

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Ries	3-9-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 600578	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>3-16-07</u>
2. DATE SIGNED BY DIRECTOR <u>Cleaved 3/27/07 ditin</u> <u>attached.</u>	<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
NMAN, 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

*Ros-Ries
"Polly's Sign."*

DATE: March 5, 2007

RE: Loretta Diane Loan's correspondence

Please find the enclosed information that I received from Ms. Loan, which is self-explanatory. I would appreciate it if you would have a staff member review her situation and determine what can be done to have her Medicaid reinstated. Thank you.

GGR/ks

c: Loretta Diane Loan

RECEIVED

108 Russmore Dr.

Inman, SC

MAR 09 2007

29349

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Feb. 19, 2007

Dear Mr. Reese,

I forget the picture I am
am a single mom of a 15 yr. old
beautiful girl named Rachel.
She has A.D.D. and depression.
Last year my ex-husband got
Social Security and Rachel
is now getting money every month.
to now. I also feel a big
sense of the end of the year.
Rachel has been on Medicaid
since she was in 3rd grade and
now at the end of Feb. they
are dropping her, so I guess you
knows by now what I asking
of you.

Could you please see if
there is anything you can do so
I can pay her on Medicaid.

My phone no. is 4172-9700 or
cell 357-5017. If you call me
I can so with more details about
this. Thank you

Fallens Suite to Joseph
J. Dawson 1007



State of South Carolina
Department of Health and Human Services

#578
✓

Mark Sanford
Governor

Robert M. Kerr
Director

March 27, 2007

Ms. Loretta Diane Loan
108 Russmore Drive
Inman, South Carolina 29349

Dear Ms. Loan:

Senator Glenn Reese asked our agency to respond to your concerns about Medicaid eligibility and the healthcare needs of your daughter, Rachael.

Rachael's coverage under Medicaid's Partners for Healthy Children program ended on March 1, 2007, because your monthly income exceeded allowable limits. Enclosed is an overview of the Medicaid program giving financial and categorical requirements. If you feel you or your family may be eligible in another category, or if your current circumstances should change, you can reapply for benefits. If you have any other questions about Medicaid eligibility, please call Denise Epps at 803-898-2505 or 1-888-549-0820 (toll-free), Ext. 2505.

In an effort to assist with your daughter's healthcare needs, we have enclosed information on programs that can help individuals with limited income and no health insurance obtain medical and prescription services at a reduced cost. We are also enclosing a listing of community organizations that may assist with daily living needs.

I hope this information is helpful to you and your family.

Sincerely,

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

Gary Ries
Deputy Director

GR/jode
Enclosures



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 Ms. Loretta Diane Loan to our agency with her questions about Medicaid eligibility and concerns for the healthcare of her daughter, Rachael.

A member of my staff has been in direct contact with Ms. Loan, and we were pleased to answer her questions about the Medicaid program. Unfortunately, her monthly income exceeds the allowable limits for Rachael's continued coverage. We mailed her information on organizations providing assistance to individuals who lack the financial resources needed to obtain medications and other healthcare services. We also encouraged her to reapply should circumstances change.

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 black ink, appearing to read "Bob M. Kerr".

Robert M. Kerr
Director

RMK/rjoe

MEDEL001 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 12 / 2006 THRU: / / PAGE: 2 OF 3

HH NAME: LORETTA D LOAN HH NUMBER: 100069592

BG NUMBER: 58031546 WKR: CCUNN CATEGORY: PHC ACTION TYPE: MAINTENANCE

BG: C BGP: C WKR: CCUNN CONSTANC CUNNINGHAM ACTION DATE: 02/12/07

COUNTABLE BG MEMBERS: 2 COUNTABLE RESOURCES: 0.00

COUNTABLE INCOME: 1839.39 RESOURCE LIMIT: 30000.00

INCOME LIMIT: 1650.00 HLTH INS PREM: 0.00

POV-LVL: +1.67 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N) : Y ACT ON DECISION COMPLETE? (Y/N) : Y

MEETS INCOME? (Y/N) : N DECISION ACCEPTED DATE: 02/12/07

MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 02/13/08

MEETS OTHER CONDITIONS? (Y/N) : Y ANTICIPATED CLOSURE DATE:

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) : -

APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N) : -

UPDATED: USER ID: CCUNN DATE: 02/12/07 SYSTEM ID: ELD3000 DATE: 02/12/07

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

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

*803-898-2926
Constance Cunningham - Supvr.*

*864-472-9700
Diane Zorn*

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
MEDSFROD MEMBER PERIOD START: 12/05/06 END: ACTION:

PAGE: 0001

NAME: LOAN LORETTA D HH NAME: LOAN LORETTA D
RCP NUMBER: 7421694401 HH NUMBER: 100069592 ACTION TYPE: MAINTENANCE
SSN: 247-02-8290 VC: V APL STATUS: ACTION DATE: 05/22/03
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: DFL0Y LOCATION: 055
108 RUSHMORE DR SSCN: RRN:

INMAN SC 29349-
CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	CHIP
S NUMBER	ELIG	ELIG	TYPE	IND	IND	LEVEL	NUMBER
74216944	10/01/2000	04/01/2003	11	30	FULL	.00	
-	06/01/2000	10/01/2000	59			.00	
-	06/01/1999	10/01/1999	59			.00	

UPDATED: USER ID: WFRIC DATE: 04/07/03 SYSTEM ID: CNV1010 DATE: 05/22/02
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

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
 MEDESPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: LORETTA D LOAN PAGE: 2 OF 3
 BG NUMBER: 74216944 HH NUMBER: 100069592
 BG: C BGP: C WKR: WFRIC WILSON FRICKS ACTION TYPE: MAINTENANCE
 ACTION DATE: 02/27/03
 CATEGORY: TM
 COUNTABLE BG MEMBERS: 4

COUNTABLE INCOME: 2791.00 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: +.00 % RESOURCE LIMIT: 0.00
 POV-LVL: 0.00 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N) : Y ACT ON DECISION COMPLETE? (Y/N) : Y
 MEETS INCOME? (Y/N) : Y DECISION ACCEPTED DATE: 02/27/03
 MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 05/01/03
 MEETS OTHER CONDITIONS? (Y/N) : Y ANTICIPATED CLOSURE DATE:
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:
 093 Your Medicaid eligibility period has ended.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) : -
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N) : -
 UPDATED: USER ID: WFRIC DATE: 02/27/03 SYSTEM ID: ELD3000 DATE: 02/27/03
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 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

MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
 MEDSPROD BUDGET GROUP DETERMINATION ACTION:
 BUDGET GROUP PERIOD START: 05/25/02 END: PAGE: 1
 HH NAME: LOAN LORETTA D HH NUMBER: 100069592
 BG NUMBER: 74216944 CATEGORY: TM ACTION TYPE: MAINTENANCE
 BG STAT: CLOSED WKR: WFRIC WILLSON FRICKS ACTION DATE: 02/27/03

BUDGET GROUP COUNT: 4

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
-	LOAN LORETTA D	A	SELF	53	I	093		
-	LOAN KRISTEN N	A		24	I	093		
-	LOAN ALISHA R	A		24	I	093		
-	LOAN RACHEL A	A	CHLD	15	I	093		

RETRO MONTHS REQUESTED(Y/N): -

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: WFRIC DATE: 02/27/03 SYSTEM ID: ELD3000 DATE: 02/27/03
 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+

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 12/05/06 END:

NAME: LOAN RACHEL A

HH NAME: LOAN LORETTA D

RCP NUMBER: 7421694404 HH NUMBER: 100069592 ACTION TYPE: MAINTENANCE
 SSN: 248-87-7908 VC: V APL STATUS: ACTION DATE: 05/22/03

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 08/15/1991 AGE: 15

SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD:

MEDICARE COVERAGE(Y/N): N

SEX: F FEMALE RACE: 01 WHITE

SS CLAIM NUMBER(Y/N): Y 336609449C1

REL: CH1 LEGAL CHILD OF SELF ONLY

RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE:

LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: S SINGLE

PROVIDER NAME:

STUDENT STATUS: _____

ADMISSION DATE: _____

PREGNANT(Y/N): N EDC: _____ #:

DATE OF DISCHARGE: _____

BLIND/DISABLED(Y/N): N RSP(Y/N): 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): Y

US CITIZEN(Y/N): Y ALIEN#:

REGISTER TO VOTE(Y/N): N REASON: E

US ENTRY: _____ BIRTH CNTRY: _____

MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: CCUNN DATE: 02/12/07 SYSTEM ID: COM2000 DATE: 12/05/06

ME900063 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

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
 MEDSPROD MEMBER PERIOD START: 12/05/06 END: ACTION: 0001

NAME: LOAN RACHEL A HH NAME: LOAN LORETTA D
 RCP NUMBER: 7421694404 HH NUMBER: 100069592 ACTION TYPE: MAINTENANCE
 SSN: 248-87-7908 VC: V APL STATUS: ACTION DATE: 05/22/03
 PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: DFLOY LOCATION: 055
 108 RUSHMORE DR SSCN: 336609449C1 RRN:

RACE: 01 SEX: F MARITAL STATUS: S
 TPL INSURANCE: N RELATION: CHILD
 DOB: 08/15/1991 DOD:

INMAN SC 29349-
 CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
 PROVIDER:

BG	BEG	END	PCAT	QCAT	BENEFITS	QMB	RETRO	% OF	CHIP	
S NUMBER	ELIG	ELIG			TYPE	IND	IND	POV	NUMBER	
58031546	05/01/2003	03/01/2007	88	30	FULL	N	Y	1.67		
58031546	04/01/2003	05/01/2003	88	30	FULL	N	Y	1.67		
74216944	10/01/2000	04/01/2003	11	30	FULL			.00		
	06/01/2000	10/01/2000	59					.00		
	07/01/1999	10/01/1999	59					.00		
UPDATED: USER ID: GBRON		DATE: 05/16/05	SYSTEM ID: IEV7115		DATE: 04/15/06					

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

MEDHMS14 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
MEDSPROD UNEARNED INCOME INFORMATION ACTION:

MEMBER PERIOD START: 12/05/06 END: _____

NAME: LOAN RACHEL A HH NAME: LOAN LORETTA D

RCP NUMBER: 7421694404 HH NUMBER: 100069592 ACTION TYPE: MAINTENANCE
SSN: 248-87-7908 STATUS: _____ ACTION DATE: 05/22/03

INDICATE WITH AN "X" IF YOU RECEIVE OR IF YOU HAVE APPLIED FOR THE FOLLOWING:
** INDICATE INCOME RECEIVED OR APPLIED FOR THIS INDIVIDUAL BY ANOTHER.**

- SSI _____ RENTAL/LEASE _____ ROOM/BOARD _____ INTEREST/DIVIDENDS
- X SSA _____ CHILD SUPPORT _____ LUMP SUM _____ TRUST
- VA COMP _____ ALIMONY _____ RAILROAD RETIREMENT _____ UNEMP COMP
- VA A&A _____ SC RETIREMENT _____ ANNUITY _____ WORKER COMP
- VA PENSION _____ OTHER PENSIONS _____ GRANTS/SCHOLARSHIPS/ _____ OTHER
- CONTRIBUTIONS _____ CIVIL SERVICE _____ EDU LOANS _____

HAVE YOU WORKED FOR THE GOVERNMENT OR FOR THE RAILROAD (Y/N) : N
DO YOU RECEIVE PAYMENTS FROM LOAN, PROMISSORY NOTE OR MORTGAGE (Y/N) : N
PAYMENTS TO A RCF BY A FRIEND OR RELATIVE ON YOUR BEHALF (Y/N) : N
HAVE YOU EVER VOLUNTARILY GIVEN UP ANY PORTION OF ANY INCOME (Y/N) : N

UPDATED: USER ID: CCUNN DATE: 02/12/07 SYSTEM ID: COM2000 DATE: 12/05/06
ME900063 RECIPIENT RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP
PF17->PAR01 PF21->HIST- PF22->HIST+

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/12/07
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 12/05/2006 END:

NAME: LOAN RACHEL A HH NAME: LOAN LORETTA D
NUMBER: 7421694404 HH NUMBER: 100069592 ACTION TYPE: MAINTENANCE
SSN: 248-87-7908 STATUS: ACTION DATE: 05/22/2003

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SOCIAL SECURITY ADMIN
ADDRESS

DATE APPLIED FOR: _____
END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
617.00	03/03/2007	MONTHLY
617.00	02/03/2007	MONTHLY
617.00	01/03/2007	MONTHLY
597.00	11/03/2006	MONTHLY

UPDATED: USER ID: _____ DATE: 04/15/06
INCOME RECORD FOUND SYSTEM ID: IEV7200

PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO