

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-1-10</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>100153</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Blank reply, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-12-10</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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



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OCT 01 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

# State of South Carolina LegisFAX

Please deliver at once to:

Name Bryann H. Post

Office Dept of Health & Human Services

Phone No. 298 2865

Fax No. 255 8235

This is page 1 of a 1 page transmission.

Call \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ to acknowledge receipt of this Fax.

Comments  
Photos attached.  
Thank you!

Sent by \_\_\_\_\_  
 Sent by Stephie Purvis for Rep Spires

Kit Spires  
District No. 96

Counties  
P. O. Box 396  
Pelion, SC 29123

For return FAX, dial (803) 734 3104

Committee:  
Medical, Military, Public  
and Municipal Affairs

326-D Blatt Building  
Columbia, SC 29211

Tel. (803) 734-3010



**House of Representatives**

*State of South Carolina*  
October 1, 2010

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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**Kit Spires**

District No. 96 - Aiken-Lexington  
Counties  
P. O. Box 369  
Pelton, SC 29123

326-D Blatt Building  
Columbia, SC 29211  
Tel. (803) 734-3010

**Committee:**  
Medical, Military, Public  
and Municipal Affairs

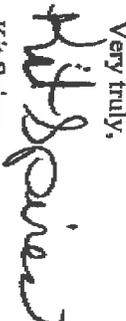
Bryan G. Kost, Senior Consultant  
Department of Health and Human Services  
1801 Main St  
Columbia, SC 29201  
Phone: 898 2865 FAX 255-8235

Re: Catrina Gail Gaston  
155 Rister Rd  
Gaston, SC 29053

Dear Bryan:

Attached, please find a request for assistance for a constituent of mine who has requested my help. I am faxing to you the information I have from the Social Security Administration Retirement, Survivors, and Disability Insurance Notice of Disapproved Claims and would greatly appreciate your looking into her circumstances to see if there is any help she may be eligible to receive. Please let me know if there is anything I can do.

Do not hesitate to let me know if I may be of service to you, and I greatly appreciate your service to South Carolina and your assistance in this matter.

Very truly,  
  
Kit Spires  
Representative

KS/eap  
Attached  
Faxed 10-1-10

**Social Security Administration  
Retirement, Survivors, and Disability Insurance  
Notice of Disapproved Claims**

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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

CATRINA GAIL GASTON  
155 RISTER RD  
GASTON SC 29053

Date: 09/16/2010  
Claim Number: 247-69-9944

We are writing about your claim for Social Security disability benefits. Based on a review of your health problems you do not qualify for benefits on this claim. This is because you are not disabled under our rules.

We have enclosed information about the disability rules and more details about the decision on your claim.

**About the Decision**

Doctors and other trained staff looked at your case and made this decision. They work for your State but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in your case.

**If You Disagree with the Decision**

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration. You may contact one of our offices or call 1-800-772-1213 to request this form. Or you may complete this form online at <http://www.socialsecurity.gov/disability/appeal>. Contact one of our offices if you want help.

Enclosures: SSA Pub. No 05-10058  
Personalized Attachment

cc: 583

TMCI/75  
Claim No.: J66614  
SSA-443-U3 (12/07)  
SNO:

See Next Page

247-69-9944

- In addition, you should complete a "Disability Report-Appeal" to tell us about your medical condition since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete this report online after you complete the online Request for Reconsideration.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made On Your Social Security Claim." It contains more information about the appeal.

**New Application**

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing.

- You might lose some benefits, or not qualify for any benefits, and
- We could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision, you should ask for an appeal within 60 days.

**If You Want Help with Your Appeal**

You can have a friend, lawyer, or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security Office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due Social Security benefits to pay toward the fee.

**Other Benefits**

Based on the application you filed, you are not entitled to any other benefits, besides those you may already be getting. In the future, if you think you may be entitled to other benefits you will need to apply again.

**If You Have Any Questions**

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security Office at the number shown on page 1. We can answer most questions over the phone. You can also write or visit any Social Security Office. The office that serves your area is located at:

1835 ASSEMBLY STREET  
 STROM THURMOND FEDERAL BLDG  
 COLUMBIA SC 29201  
 Telephone: (866) 331-7065

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.



Paul D. Barnes  
 Regional Commissioner

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TMC/175  
 Claim No: J66614  
 SSA-443-U3 (12/07)

OCT 01 2010

Department of Health & Human Services  
 OFFICE OF THE DIRECTOR

247-69-9944

**RULES FOR SOCIAL SECURITY DISABILITY**

You must meet certain rules to qualify for Social Security Disability Benefits

**For Disabled Worker's Benefits:**

You must have the required work credits and your health problems must:

- Keep you from doing any kind of substantial work (described below) and
- Last, or be expected to last, for at least 12 months in a row, or result in death.

**For Disabled Child's Benefits:**

You must be age 18 or older and your health problems must:

- Begin before age 22 you must become disabled again within 7 years after the month that your earlier period of disability ended, and
- Keep you from doing any kind of substantial work (described below), and
- Last, or be expected to last, for at least 12 months in a row, or result in death.

**For Disabled Widow's, Widower's or Surviving Divorced Spouse's Benefits:**

You must be at least age 50, and your health problems must:

- Keep you from doing any kind of substantial work (described below), and
- Last, or be expected to last, for at least 12 months in a row, or result in death, and
- Have started before the end of a special period.

The special period starts with the latest of:

- The month your spouse died, OR
- The month your Social Security benefits as a parent ended, OR
- The month your earlier period of widow(er)'s disability ended.

The special period ends at the close of the 84th month (7 years after the month it started.)

TMC/175  
Claim No.: J66614  
SSA-443-U3 (12/07)

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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

247-69-9944

**RULES FOR SOCIAL SECURITY DISABILITY**  
**Information About Substantial Work**

Generally, substantial work is physical or mental work you are paid to do. Work can be substantial even if it is part-time. To decide if your work is substantial, we consider the nature of the job duties, the skills and experience you need to do the job, and how much you actually earn.

Usually, we find that your work is substantial if your gross earnings average over \$940.00 per month after we deduct allowable amounts. This monthly amount is higher for Social Security disability benefits due to blindness.

Your work may be different than before your health problems began. It may not be as hard to do and your pay may be less. However, we may still find that your work is substantial under our rules.

If you are self-employed, we consider the kind and value of your work, including your part in the management of the business, as well as your income, to decide if your work is substantial.

TMC/175  
Claim No.: J66614  
SSA-443-U3 (12/07)  
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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Social Security Administration

173/166614

EXPLANATION OF DETERMINATION

Name of Claimant	NH's Name (if CDB or D/WB Claim)	SSN	Type of Claim
CATRINA G GASTON		247-69-9944	DIB

Additional reports were not obtainable; however, the ones shown below, listed with receipt date, had enough information to evaluate this claim.

DR JOHN FISHER MD, 08/10/10  
 LEXINGTON MEDICAL CENTER, 07/24/10  
 PALMETTO HEALTH BAPTIST MED CT, 07/21/10  
 DR KEVIN W KREBS MD, 08/23/10  
 HARBISON PSYCHOLOGICAL SVCS, 08/23/10

You state you are disabled and unable to work due to fibromyalgia, depression, arthritis, IB, thyroid, acid reflux, scoliosis, sleep apnea, and cholesterol. You are not performing any substantial work now.

The evidence we received shows your condition(s) causes some work-related restrictions but does not prevent you from doing all types of work. Your current work restrictions may prevent you from performing any work you may have done in the past. However, when we considered your age, education and past work experience, we found you are capable of performing a significant number of jobs in the national economy. Therefore, this claim is denied.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

TMC/  
SNO:

Form SSA-4268-C4 (1-85)

 South Carolina Department of  
Health & Human Services



Emma Forkner • Director  
Mark Sanford • Governor

Log 000153  
to close

October 11, 2010

Catrina Gail Gaston  
155 Rister Road  
Gaston, South Carolina 29053

Representative Kit Spires contacted this agency on your behalf regarding Medicaid eligibility and your healthcare needs.

I understand that your application for disability with the Social Security Administration (SSA) was denied and you are appealing their decision. Medicaid uses the same criteria as SSA to determine eligibility for its Aged, Blind or Disabled (ABD) program. If SSA reverses their decision, please contact the Lexington County Medicaid Office at (803) 785-2991 to determine if you qualify for ABD at that time.

The Federal Government recently passed the *Affordable Care Act* that will make substantive changes to Medicaid's eligibility requirements; however, these changes will not take place until calendar year 2014. Already in place this year is the new "Pre-Existing Condition Insurance Plan" overseen by the US Department of Health and Human Services. To find out more about this plan or to apply for its coverage, please call 1-866-717-5826.

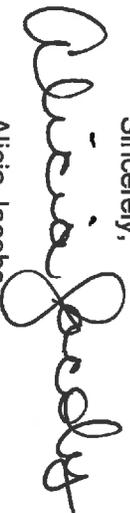
At the state level, the South Carolina Department of Insurance offers health insurance coverage to residents with pre-existing medical conditions who are considered "high risk" through the *SC Health Insurance Pool*. To find out more about the insurance pool coverage and rates, please call Blue Cross/Blue Shield of SC at 1-800-868-2500, Ext. 46401.

An alternate health insurance option called *Augeo Benefits* offers a variety of health insurance plans from top-rated insurance carriers at *affordable* rates. These plans include major medical, basic medical, critical illness, dental, accidental and term life insurance. Some plans are available regardless of pre-existing conditions. To inquire about their affordable insurance premium rates, please call 1-866-273-5613.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions and daily living expenses. If you have additional questions or concerns about the Medicaid program, please contact Jenny Lynch in Constituent Services at (803) 898-3965.

We hope this information is helpful.

Sincerely,



Alicia Jacobs  
Deputy Director

AJ/jgl  
Enclosures



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

Mark Sanford  
Governor

Emma Forkner  
Director

October 11, 2010

The Honorable Kit Spires  
South Carolina House of Representatives  
P.O. Box 369  
Pelion, South Carolina 29123

Dear Representative Spires:

Thank you for contacting our agency on behalf of Catrina Gail Gaston regarding Medicaid eligibility and her healthcare needs.

A member of our staff has been in direct contact with Ms. Gaston to address her questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. Information was also mailed to Ms. Gaston that may be able to assist with her healthcare and prescription needs. She was provided with contact information for a Constituent Services staff member should she need assistance in the future.

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/jjg1