

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

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

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000100</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Kost Lynch</i> <i>cleared 11/7/14, letter</i> <i>attached.</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-7-14</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.			

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		<input type="checkbox"/> FOIA DATE DUE _____	
		<input type="checkbox"/> Necessary Action DATE DUE _____	

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2.			
3.			
4.			

LINDSEY O. GRAHAM  
SOUTH CAROLINA



UNITED STATES SENATE  
Fax Transmittal Sheet

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

**RECEIVED**

OCT 28 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

TO: Director Anthony Kreck

FROM: Alyssa Agostino

DATE: 10/28/2014

COMMENTS: Thank you for your help!!

5 PAGE(S) TO FOLLOW

**RECEIVED**

OCT 28 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

IF 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.

LINDSEY O. GRAHAM  
SOUTH CAROLINA



# UNITED STATES SENATE

October 28, 2014

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

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

RE: Tyron Face  
554 Hope Ferry Road  
Lexington, SC 29072  
(803) 808-0219

Dear Anthony:

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 dark ink, appearing to read "Jim", written over a horizontal line.

Lindsey O. Graham  
United States Senator

LOG/ala

Enclosure

OCT 28 2014

**M. Tryon Face, M.Ed.  
Rehabilitation Consultant  
554 Hope Ferry Road  
Lexington, SC 29072  
803-808-0219  
Fax 803-808-0519**

October 26, 2014

Honorable Lindsey O. Graham  
508 Hampton Street, Suite 202  
Columbia, SC 29201

Re: Lillian R. Face  
DOB: 11/9/20

Dear Senator Graham:

Please see the attached letter that I have written SC Medicaid regarding my soon to be 94 year old mother. I think the letter is self-explanatory. By the facts stated in the letter I think you will see why the way this agency has handled my mother's Medicaid application is very troubling. I just wanted to see how us "common folks in need" are being treated out here.

Sincerely,

*M. Tryon Face*

M. Tryon Face

**M. Tryon Face, M.Ed.  
Rehabilitation Consultant  
554 Hope Ferry Road  
Lexington, SC 29072  
803-808-0219  
Fax 803-808-0519**

Via Facsimile  
October 26, 2014

Healthy Connections  
Department of Health and Human Services  
SCDHSS Region 2  
PO Box 100101  
Columbia, SC 29202

Re: Lillian R. Face  
DOB: 11/9/20

To whom it may concern:

This is in follow up to the letter I received from your agency on October 25, 2014 requesting additional information regarding the Medicaid application that I completed for mother, Lillian Face, on April 15, 2014. The following are issues and concerns that I have regarding that request:

1. In addition to the information that I submitted on May 8<sup>th</sup> I will do my best to obtain the financial information you requested and have that information to your agency tomorrow.
2. To say that I was surprised to receive this request is a polite way to state my reaction. I filed the application on April 15<sup>th</sup> and submitted information your agency requested on May 8, 2014. This is the first written document that I have received in five and one-half months! I have made multiple calls and was told that everything had been submitted and the representatives to whom I spoke were surprised I had received no response.
3. Your letter requested what category of Medicaid we are requesting. It is nursing home care and that should be well documented. Ms. Ann Williamson with Healthy Connections evaluated my mother on Tuesday, October 21<sup>st</sup> and stated that she met the qualifications for nursing home care. A letter of certification to that effect was received yesterday as well.
4. My mother is approaching 94 years of age. She has lived on a fixed income of primarily Social Security for years with no additional funds available. She has \$44 in her checking account after I have paid her monthly bills. That is all the money she has in the world!! She is bedridden at home due to a combination of age, Crohn's disease, Alzheimer's and heart disease. We are doing our best to take care of her at home which we are no longer able to do. That is why we have requested assistance from your agency. We do not want to place her in a nursing home, but see no alternative at this point.
5. We need to seek nursing home placement as soon as possible. To receive this request for follow up information five and one half months later in the process is difficult to comprehend. To

- receive a request regarding what category of Medicaid we are seeking and one of your own representatives has been to see my mother the day before is just plain difficult to understand!
6. Your letter to me was dated October 22, 2014? Was this the first time someone had reviewed our application?
  7. Assuming I can obtain the additional bank statements when can we expect a decision so we can hopefully begin looking for a nursing home bed? An additional contact number for me is my cell phone which is 803-807-8822.

Sincerely,

*M. Tryon Face*

M. Tryon Face

CC: Honorable Nikki R. Haley  
Honorable Timothy E. Scott  
Honorable Lindsey O. Graham

# **MEDICAID CHECKLIST FOR NURSING HOME ASSISTANCE, GENERAL HOSPITAL, HOME AND COMMUNITY BASED WAIVER SERVICE**

Applicant/Beneficiary: LILLIAN R. FACE Date: 10/22/2014

Authorized Representative: M. TRYON FACE

Application Date: 04-15-2014

We are currently working on your application/review for Medicaid long-term care services. To complete the eligibility process, some additional information will be needed concerning you, and if married, your spouse. Please see the items ☒ checked below:

- ☐ Complete the Attached Review Form
- ☐ Power of Attorney, Guardianship, or Conservator Papers
- ☐ Verification of ☐ Citizenship ☐ Identity Original Documents Required.
- ☐ The income limit for institutional care is \$\_\_\_\_\_ for \_\_\_\_\_. The applicant's income is over this amount. To possibly qualify for Medicaid assistance for long-term care services, an income trust must be established. You will find the forms needed to complete this process attached.
- ☐ Proof of gross income received by \_\_\_\_\_ This may be a copy of an itemized check-stub, award letter, PRINTOUT, or statement on letterhead from the company or agency
- ☒ For all accounts, copies of entire bank statements, not account summaries, for April 2014, March 2014, April 2013, April 2012, April 2011, April 2010, April 2009, and the following month(s): FOR CHECKING ACCT# 628-0, I NEED THE STATEMENT FOR 04-2010. I HAVE ALL THE OTHERS BUT ONE FOR 2010. THERE WAS ANOTHER ACCOUNT, MONEY MARKET ACCT# 462-152-590-9-THERE WAS 2 STATEMENTS IN HER FILE FOR 2012 AND 2011. WE NEED STATEMENTS FOR APRIL 2009, APRIL 2010, APRIL 2013 AND APRIL 2014. IF THE ACCOUNT IS CLOSED WE STILL NEED THE STATEMENTS FOR THE MONTHS INDICATED (UNLESS IS CLOSED PRIOR TO THE DATE REQUESTED) AS WELL AS VERIFICATION THAT THE ACCOUNT IS CLOSED, DATE CLOSED, CLOSING BALANCE AND RECEIPTS/DOCUMENTATION OF HOW THE MONEY WAS SPENT.
- ☐ Designate or establish a bank account for income to flow through. Return verification of this account.
- ☐ Proof of assets sold, transferred, or given away on or after April 2009 to the present. \_\_\_\_\_
- ☐ Verification you have applied for \_\_\_\_\_ benefits on the applicant's behalf.
- ☐ Burial Assets: Copies of the applicant/spouse's ☐ Pre-need burial contract(s) ☐ burial plot deed(s) or other verification of ownership such as a statement on letterhead. If the contract or plot is not paid for, we also need verification of the payoff amount.
- ☐ Copies of all life insurance policies owned by the applicant/spouse. If the policy is not on hand, a letter from the agent showing the policy number, name of owner, face value, and current cash value of the policy can be provided. If this is not possible, give the name and address of the insurance company, and the policy number for each policy. The owner of the policy needs to sign and date DHHS Form 1280 ME, Verification of Insurance Value, to let us verify current cash values directly from the insurance company.
- ☐ Copy of annuity for \_\_\_\_\_
- ☐ Please sign and return the form(s) indicated:
- ☐ DHHS 943, Release of Information ☐ DHHS 1212 ME, Verification of Veterans Information
- ☐ DHHS 1766-A, Burial Exclusion ☐ DHHS 1253 ME, Request for Financial Investigation
- ☐ DHHS 1280 ME, Verification of Insurance Value ☐ DHHS 1296 ER, Estate Recovery Notification
- ☐ DHHS 1282, Authorized Representatives Acknowledgement of Responsibilities
- ☐ All medical insurance policies or cards and proof of premiums
- ☒ Other: WHAT CATEGORY OF MEDICAID ARE YOU SEEKING FOR YOUR MOTHER AT THIS TIME-IN-HOME CARE OR NURSING HOME CARE? IF IT IS NURSING HOME, IS SHE IN A FACILITY? IF SO, NEED THE NAME AND DATE ENTERED.
- ☐ Other: \_\_\_\_\_

Please provide this information by 11-06-2014. If you have any questions or you need additional time to secure requested information, please call your worker listed below. Thank you for your cooperation.

Worker: SCDHSS REGION 2 Telephone: 1.888.549.0820

Address: PO BOX 100101, COLUMBIA, SC 29202 Fax: 803.710.7310



LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

## UNITED STATES SENATE

October 28, 2014

**RECEIVED**

OCT 30 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Anthony Keck  
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RE: Tyron Face  
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Lindsey O. Graham  
United States Senator

LOG/ala

Enclosure

OCT 28 2014

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Rehabilitation Consultant  
554 Hope Ferry Road  
Lexington, SC 29072  
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Fax 803-808-0519**

October 26, 2014

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Re: Lillian R. Face  
DOB: 11/9/20

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Via Facsimile  
October 26, 2014

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Department of Health and Human Services  
SCDHSS Region 2  
PO Box 100101  
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M. Tryon Face

CC: Honorable Nikki R. Haley  
Honorable Timothy E. Scott  
Honorable Lindsey O. Graham

**MEDICAID CHECKLIST FOR  
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- ☐ The income limit for institutional care is \$ \_\_\_\_\_ for \_\_\_\_\_. The applicant's income is over this amount. To possibly qualify for Medicaid assistance for long-term care services, an income trust must be established. You will find the forms needed to complete this process attached.
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- ☐ Burial Assets: Copies of the applicant/spouse's ☐ Pre-need burial contract(s) ☐ burial plot deed(s) or other verification of ownership such as a statement on letterhead. If the contract or plot is not paid for, we also need verification of the payoff amount.
- ☐ Copies of all life insurance policies owned by the applicant/spouse. If the policy is not on hand, a letter from the agent showing the policy number, name of owner, face value, and current cash value of the policy can be provided. If this is not possible, give the name and address of the insurance company, and the policy number for each policy. The owner of the policy needs to sign and date DHHS Form 1280 ME, Verification of Insurance Value, to let us verify current cash values directly from the insurance company.
- ☐ Copy of annuity for \_\_\_\_\_
- ☐ Please sign and return the form(s) indicated:
  - ☐ DHHS 943, Release of Information ☐ DHHS 1212 ME, Verification of Veterans Information
  - ☐ DHHS 1766-A, Burial Exclusion ☐ DHHS 1253 ME, Request for Financial Investigation
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- ☐ All medical insurance policies or cards and proof of premiums
- ☒ Other: WHAT CATEGORY OF MEDICAID ARE YOU SEEKING FOR YOUR MOTHER AT THIS TIME-IN-HOME CARE OR NURSING HOME CARE? IF IT IS NURSING HOME, IS SHE IN A FACILITY? IF SO, NEED THE NAME AND DATE ENTERED.
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Worker: SCDHSS REGION 2 Telephone: 1.888.549.0820

Address: PO BOX 100101, COLUMBIA, SC 29202 Fax: 803.710.7310

November 7, 2014

Mr. M. Tryon Face  
554 Hope Ferry Road  
Lexington, SC 29072

Dear Mr. Face:

Senator Lindsey Graham contacted our agency on behalf of you and your mother, Ms. Lillian R. Face's, Medicaid application for Nursing Home Assistance.

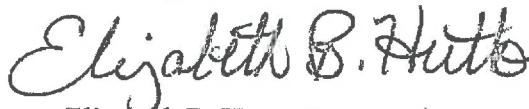
Ms. Carolyn Roach in Member Relations has been in direct contact with you regarding your mother's application. Our records indicate you applied for your mother on April 15, 2014. We sincerely apologize for the delay in processing her application.

We are pleased to inform you that a financial and medical determination have been made and your mother meets the requirements for the nursing home program. Once you find a nursing home facility that is willing to accept Medicaid, the nursing home will submit the appropriate paperwork to our Agency. Ms. Roach provided you the link to the Nursing Facility Bed Locator website. The purpose of this website, is to allow you to find out information on all the nursing facilities in South Carolina. You can search for nursing facilities in your county and the surrounding counties. It will assist in finding out which nursing facilities have Medicaid beds available as well as give you contact information for the facilities. The website link is [www.nfbl.sc.gov](http://www.nfbl.sc.gov).

If you have additional questions regarding the Medicaid Program, please contact Ms. Roach and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

We appreciate your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,



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

EBH:jg