DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs	8-6-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER J00070	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 8/20/08 letter attached.	[X] Prepare reply for appropriate signature DATE DUE 8-15-08
	[ ] FOIA DATE DUE _____
	[ ] 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.			

House of Representatives

State of South Carolina

J. Roland Smith
District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:
Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Economic Development, Capital Improvement and Other Taxes
Ways and Means Public Education and Special Schools Subcommittee, Chairman
Ways and Means Proviso
Ways and Means Revenue Policy
School Bus Specification Committee

519-B Blatt Building
Columbia, SC 29211

Tel. (803) 734-3114

August 4, 2008

Ms. Emma Forkner, Director
SC Health and Human Services
P. O. Box 8206
Columbia, SC 29202

RE: Ms. Wilma Anaweise McClain
Mailing Address: P. O. Box 213, Bath, SC 29816
Physical Address: 140 Front Street, Bath, SC 29816
Phone Number: 803-593-4044
Social Security Number: 251-76-5620
Age: 61

Dear Ms. Forkner:

I am writing regarding my constituent, Ms. Wilma Anaweise McClain. Ms. McClain was employed by Boral Bricks, Post Office Box 1957, Augusta, GA 30903, for some 26 years and was laid off. Because of her health condition, she could not keep up with the work load.

I have enclosed copies of her medical records for your review. Ms. McClain's physician is Dr. Randy Watson of 944 Dougherty Road, Aiken, SC 29801, as well as Dr. Melvyn Haas with Aiken Urologist Sciences, University Parkway, Aiken, SC 29801. She has also been in physical therapy for her back at Sports Plus, 170 University Parkway, Aiken, SC 29801. She has applied for Medicaid, as well as disability through Social Security.

I respectfully request your assistance in this matter.

Sincerely,

J. Roland Smith

J. Roland Smith

JRS/dks/2008august4-5

Enclosure

cc: Ms. Wilma Anaweise McClain, P. O. Box 213, Bath, SC 29816

July 31, 2008

Re: Disability

TO WHOM IT MAY CONCERN

I am writing this to you to see if there is some way you can help me get my disability started. I'm am sorry to say that when I applied for disability through Social Security we did it on line and did not print out a copy. I will try my best to inform you of what we (my daughter helped me) put on the application.

Name: Wilma Anaweise McClain
Address: PO Box 213 140 Front Street Bath, SC 29816
Phone: 803-593-4044, cell 803-292-1744
Social Security #: 251-76-5620
Age 61
Height 5'4" Weight 260
Education: Graduated from LBC in June of 1965

Medication I take: Premarin 1.25 for hormones, take 2 tablets a day, Lisinopril 10 mg for Cholesterol take 1 tablet a day, Gabapentin (substituted for Neurontin) for Neuropathy 300 mg 1 tablet 3 times a day, Clonidine 0.1 mg take1 tablet twice a day, Propranolol 20 mg take 2 tablets a day for Inherited Tremors, Hydrochlorot 50 mg take 1 tablet a day for High Blood Pressure, Indomethacin (substituted for Indocin) 25 mg for arthritis, Metformin (substituted for Glucophage) 500 mg ER TAB APOTEX USA for Diabetes take 2 tablets a day, Metformin (substituted for Glucophage) 500 Mg Sandoz take 2 tablets a day for Diabetes also, Vitamin B12 per doctors orders, Potassium Gluconate 595 mg for muscle spasms, Tramadol HCL 50 mg for pain 1 or 2 tablets a day as needed for pain.

I have Neuropathy which is nerve damage from being a Diabetic, Inherited Tremors, Diabetes, Severe Arthritis in the lower spine and it is deteriorating my spine, I cannot stand long at a time without being in a lot of pain, I cannot sit in a chair with my back to the back of the chair long at a time for being in a lot of pain, High Blood Pressure, High Cholesterol, and Carpel Tunnel Syndrome.

I have been to Dr. Randy Watson 944 Dougherty Rd Aiken, SC and Dr. Melvyn Haas with Aiken Neurologist Sciences University Parkway Aiken. I have had MRI's done, blood work done, EKG, EMG and Friday August 1, 2008 I start Physical Therapy for my back at the Sports Plus 170 University Parkway Aiken.

Last day I worked was Nov. 26, 2007. I have no income whatsoever and because of my health no one is going to hire me. If you need to contact Boral Bricks, the address is PO Box 1957 1630 Arthern Rd Augusta, Ga 30903. I worked there for 26 years. I was laid off.

I have applied for Medicaid also and have been turned down. I don't understand it. My case worker is Jennifer Allen and she told me because I wasn't 65 and considered disabled yet that I didn't meet the requirements. I am enclosing my application so you can look it over. I thought Medicaid was for people that had low income or no income at all and couldn't afford any insurance. I have Cobra through Boral, but it cost $420 a month which my daughter is having to pay and that really hurts.

Anything you can do for me I appreciate it greatly. Thank you so much for your help in this matter.
May God richly bless you.

Sincerely,

Rev. Wilma Anaweise McClain

Rev. Wilma Anaweise McClain

South Carolina Department of Health and Human Services
Application for the South Carolina Medicaid Program

This application is developed specifically for Aged, Blind, or Disabled Adults.

Note: *You only need to tell us the Social Security Number and answer the questions about being a US Citizen for the people for whom you want full Medicaid benefits. However, if you give us your Social Security Number, even if you are not applying for benefits, it may help us process your application faster. We only use Social Security Numbers to help us verify income.*

- A citizen applying for Medicaid must provide original documents to prove US citizenship and identity
- A non-citizen applying for Medicaid must provide Bureau of Citizenship and Immigration Services (BCIS) documents to support his/her legal entry into the US.
- A non-citizen applying for Emergency Services Only is not required to provide these documents or a Social Security Number.

1. Tell us about yourself.

Date received by DHHS:

Name (First, Middle Initial, Last):	**Social Security Number**: (not required for emergency services)	**Date of Birth:**
WILMA A McCLAIN	251-76-5620	7-26-47

Address where you get mail (include apartment number):	**City:**	**State:**	**Zip Code:**	**County:**
PO Box 213	BATH	SC	29816	AIKEN
Home Address (if not the same as your mailing address):	**City:**	**State:**	**Zip Code:**	**Telephone Number:**
140 FRONT ST	BATH	SC	29816	(803) 593-4044 Cell 803-292-1744
Your Full Name at Birth: This helps us verify citizenship	**Your Mother's Full Name at her Birth:**			**County/State where you were born:**
WILMA ANAWEISE PORTERFIELD	ELVENER HARRIS			AIKEN S.C.

Do you want Medicaid for yourself?	**Sex:**	**Marital Status:**	**Are you currently attending school?**	**Check all that apply:**	**What language do you use most?**
☑ Yes ☐ No	☑ Female ☐ Male	☐ Single ☐ Widowed ☐ Married ☑ Separated ☐ Divorced	☐ Yes ☑ No If yes, what grade? ___	☑ US Citizen ☐ Disabled ☐ Pregnant ☐ Emergency Services Only	☑ English ☐ Sign Language ☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Other _____ ☐ Russian

Medicare Number, if applicable:

Race:
☑ White ☐ African American ☐ Mexican ☐ Native American/American Indian ☐ Cuban
☐ Refugee Entrant ☐ Puerto Rican ☐ Hispanic ☐ Asian American/Oriental ☐ Other

If an Authorized Representative is completing this application, please complete the following:

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

_____

2. Tell us about the people who live with you A Social Security Number is not required if applying for Emergency Services Only.

Name: (First, Middle Initial, Last)		Social Security Number:		Full Name at Birth:		Mother's Full Name at her Birth:
Is this person applying for Medicaid? ☐ Yes ☐ No	Check all that apply: ☐ US Citizen ☐ Disabled ☐ Pregnant ☐ Emergency Services Only	Sex: ☐ Female ☐ Male Date of Birth:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated	How is this person related to the person on page 1? ☐ Child ☐ Spouse ☐ Other: ________	Currently attending school? ☐ Yes ☐ No If yes, what grade? ________	County/State where you were born:
Medicare Number, if applicable:		Race: ☐ White ☐ African American ☐ Mexican ☐ Native American/American Indian ☐ Puerto Rican ☐ Cuban ☐ Hispanic ☐ Asian American/Oriental ☐ Refugee Entrant ☐ Other				

Name: (First, Middle Initial, Last)		Social Security Number:		Full Name at Birth:		Mother's Full Name at her Birth:
Is this person applying for Medicaid? ☐ Yes ☐ No	Check all that apply: ☐ US Citizen ☐ Disabled ☐ Pregnant ☐ Emergency Services Only	Sex: ☐ Female ☐ Male Date of Birth:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated	How is this person related to the person on page 1? ☐ Child ☐ Spouse ☐ Other: ________	Currently attending school? ☐ Yes ☐ No If yes, what grade? ________	County/State where you were born:
Medicare Number, if applicable:		Race: ☐ White ☐ African American ☐ Mexican ☐ Native American/American Indian ☐ Puerto Rican ☐ Cuban ☐ Hispanic ☐ Asian American/Oriental ☐ Refugee Entrant ☐ Other				

Name: (First, Middle Initial, Last)		Social Security Number:		Full Name at Birth:		Mother's Full Name at her Birth:
Is this person applying for Medicaid? ☐ Yes ☐ No	Check all that apply: ☐ US Citizen ☐ Disabled ☐ Pregnant ☐ Emergency Services Only	Sex: ☐ Female ☐ Male Date of Birth:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated	How is this person related to the person on page 1? ☐ Child ☐ Spouse ☐ Other: ________	Currently attending school? ☐ Yes ☐ No If yes, what grade? ________	County/State where you were born:
Medicare Number, if applicable:		Race: ☐ White ☐ African American ☐ Mexican ☐ Native American/American Indian ☐ Puerto Rican ☐ Cuban ☐ Hispanic ☐ Asian American/Oriental ☐ Refugee Entrant ☐ Other				

3. Retroactive

Did you or anyone who lives with you receive medical services in the past 3 months? yes

Who? Wilma A McClain Which month(s)? June + July

In order for us to determine eligibility for these month(s), you are required to provide proof of income and resources for each month listed.

NO INCOME DAUGHTER paid bills

5. If your family does not have any source of income, explain in the space below how your household bills are being paid.

DAUGHTER pays the bills.

6. Does anyone in your family own the following? You must send proof of Assets/Resources with this application

Asset/Resource	Yes	No	Company name, address, and phone #; Account/Policy number; and/or Description	Who does it belong to?	What is the value?	How much is owed?
Cash on Hand	✓		$2.00		$	
Checking Account(s)	✓		SECURITY FEDERAL CLEARWATER, SC	WILMA A. McCLAIN	$	
Savings Account(s)		✓			$	
Certificate(s) of Deposit		✓			$	
Annuities/Trusts/Stocks/ Bonds		✓			$	
Home Property (location/description)	✓		DAUGHTER MAKES HOME PYMTS 140 FRONT ST BATH SC 29816	WILMA A McCLAIN + CITIFINANCIAL	$ APPROX. 26,000	$ APPROX 25,000
Other Property (location/description)		✓			$	$
Life/Burial insurance		✓			$	$
Burial Contracts		✓			$	$
Burial Plots		✓			$	$
Vehicles (make, model, year)	✓		1998 MERCURY VILLAGER	WILMA A McCLAIN	$	$ 0
Retirement Account		✓			$	$
Other (please be specific)					$	$

7. Do you pay someone to take care of your child(ren) under 12 and/or a dependent adult while you work or attend school?
☐ Yes ☑ No _____ Number of children under age 12 and/or dependent adults for whom you pay for care. **You must provide proof of this payment.**

8. Tell us about any health or medical insurance covering anyone for whom you are applying. Please send us a copy of the card(s), front and back. Include Medicaid in another state. Even if you already have health insurance, you can still qualify for Medicaid.

Insurance Company	Policy Number	Policyholder's Name	Policyholder's ID	Persons Covered	What type of coverage is this?

IMPORTANT

Check below to tell us what you attached.

- **Sending this information in with the application will help us to process your application faster.**
- **You must read and sign this form on the last page to complete your application.**

☐ Proof Of Income

- ☐ Copies of pay stubs for the **last 4 weeks for any adult person listed**; *or* a letter from employer that shows last 4 weeks of GROSS pay.
- ☐ A copy of the letter telling the gross amount of any benefits received (Social Security, Unemployment, VA, Workers' Compensation, etc.)
- ☐ Proof of all other income for the last 4 weeks, including child support.

NOTE: You may be required to apply for additional potential benefits, such as unemployment or Social Security Benefits.

☐ Proof of Assets/Resources listed in application.

☐ Proof of income/resources for the past 3 months if you have received medical services.

☐ Most recent income tax forms including all schedules, if you are self employed.

☐ Proof of due date from doctor, nurse, or Health Department for each pregnant woman.

☐ Verification of the childcare/dependent adult expenses (statement from daycare, receipt, etc.)

☐ Bureau of Citizenship and Immigration Services (BCIS) documents for each non-citizen applying for full Medicaid. Does not apply to Emergency Services Only.

☐ Original Documents of citizenship and identity for each US citizen applying for Medicaid. (If you have provided this information before, you do not have to provide it again.)

Other documents can be used to provide proof. If you are not sure what to send, call our toll-free line at 1-888-549-0820 for help.

The South Carolina Department of Social Services' Child Support Enforcement Division (CSED) provides services to establish paternity and child support, modify child support orders, and enforce support orders. Services are available to Medicaid beneficiaries without charge. I understand that if I check "no" and ask for child support services later, I will have to pay a $25 fee. I want to voluntarily apply for these services: ☐ Yes ☐ No

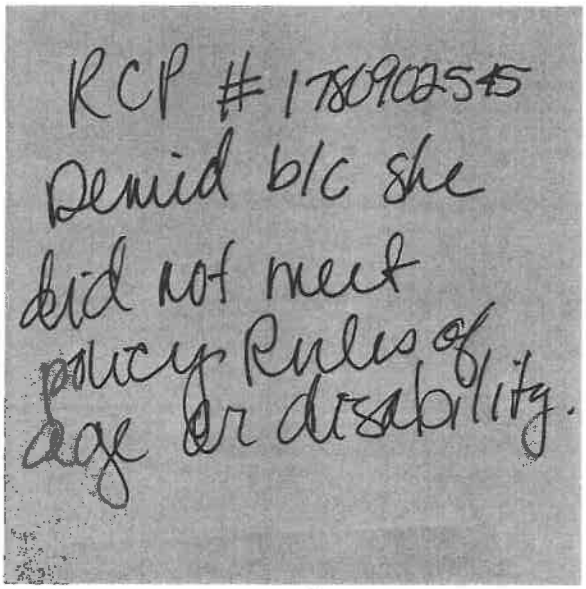
MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/06/08
MEDSPROD BUDGET GROUP DETERMINATION ACTION:
BUDGET GROUP PERIOD START: 07/23/08 END: PAGE: 1
HH NAME: MCCLAIN WILMA HH NUMBER: 101277556
BGN: 30198695 PCAT: ABD SPN: 0200 AIKEN Cty Elig ACT TYPE: MAINTENANC
BG: DENIED WKR: JALLE JENNIFER ALLEN ACT DATE: 07/29/08

BUDGET GROUP COUNT: 1

S	RCP NAME	A/NA	REL	AGE	BGM STA	REASON	EXCL	SANCTION
_	MCCLAIN WILMA	A	SELF		I	071		

RETRO MONTHS REQUESTED(Y/N): Y WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: JALLE DATE: 07/29/08 SYSTEM ID: ELD3000 DATE: 07/29/08
ME904660 BUDGET GROUP INFORMATION FOUND
PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST



Log # 0070

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 20, 2008

The Honorable J. Roland Smith
Member, South Carolina House of Representatives
District No. 84 – Aiken County
183 Edgar Street
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for contacting our agency on behalf of Ms. Wilma A. McClain regarding her healthcare needs and applications for Medicaid and Social Security Disability.

A member of our staff has been in direct contact with Ms. McClain to explain the eligibility requirements for Medicaid's Aged, Blind or Disabled program. We also provided Ms. McClain with contact information for the Social Security Administration to inquire about the status of her pending disability application.

To assist with her healthcare needs, we sent Ms. McClain material on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions and inpatient hospitalization.

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

Sincerely,

Emma Forkner
Director

EF/jcole

c: Columbia State Office and Aiken County Legislative Delegation Office

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 20, 2008

Ms. Wilma A. McClain
Post Office Box 213
Bath, South Carolina 29816

Dear Ms. McClain:

Representative Roland Smith contacted our agency on your behalf regarding your healthcare needs and applications for Medicaid and Social Security Disability.

Your Medicaid application under the Aged, Blind or Disabled (ABD) program is being re-opened for us to collect additional documentation regarding your disability claim. Jennifer Allen, your eligibility worker in our Aiken County office, sent you a checklist of documents she will need to process your Medicaid application.

To qualify for ABD, an individual must meet certain income and resource requirements. An individual under age 65 must also meet the Supplemental Security Income definition of blindness or disability as determined by the Social Security Administration (SSA). We understand you have applied for disability benefits with SSA. Should you be approved, please notify Ms. Allen at (803) 642-7507. To inquire about the status of your disability application with Aiken County SSA, please call (803) 648-2356 between 9:00 a.m. – 4:00 p.m.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs. We hope this information is helpful.

If you have any questions about the Medicaid program, please contact Denise Epps in Constituent Services at (803) 898-2505 or 1-888-549-0820 (toll-free), and she will be happy to assist you.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Acting Deputy Director

AJ/cole
Enclosures

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235