

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Vol 57. ✓
Gore

ACTION REFERRAL

Change to Appro Signature per Divd. H. on 11/27/06

TO	DATE
Bowling / Waldrep	11/1/06

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000331	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	Cleared on 11/27/06, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 11/15/06 <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. <i>mpd</i> Marla Patton, Div Dir			
2. <i>Waldrep</i> Sam Waldrep, Bureau Chief			
3. Susan Bowling, Deputy Dir			
4. 			


REC
Dir
11/1/06

NOV 03 2006

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>11/1/06</i> <i>11/1/06</i> <i>11/1/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>600331</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11/13/06</i>
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Cleared on 11/27/06 letter attached.</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.			



State of South Carolina

Office of the Governor

MARK SANFORD
GOVERNOR

Post Office Box 12287
COLUMBIA 29211

FAX TRANSMITTAL COVER

FAX TO:

Jan P. HHS, 8-2502

FAX #:

255-8235

FROM:

D. Moore, 4-5127

DATE:

11/1/06

TOTAL NUMBER OF PAGES CONTAINED IN THIS TRANSMISSION 4
(including this cover sheet)

Thanks!!

If you have any problems receiving this document, please contact Leslie Sims at
(803) 734-0347.

Wade Hampton Building
Columbia, South Carolina 29201
(803) 734-0347

417202

RECEIVED

1121 Rice Street

OCT 26 2006

Hamlet, NC 28345

October 17, 2006

8735

Referred to ASAnswered DWP.

fax 255-

Governor Mark Sanford
Office of the Governor
PO Box 12267
Columbia, SC 29211

Subject: Mrs. Pauline Leviner
2056 Seaboard Road
Wallace, SC 29596
SS# 249-34-5774

Dear Sir:

My name is Benny Leviner and I am writing this letter on behalf of my mother, Pauline Leviner. She has been a lifelong resident of Marlboro County, South Carolina and currently resides at 2056 Seaboard Road, Wallace, South Carolina. She is now 86 years old and retired from Cheraw Yarn Mills in Cheraw, South Carolina in the mid 1980s. Today her future is very bleak. She has no blood flow to the left side of her brain, she hears music all of the time, and she thinks that a man and a woman are living in the back room of her two bedroom mobile home. Many times throughout the day she walks around her home with a stick looking for the hole this man and woman entered her home through. If they come in again, her plan is to hit them with the stick. When she is not talking to the telephone or the air conditioner, her days are not real bad.

Around the first of 2006, her problems increased rapidly. In June she fell at home and was on the floor all day in 100+ degrees. While on the floor, she begged the "man and woman" to bring her some water but they wouldn't. She was taken to Sandhills Medical Center in Hamlet and stayed a week and then was transferred to Brithaven Skilled Nursing Home for 20 days. At this point I didn't even think she would come home again. I met with staff at Brithaven and it was determined that she needed to be in assisted care. I moved her at this point to Somerset Court in Hamlet, North Carolina. After 6 weeks, I agreed to let her go home against doctor's wishes. She had siblings that wanted to help with her care.

During these events she accrued three bills that include the following:

1. Sandhills Medical Center-paid
 2. Brithaven Nursing Home-paid
 3. Somerset Court-unpaid
- (See copy of bill attached)

Since 1985 my mother has had Medicare and Medicaid. Physically, for her age, she is in pretty good health. However, she is mentally a basket case. Almost a month ago I met with a lady from long term care for an evaluation for help. After seeing that my mother

could bathe herself, go to the bathroom, and get up and down to bed, she determined that she did not qualify for long term care services. She does not cook nor does she stay alone anymore. Yesterday I was at her home and she had the heat on 95 degrees and the temperature outside was around 80 degrees.

This week she got more bad news about her health. I have to place her in a facility for the long haul now. But I do not know where. Marlboro County has one nursing home and one assisted living facility, Richmond County, where I reside, has about six or seven!

I applied for Medicaid and special assistance in Richmond County and was denied based on her financial assets, which was a \$3,500 mobile home that is 22 years old. This has been her home for 22 years and now that she is sick, it is like money in the bank. Her Medicaid has not been cancelled nor has she missed an SSI check.

I have made countless trips to Marlboro County and Richmond County Medicaid offices with no results. South Carolina says North Carolina is responsible and North Carolina says South Carolina is responsible. My mother is losing her mind and is now in the middle of nothing but politics. Before my mother fell, our intentions were that she would move in with our family, but recent events have changed everything. Medicaid sent a letter stating that she was going to receive a card.

Sir, I need help. I need either you or the Governor of South Carolina to take responsibility for this outstanding bill. I eagerly await your responses.

Respectfully yours,
Benny E. Levine
Benny Levine

cc: Governor Michael Easley

NOV. 1, 2006 4:49PM

NO. 886 P. 4/4

SOMERSET COURT OF HAMLET
632 FREEMAN MILL ROAD
HAMLET, NC 28345

6414 Pd. 9-29-06 100.01

Mr. Barry Leiner
1121 Rice Street
Hamlet, NC 28345

REVISED

RE: Pauline Leiner

02/12/2008

Dear Mr. Leiner,

Description	Date	Charges	Payments	Balance
Balance Forward	08/21/06			358.00
September Room & Board		1,850.00		2,208.00
SA Due-Aidy, 2006				2,208.00
SA Due-August, 2006				2,208.00
Private Payment			448.00	1,762.00
Transferred to RTA account				1,762.00
October Room & Board		186.00		1,947.00
SA PAYMENT due				1,947.00
Amount due for RTA				1,947.00
DUE ON RECEIPT	10/01/06			\$ 1,947.00

Any funds paid in excess of amount due will be deposited into resident's personal account.

Balance in RTA account

See Administrator

Payments are due by the due date shown above each month. If received after the 15th of the month you will be charged a \$30 late fee.

Make checks payable to Somerset Court of Hamlet

We will bill in advance for funds to be deposited into the RTA account. We need to have funds available in this account prior to making payments for help of other personal needs instead of billing after funds have been spent. When the RTA account gets below \$25.00 we will bill for an additional \$50.00 to be sent with the next month's room and board so the resident will have funds available for their use.

If any questions, please contact site at 910-582-0082

11/01/2006 03:53PM

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD MEMBER PERIOD START: 10/18/06 END: ACTION: PAGE: 0001

NAME: LEVINER PAULINE HH NAME: LEVINER PAULINE
RCP NUMBER: 6714278401 HH NUMBER: 100303463 ACTION TYPE: MAINTENANCE
SSN: 249-34-5774 VC: V APL STATUS:
PRIMARY INDIVIDUAL: APL CO: 35 WORKER ID: VMILE LOCATION: 001
C/O BENNY LEVINER SSCN: 249345774A RRN:
1121 RICE ST RACE: 01 SEX: F MARITAL STATUS: S
TPL INSURANCE: N RELATION: SELF

HAMLET NC 28345-3403 DOB: 09/01/1920 DOD:
CORRECT RCP NUMBER: LTV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE <td>IND</td> <td>IND</td> <td>LEVEL</td> <td>NUMBER</td>	IND	IND	LEVEL	NUMBER
-	67142784	04/01/1989		80	10				.00	
-		06/01/1987							.00	
-		10/01/1985							.00	

UPDATED: USER ID: VMILE DATE: 10/19/06 SYSTEM ID: BUY1000 DATE: 04/26/06
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

11/1/06
Fax coming

Log # 331



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

November 27, 2006

Mr. Benny Leviner
1121 Rice Street
Hamlet, North Carolina 28345

Dear Mr. Leviner:

Governor Sanford forwarded your recent letter concerning your mother to our agency for response. We appreciate your concern for your mother.

The South Carolina Medicaid program does not pay for care at an assisted living facility; therefore, we regret that we are unable to help you with payment for your mother's stay at Somerset Court, an assisted living facility in North Carolina. South Carolina Medicaid does cover nursing home care in a facility in our state if the person meets the level of care criteria for nursing home admission and is Medicaid eligible.

It is my understanding that a nurse from our Community Long Term Care office in Florence visited your mother's home on September 20, 2006, to conduct an assessment for our home and community based waiver program. During that visit, it was decided the application would be withdrawn due to your mother's functional status at that time. Based on our review of your recent letter, we have asked our Florence office to contact you to discuss any changes in your mother's condition and to further discuss Medicaid eligibility and level of care criteria for nursing home placement.

I trust that this information is helpful in addressing the concerns outlined in your letter. If you have further questions, please contact Maria Patton at (803) 898-2718.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/wpk