


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>4-7-10</i>
---------------------	-----------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100414</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/14/10, letter attached.</i> 		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-16-10</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.			

APR 07 2010

RECEIVED

April 6, 2010

"Request Response"

via written

"correspondence"

From: Shira Holt
P.O. Box 3051 -
Greenville, S.C. 29602-3051

RECEIVED

APR 07 2010

MEDICAID ELIGIBILITY
& BENEFICIARY SERVICES

To: Mr. Maria Jacobs
Deputy Director
P.O. Box 8206
Columbia, S.C. 29202-8206

Re: 1) Request to Review - Reimbursed
2) Request for "Fair Hearing" if denied

Please review the enclosed documents to dated:
 ** (1) March 17, 2010 - from Mr. Janette Lee - "1 page"
 *** (2) May 12, 2009 - from Mr. Maria Jacobs - "2 pages"
 **** (3) - - - from Mr. Shira Holt - "3 pages"

If your decision remains to discontinue the "RecP" before June 1, 2010, please respond via written correspondence. If your decision is to continue the "RecP" until June 1, 2010, please response via written correspondence.

If the decision is to "stop" as stated in the March 17, 2010, letter from Mr. Janette Lee please give this letter and the three aforementioned documents to the division that schedule "Fair Hearing". It was not time for an "Annual Review".

I called and tried to reason with Mr. Janette Lee; she seems to do well in Monologue (monologue), but she has very poor communicating/listening skills.

Thank you.

Shirley Holt
April 6/2010

South Carolina Department of Health and Human Services



Emma Forkner - Director
Mark Sanford - Governor

1

GREENVILLE
March 17, 2010

RECEIVED

Shiron E Bolt
P.O. Box 3051
Greenville, SC 29602
Budget Group Number. 50631656

Dear Ms Bolt,

Your Breast and Cervical Cancer Program (BCCP) Medicaid benefits will stop 5/1/10. The reason your benefits will stop is that your coverage through the Breast and Cervical Program has been terminated because you no longer need cancer treatment. Section 501.07 of the Medicaid Policy Manual supports our decision.

You may qualify for Medicaid under other programs. In order for us to make a determination, please answer the questions below and complete all appropriate forms enclosed.

- * Are you Pregnant? Yes / ~~No~~ If yes, Delivery Due Date: N/A
(If yes, attach verification from a medical provider)
- * Are you responsible for children under Age 19 in your home? Yes / ~~No~~
(If yes, complete the enclosed Medical Support Form)
- * Are you totally and permanently disabled? ~~Yes~~ / No
(If yes, complete the enclosed Disability Forms)

List the adults and children who live with you. Social Security Numbers are not required for persons who are not applying for Medicaid. If you tell us the Social Security Numbers, it may help us process the case faster.

Name (First, Middle, Last)	Relation to You	Birth Date (mm/dd/yy)	Social Security #	Race	Sex	US Citizen? Y / N
N / A	N / A	N / A	N / A	N	A	N / A

Please provide original documentation verifying citizenship for applicant, spouse and/or children under the age of 19. If you do not have any of these items, please see the attached form or contact your caseworker.

A self-addressed envelope is provided for you to return this information to me by 04/07/2010. If you have any questions about this letter, please call me at our toll free number listed below.

Sincerely,

Janelle Lee
Lead Worker
Ext. 82966



2

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 12, 2009

GREENVILLE LEF

APR 06 2009

Ms. Shiron Bolt
663 Rutherford Rd H5
Greenville, South Carolina 29609

RECEIVED

Dear Ms. Bolt:

Thank you for contacting the Department of Health and Human Services regarding the recent changes in your Supplemental Security Income (SSI) Medicaid coverage. I apologize for the confusion you have faced throughout this process and hope to be of assistance.

Your recent application for Medicaid's Breast and Cervical Cancer Program (BCCP) was returned to you because at the time we received it, you were still receiving SSI Medicaid. We apologize for the confusion this may have caused you.

On April 6, 2009, we sent you a letter stating that you will no longer be entitled to Medicaid coverage under the SSI program because the Social Security Administration terminated your SSI benefits. This letter did not indicate when your Medicaid coverage would end but was sent to warn you that your Medicaid would soon stop. We wanted you to have time to apply for another program before your coverage ended. We apologize for the confusion the letter caused you and appreciate you bringing it to our attention. We have already taken steps to revise the letter so that it is easier to understand. You may receive a second letter stating that your Medicaid coverage will end June 1, 2009 as a result of your SSI stopping.

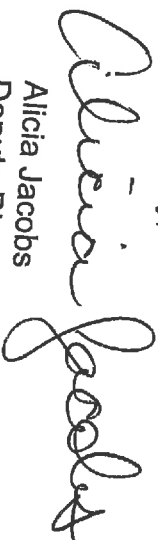
The good news is that we have reviewed your information and find that you are eligible for continued Medicaid coverage under BCCP. Your benefits will be the same as they were through SSI Medicaid and you may continue to use your current *Healthy Connections* card. You will receive a BCCP approval letter shortly. I understand that you are receiving numerous letters but we try to properly notify individuals of changes in their Medicaid benefits. Please contact me if you have a question about any of the letters you receive.

(2)

We received your letter requesting a Fair Hearing. I have forwarded it to the Division of Fair Hearings and Appeals. They will contact you about your request. Please keep in mind that your Medicaid benefits are continuing without a break in coverage.

Again, I apologize for any inconvenience or frustration this process has caused you. If you have further questions, please contact me in Columbia at (803) 898-2538.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/lc

cc: Vastine Crouch, Division of Appeals



(3)

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

GREENVILLE

MAR 20 10 00

RECEIVED

Shiron Bolt
663 Rutherford Rd H-5
Greenville SC 29609

Dear Ms. Bolt,

Enclosed are print outs verifying your Medicaid coverage. One ending 6/1/09 is from your previously receiving SSI. The second shows active coverage under the Breast and Cervical Cancer Program effective 6/1/09.

You have no break in your coverage and should be notified of any negative action on your case.

Sincerely,
Susan Hamet
Program Assistant

Susan Hamet
Greenville County DHHS

Office of the Director
P. O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2504 • Fax (803) 898-4515

(3)

MEDELD02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/12/09
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 05 / 2009 THRU: / PAGE: 3 OF 3

HH NAME: SHIRON E BOLT HH NUMBER: 101296709
BGN: 90339731 PCAT: SSI SPN: JS12 Interfaces/SDX ACT TYPE: MAINTENANCE
BG: C BGP: C WKR: CUWKR CENTRAL WORKER ACT DATE: 05/05/09
RCP NAME: SHIRON E BOLT RCP NUMBER: 1837310001
PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N QMB: N PROT PER DATE:
ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES--- --MEDICAID+QMB DATES--
BEGIN END BEGIN END SERVICE TYPE REASON CODE 1 REASON CODE 2
11/01/2008 06/01/2009 S93

UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 05/05/09
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

GREENVILLE

APR 06 2010

RECEIVED

(3)

MEDELDOZ P
MEDSPROD

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID ELIGIBILITY DECISION

DATE: 05/12/09
ACTION:

HH NAME: SHIRON E BOLT
DATES-FROM: 05 / 2009 THRU: __ / __

PAGE: 3 OF 3

BGN: 50631656 PCAT: BCCP

SPN: 9955 Div Central Proc

HH NUMBER: 101296709

BG: A BGP: A

WKR: RKEIT

ROSETTA EVANS

ACT TYPE: MAINTENANCE

PREVIOUS BG: 00631550

ACT DATE: 05/11/09

IT: _ PING-PONG: _

NEW BG: _

RCP NUMBER: 1837310001

RETRO: N

EXPORTE: N

QMB: N

CORRECT RCP NUMBER:

MEDICAID

ACTUAL ELIGIBILITY DATES

PROT PER DATE:

--- BENEFIT DATES---

BEGIN

END

---MEDICAID+QMB DATES---

BEGIN

END

SERVICE
TYPE

REASON
CODE 1

REASON
CODE 2

06/01/2009

UPDATED: USER ID: RKEIT

DATE: 05/08/09

SYSTEM ID: ELD3000

DATE: 05/11/09

E900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

GREENVILLE

APR 07 2010

RECEIVED

SUSAN HAMET

29202+8206



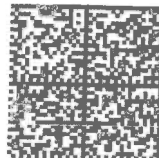
Mrs. Alicia Garcia
Deputy Director
SC DHHS
PO Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

APR 07 2010

RECEIVED

South Carolina
HealthyConnections
Department of Health and Human Services
Greenville County
Post Office Box 9399
Greenville, South Carolina 29604-9399



UNITED STATES POSTAGE
FITNEY BOWES
\$00.61⁰
02 1M
0004232505 APR 06 2010
MAILED FROM ZIP CODE 29601

Log 0414

April 14, 2010

Ms. Shiron Bolt
Post Office Box 3051
Greenville, South Carolina 29602-3051

Dear Ms. Bolt:

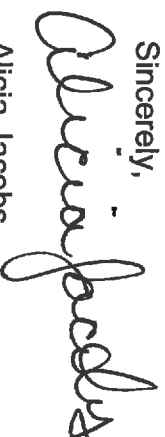
Thank you for contacting this agency regarding the notice you received stating your Medicaid coverage under the Breast and Cervical Cancer Program (BCCP) will end May 1, 2010.

Your BCCP coverage is terminating because your cancer treatments have ended; however, we are extending your coverage until June 1, 2010 in order to determine if you qualify for another Medicaid coverage group. Your eligibility worker, Janelle Lee, previously mailed you a letter requesting additional information in order to determine your eligibility. Since the information was not returned, Ms. Lee has mailed you another request extending the due date to April 30, 2010. Please call Ms. Lee at (803) 898-2966 if you have any questions regarding the required documentation. Once this information is received, you will be notified of an eligibility decision.

Your request for a fair hearing has been forwarded to the Division of Appeals and Hearings. They will contact you about your request. Please keep in mind that your Medicaid benefits are continuing to June 1, 2010 without a break in coverage.

If you have any other questions, please contact Sheila Chavis at (803) 898-2707, and she will be happy to assist you.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/lc

cc: Vastine Crouch, Division of Appeals