS

Evans Human Resources Center

142 S. Dean Street

Spartanburg, SC 29304

P O Drawer 3548

Spartanburg, SC 29304

Telephone:

General Information

(864) 596-3001

- Fax

(864) 596-3141

E-Mail:

trail@dss.state.sc.us

Resources

Forms and Brochures

News

Notices

Reports

See also ...

County Offices and Regional

Service Areas

South Carolina Department of Social Services
P.O. Box 1520 • Columbia, SC 29202-1520

http://www.state.sc.us/dss/43.html