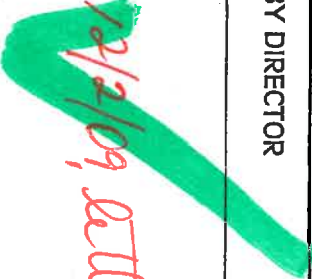


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|---------------------|------------------------|
| TO <i>Jacobs</i> | DATE <i>4-19-09</i> |
|---------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|--|
| 1. LOG NUMBER <i>000233</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Myers</i> <i>Cleared 12/2/09, letter</i> <i>attached.</i>  | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-2-09</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. | | | |

RECEIVED

NOV 19 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

9.17.09

Dear Mr Fortner

Please can you help me?

I am needing the Medicaid and you promised, it says that it will help build wheel chairs ramps and I guess other handicapped things.

I can't get Mr Brown (beg) to return my calls about anything. He let someone's office

Give me a # to call. He gave me 2 # to call just man haven't even returned my calls

The lady told me I needed a grant and told me to call Donna Davis for help.

I need a wheel chair bathroom with ~~shower~~ shower
shower holes in my floor and my roof is in
bad shoville shape.

I went to Dr Plante today and he said
and showed me the Xray. My hip can break
at any thing. Please I can't get in tub beg
myself or out. and I can't go outside cause
~~off~~ of the way I have to walk down

I need my porch fixed so I can get my
wheel chair out and now I can't I have
lost the riding one and paid one with air

Please help me if you can. My SS. 250-02-262
803-~~445~~⁴⁴⁵-7161. Please call me. one way
or the other.

Robert Bayley

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/19/09
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 06/02/09 END: PAGE: 0001

NAME: BAXLEY ROBIN D HH NAME: BAXLEY ROBIN D
RCP NUMBER: 1780539438 HH NUMBER: 101183374 ACTION TYPE: MAINTENANCE
SSN: 250-02-2028 VC: V APL STATUS: ACTION DATE: 09/04/07
PRIMARY INDIVIDUAL: APL CO: 32 WORKER ID: RMARI LOCATION: 003
349 KIMMEY RD SSCN: 250022028A RRN:

GASTON SC 29053-8859 RACE: 01 SEX: F MARITAL STATUS: S
TPL: Y RSP: 1 RELATION: SELF
DOB: 05/22/1953 DOD:

CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

| BG | BEG | END | BENEFITS | QMB | RETRO | % OF POV | | | | |
|----|----------|------------|------------|------|-------|----------|-----|-----|-------|---------|
| S | NUMBER | ELIG | ELIG | PCAT | QCAT | TYPE | IND | IND | LEVEL | SPONSOR |
| - | 99760299 | 08/01/2009 | 32 | 50 | FULL | Y | Y | | .49 | |
| - | 99760299 | 09/01/2007 | 08/01/2009 | 32 | 50 | FULL | N | Y | .49 | 3200 |
| - | 19569299 | 04/01/2007 | 09/01/2007 | 80 | 50 | FULL | N | | .00 | |
| - | 59345972 | 05/01/2006 | 04/01/2007 | 32 | 50 | FULL | N | Y | .00 | |

UPDATED: USER ID: RMARI DATE: 08/16/07 SYSTEM ID: BUY1000 DATE: 01/07/09
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

December 2, 2009

Ms. Robin D. Baxley
349 Kimmey Road
Gaston, South Carolina 29053

Dear Ms. Baxley:

Thank you for your recent letter to this agency requesting a wheelchair ramp and home modifications for handicap accessibility.

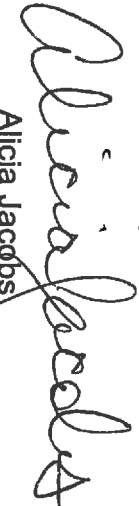
You are currently covered under Medicaid's *Aged, Blind or Disabled* program; however, in order to receive services such as home modifications you must be enrolled in our *Home and Community Based Services* (HCBS) waiver program. The HCBS program covers individuals who need nursing home care but who choose to stay at home. These individuals can receive services through a waiver to help them remain in their home. This program offers the same coverage as regular Medicaid, with the addition of benefits such as home modifications.

HCBS guidelines require us to determine if there has been a transfer(s) of assets for less than fair market value within the last 46 months for applications received in December 2009, called a look-back. Your eligibility worker, Renee Brown, has mailed you the necessary paperwork in order to conduct a look-back. Please return the requested information to Ms. Brown as soon as possible so that your financial eligibility may be reviewed. If you have any questions about the information requested, please contact Ms. Brown at (803) 785-5227.

In addition to the financial look-back, you must also meet the nursing facility level of care as certified by Community Long Term Care (CLTC). Please contact CLTC at (803) 741-0826 to be put on their waiting list. A home visit will be completed to determine whether you meet the necessary level of care once your name gets closer to the top of the list.

If you have any questions about the information in this letter, please contact Ms. Jennifer Lynch in Constituent Services at (803) 898-3965. She will be happy to help you.

Sincerely,


Alicia Jacobs
Deputy Director

AJ/cl