


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>3-6-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100352</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-15-12</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fock, Singleton, Cleared 3/13/12, & the attached</i> 	

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.			

RECEIVED

MAR 05 2012

233 Farmington Court
Lexington, South Carolina 29072
March 1, 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Betsy Schindler,
Hearing Officer
Division of Appeals and Hearings
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear Ms. Schindler,

Enclosed you will find a copy of a letter I wrote to you in September of 2010. In October we had the hearing we requested. After this week, I feel another hearing is vital and thus demand such an opportunity.

This time as a parent I am being denied my rights concerning our daughter Rebekah. She is again being denied services with the care provider she has had for over fifteen years. I am not able to ask any questions since, as I was told today, I am not authorized to do so. As a matter of fact when I called the office today, Barnard told me one thing and his supervisor Martha told me just the opposite.

My understanding with the hearing in 2010 all this had been resolved. Obviously according to my conversations today they have not. As a matter of fact if what I was told today is true the hearing 2010 was illegal.

If that is truly the case then we should start over and resolve the issues from 2010. This time I will make sure that Rebekah is present so she can speak for herself.

If we are not allowed this hearing, then I will be forced to seek legal action toward DHHS and you for discrimination on the basis of race and marital status.

While this is not the directions in which I would like to go, I feel I have no other recourse. Certainly, after the last hearing, I have much respect for you. Even though the outcome of that hearing was not what I sought, I was still able to accomplish the ultimate goal. That is once again my aim.

I thank you for your time and expect to hear from you in the very near future concerning the date and time of our hearing. I remain,

Sincerely,



G. Reginald Cruse

Cc: Leeds Barroll, Esquire

Mr. Anthony Keck
Governor Nikki Haley
The Honorable Ronnie Cromer

233 Farmington Court
Lexington, South Carolina 29072

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MAR 05 2012

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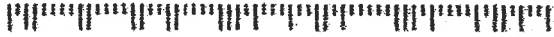
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Mr. Anthony Keck
South Carolina Department of Health and Human
Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear Ms. Schindler,

29202+8206



RESPONSE TO LOG LETTER # 000352



South Carolina Department of
Health & Human Services

Anthony B. Keck • Director
Nikki R. Haley • Governor

March 13, 2012

FIRST CLASS MAIL

G. Reginald Cruse
233 Farmington Court
Lexington, South Carolina 29072

RE: Rebekah Cruse
Medicaid # 3328719301

Dear Mr. Cruse:

I am writing in response to your March 1, 2012 request for a hearing on behalf of Rebekah Cruse. I understand from Hearing Officer Betsy Schindler that she spoke with you on March 6, 2012 and in that conversation, you stated that you understand that the South Carolina Department of Health and Human Services (SCDHHS) has issued no Notice of Adverse Action that requires a hearing. According to Ms. Schindler, your main complaint is that SCDHHS will not speak to you with regard to your daughter Rebekah, because you are not the Medicaid recognized, authorized representative for Rebekah.

According to Chapter 101.02.02 of the South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, an authorized representative who is acting for a Medicaid recipient must complete the DHHS Form 1282 ME and return it to the Medicaid agency. You may access the South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual at: <http://www2.scdhhs.gov/>. At the bottom of this webpage under "For Providers," click on "Provider Manuals" and then click on "SC Medicaid Policy and Procedures Manual." I have enclosed DHHS Form 1282 ME. Please complete this form and return it to Rebekah's eligibility worker. SCDHHS is capable of naming two (2) authorized representatives per Medicaid applicant or recipient.

If you have any questions regarding this matter, please feel free to contact me at 898-2600.

Sincerely,

Robert French, Director
Division of Appeals and Hearings

cc: The Honorable Nikki R. Haley, Governor of South Carolina
The Honorable Ronnie W. Cromer, South Carolina Senate
Mr. Anthony B. Keck, Director, SCDHHS
Ms. Jennifer Lynch, Division of Constituent Services, SCDHHS

Division of Appeals and Hearings
Post Office Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2600 • Fax (803) 255-8206

Acknowledgment of Responsibilities **Authorized Representative**

An authorized representative, or responsible person, is someone who acts for another individual either with the individual's consent or at the order of an appropriate court.

To apply for Medicaid for someone while acting as his or her authorized representative, you are obligated to tell the South Carolina Department of Health and Human Services all that you know about the individual's situation, whether personal, financial, medical, etc. It does not mean that you will be personally responsible for the individual's debts. Any agreements that you make with providers of medical services or other individuals related to the individual for whom you are applying are your responsibility, and the Department has no control or influence in such matters.

Name and Address of Applicant:	
Limits of programs for which this person is applying:	Income: _____ Resources: _____

1. By agreeing to act as an authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any changes in income or resources within 10 days of the change or as soon as you become aware of the change. *Examples of changes that may be reported:*

- Increase or decrease in monthly income
- Receipt of a lump sum
- Receipt of any regular monthly income payments
- Change of address
- Receiving or selling property
- Death of an individual or of a spouse or any relative living in the home

2. By agreeing to act as an authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any requested changes to Medicaid Managed Care Enrollment as soon as you become aware of the change. *Examples of changes that must be reported:*

- Choices and changes in Medicaid managed care health plans (Managed Care Organizations or Medical Homes Networks) or Fee-For-Service Medicaid
- Choices and changes in Primary Care Providers (for Medical Homes Networks only)

3. By agreeing to act as an authorized representative for this applicant/beneficiary, you understand that if you deliberately give false information or withhold any information concerning the individual's situation, you are liable for prosecution for fraud and/or perjury. You are not liable for changes of which you are not aware.

If you agree to fulfill the responsibilities of an authorized representative, please sign and date below:	
Authorized Representative:	Date:
Address:	
Medical Worker:	Date: