

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                    |                         |
|--------------------|-------------------------|
| TO<br><i>Hutto</i> | DATE<br><i>10-28-14</i> |
|--------------------|-------------------------|

| DIRECTOR'S USE ONLY   | ACTION REQUESTED   |
|---|--|
| 1. LOG NUMBER<br><i>- 000099</i>  | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____                  |
| 2. DATE SIGNED BY DIRECTOR<br><i>cc: Kost-Lynch<br/>cleared 11/7/14, letter<br/>attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>11-7-14</i> |
|   | <input type="checkbox"/> FOIA<br>DATE DUE _____  |
|   | <input type="checkbox"/> Necessary Action  |

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

LINDSEY O. GRAHAM  
SOUTH CAROLINA280 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972UNITED STATES SENATE  
Fax Transmittal Sheet

RECEIVED

TO: DHHS 8784515 OCT 28 2014FROM: Scott Tinkler Department of Health & Human Services  
OFFICE OF THE DIRECTORDATE: 10/28COMMENTS: Pax work     PAGE(S) TO FOLLOWIF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE  
CALL (803) 933-0112.

Confidentiality: This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.

Thank you.

508 HAMILTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 933-0112401 WEST EVANS STREET  
SUITE 111  
FLORENCE, SC 29501  
(843) 669-1505130 SOUTH MAIN STREET  
SUITE 700  
GREENVILLE, SC 29601  
(864) 250-1417530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29454  
(843) 849-3887255 EAST MAIN STREET  
SUITE 100  
ROCK HILL, SC 29730  
(803) 366-2828124 EXCHANGE STREET  
SUITE A  
PENDLETON, SC 29670  
(864) 648-4090

10/28/2014 11:58AM (GMT-04:00)

LINDSEY O. GRAHAM  
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972

## UNITED STATES SENATE

October 28, 2014

Mr. Anthony Keck  
Director  
S.C. Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Dear Mr. Keck:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to the individual.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Graham".

Lindsey O. Graham  
United States Senator

LOG/jsj

Enclosure

LINDSEY O. GRAHAM  
SOUTH CAROLINA

OCT 17 2014

290 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972UNITED STATES SENATE  
AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: Felix Bermea III Phone: 803-552-7283Address: 302 Tickle Weed Rd.City: Swansea State: SC Zip: 29160Social Security Number: 225-04-9354 VA Number (if applicable): \_\_\_\_\_

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of the form).

The attached papers should  
help explain my husband's needs.  
Please help us with Medicaid  
Any further questions feel free  
to call me. 803-552-7283.

Signed: Felix Bermea IIIDate: 10-23-14

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name \_\_\_\_\_

Please return form to:

U.S. Senator Lindsey O. Graham  
508 Hampton Street, Suite 202  
Columbia, South Carolina 29201  
Phone: (803) 933-0112  
Fax: (803) 933-0957

**To Whom It May Concern:-**

I have recieved these documents that was sent in regard's to Felix Bernrea. We have been waiting since he arrived home on June the tenth of 2014, for an approval from Medicaid.

Patiently I might add, since July I have had to cancel four Doctor's appointment's that has to do with his medical needs. Felix has Muscular Dystrophy for which he has been living his life from a wheelchair for the past twelve years. During which he was diagnosed with Hep-C which within three years turned to Scirrosis of the Liver. Upon which his Spleen is not working due to the backup of blood and fluids.

As if that was not enough he was diagnosed with Diabetes 2 after being in a coma for four days not once but twice. For which explained why his sores was not healing and he developed ulcers on his bottom.

It was discussed at that time with his Doctor that it would be best to stay in a facility that could get his Diabetes undercontrol for which would ultimately heal his wounds. Per much discussions Felix wished to be in a nursing facility close to his family in Florida.

I traveled with Felix on a train to Auburndale, Florida helped him get settled and then proceeded for my own welfare and health reasons I too moved to South Carolina to be with my family. I have Fibromyalgia, Diabetes 2, Arthritis in the Neck, Back, and both Knees. It was time for Marla to heal. This all took place in April, 2012, yet as time went on and Felix and I stayed in touch , as two and a half years goes bye Felix Diabetes became more controlled, the Staff assured me that it would be good for him to come home.

After much thought and in speaking with the Social Workers from Florida as well as consultants from Medicare and Social Security and Medicaid in Florida that all was good and that his Medicaid would just transfer to South Carolina with no problem. Felix Bernrea III has been on Medicaid and Medicare for almost twenty year's. In SouthCarolina, New York and Florida, now he has moved back to South Carolina to be home and Medicaid has not helped him get what he Medically needs.

If I could take him back and forth to his visits at the Doctor's I would not need your help. I do not have a Wheelchair accessible vehicle. Transportation costs without Medicaid help is through the roof, one trip to Swansea, S.C. to North, S.C. which is actually just six miles from his home, the company we spoke to wanted \$199.00 up front plus \$1.75 a mile. Someone else was a little more realistic at \$125.00 plus \$1.75 a mile. What is the problem here? People just need to get to and from their appointments, not to be robbed while getting there.

Felix was counting on the assistance from a Homecare facility to help with his needs daily. I am

not able to do what he needs daily, my health is still not that good to be lifting him and rolling him to dress him. You see Felix has no ability to help a person care for him, yet he has a good Brain and can tell you what he needs on a daily basis. He is a great person who has been dealt a rough deal in life.

Can we please make a decision soon, so as we can get him to the proper Doctor's to get the Medicines he needs. Since July of this year he has been without his pain medicine, because he has not been able to see the Doctor that can prescribe him his pain medication. His other medications that he came home from Florida with are about to run out. Felix is trying to be a good sport and be patiently waiting for the State of South Carolina Medicaid offices to make a decision to help him.

After this letter was written we recieved this document from Medicaid denying him from a waiver and Community help. Saying that the documents that they have asked for didn't arrive in time was told to me , Marla when I phoned the 1-800 number on the document.

I feel that with all that is wrong with Felix and the medical needs to go to and from the doctors to home . His medical records explain his needs. We need help, he was on Medicaid for almost twenty years, and now they decide to stop it. Why?

Sincerely,

Marla Bermea

803-552-7283

South Carolina Department of Health and Human Services  
Notice of Action

From: South Carolina Healthy Connections  
PO Box 100101  
Columbia, SC 29202  
(888) 549-0820

Date: 10/16/2014

To: FELIX BERMEA III  
302 TICKLE WEED RD  
SWANSEA SC 29160

BG#: 14661074  
HH#: 100250942

Beneficiary Name:  
FELIX BERMEA III

Beneficiary ID:  
4725317401

Your application has been denied for: **MAO WAIVERS -HOME & COMMUNITY**

Reason for denial: You did not complete the required actions.

Denied for the month(s) of: 06/2014

Manual/policy reference supporting this action: 101.14

A copy of this reference is available upon request by calling 1-888-549-0820.

Even though you do not qualify for Medicaid coverage, you may still be able to buy health insurance, and get help paying for it, through the federal Health Insurance Marketplace. You can apply online at [healthcare.gov](http://healthcare.gov) or call 1-800-318-2596.

**Appeals:**

If you believe we've made an error, you have the right to appeal this decision at a hearing with SCDHHS, the agency that administers Medicaid in South Carolina. You may represent yourself at the hearing, hire an attorney to help you or even have someone speak on your behalf. You must submit a written request for such a hearing to the address below no later than 30 calendar days from the date of this notice.

Division of Appeals and Hearings  
SC Department of Health and Human Services  
PO Box 100101  
Columbia, SC 29202-3101

In your appeal request, you should specifically state which issue(s) you wish to appeal and attach a copy of this notice or other notification received from SCDHHS regarding the specific matter on appeal.

**Information About Current Social Security Benefits**

Beginning December 2013, the full monthly Social Security benefit before any deductions is \$498.70.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$498.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

**Information About Past Social Security Benefits**

From December 2012 to November 2013, the full monthly Social Security benefit before any deductions was \$491.40.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$491.00.  
(We must round down to the whole dollar.)

**Type of Social Security Benefit Information**

You are entitled to monthly disability benefits.

**Information About Supplemental Security Income Payments**

Beginning April 2008, the current Supplemental Security Income payment is \$0.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Payments were stopped beginning April 2009.

**Type of Supplemental Security Income Payment Information**

You are entitled to monthly payments as a disabled individual.

**Date of Birth Information**

The date of birth shown on our records is September 30, 1960.

**Medicare Information**



You are entitled to hospital insurance under Medicare beginning August 2005.

You are entitled to medical insurance under Medicare beginning August 2005.

### **If You Have Any Questions**

We invite you to visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-774-8448. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL  
SECURITY  
1379 SIMS ST  
ORANGEBURG,  
SC 29115

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 when you arrive at the office.

*Social Security Administration*

Log # 000099

SOUTH CAROLINA  
Healthy Connections  
MEDICAID

Nikki Haley GOV. NDH  
Anthony Keck DIRECTOR

P.O. Box 8206 • Columbia, SC 29202  
www.scdhhs.gov

November 7, 2014

Mrs. Marla Bermea  
302 Tickle Weed Road  
Swansea, SC 29160

Dear Mrs. Bermea:

This is in response to your letter to Senator Lindsey Graham regarding your husband, Felix Bermea III's, application for Medicaid benefits.

Ms. Doris Myers in Member Relations has been in direct contact with you regarding your husband's application. Our records indicate Mr. Bermea applied for the Home and Community Based Waivered Services (HCBWS) on June 6, 2014. We sincerely apologize for the delay in processing his application.

Your husband's application was denied on October 14, 2014, because we did not receive the requested information regarding his resources. The information was received on October 15, 2014. Our policy allows us to use his June 6, 2014 application date since the requested information was returned within thirty (30) days of the denial date. His application was approved on October 30, 2014, with an effective date that goes back to the month of his original date of application.

If you have additional questions regarding the Medicaid program, you may contact Ms. Doris Myers and she will be happy to assist you. Ms. Myers can be reached at (803) 898-9987.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

*Elizabeth B. Hutto*  
Elizabeth B. Hutto, Deputy Director  
Eligibility, Enrollment & Member Services

EBH:jg