

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>9-11-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000234</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 9/18/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-20-06</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.			

JIM DEMINT
SOUTH CAROLINA

COMMITTEES:

COMMERCE, SCIENCE AND
TRANSPORTATION

DEPUTY MAJORITY WHIP

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510

(202) 224-6121

demint.senate.gov

United States Senate

August 30, 2006

ENVIRONMENT AND PUBLIC WORKS

SPECIAL COMMITTEE ON AGING

JOINT ECONOMIC COMMITTEE

RECEIVED

SEP 11 2006

Mr. Robert M. Kerr
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

I am writing to refer a matter involving my constituent, Robert P. Rinaldi, and his request for assistance obtaining Medicaid benefits from the Department of Health and Human Services. Enclosed is a copy of his letter for your review.

I would greatly appreciate your responding directly to Mr. Rinaldi about this issue. I have informed Mr. Rinaldi that I would refer him to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.

Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOMS HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

FROM : CARL MOODY

05/10/2006 21:45 FAX

FAX NO. : 843 887 3385

SENATOR-DEMINT-GVILLE

May. 11 2006 09:00PM P2

002/002

JIM DEMINT
SOUTH CAROLINA

DEPUTY MAJORITY WHIEP

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint@senate.gov

United States Senator

COMMITTEES:
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ENVIRONMENT AND PUBLIC WORKS
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JOINT ECONOMIC COMMITTEE

Privacy Act Release Form

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, ROBERT R. RIMMOLDI, do hereby authorize Senator Jim Demint and/or his staff to access the information necessary to assist me.

Signature:



Address:

805 Society Rd.
McLennanville, S.C. 29458

Telephone:

843-887-3476

Social Security Number:

046-46-7851

Brief explanation of situation:

WAS ~~DIAGNOSED~~ DIAGNOS
WITH CANCER, DON'T HAVE
INSURANCE AND BEEN OUT
OF WORK FOR 2 MONTH.
NEED IMMEDIATE HELP.

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? _____ Yes _____ No

If Yes, which Member?

CHARLESTON
112 CUSTOMS HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4325

COLUMBIA
105 NORTH SPRING STREET
SUITE 109
COLUMBIA, SC 29901
(843) 224-5265

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-4655
CMA / MT

Diagnosed
w/ Terminum
Cancer w/
less than 1yr
to live. Also
a wife & 3k

C Moody

Protective 4/28
filed 5/3
ENSet 4/20/06

#0234 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 18, 2006

Mr. Robert P. Rinaldi
805 Society Road
McClellanville, South Carolina 29458


Dear Mr. Rinaldi:

United States Senator Jim DeMint asked our agency to assist with your concerns regarding Medicaid eligibility and healthcare.

I am happy to report that you became eligible for Medicaid coverage under the Aged, Blind or Disabled program retroactively effective April 1, 2006.

If you have any questions about your Medicaid benefits, please call Ms. Delia Reel in our Charleston County Medicaid Office at (843) 740-5940, as she will be happy to assist you.

Sincerely,


Gary Ries
Deputy Director

GR/joe



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable Jim DeMint
Member, United States Senate
340 Russell Senate Office Building
Washington, DC 20510

Dear Senator DeMint:

Thank you for contacting us regarding Mr. Robert Rinaldi's Medicaid eligibility and healthcare concerns.

I am happy to report that Mr. Rinaldi became eligible for Medicaid coverage under our Aged, Blind or Disabled program retroactively effective April 1, 2006. We gave him the name and telephone number of his Medicaid eligibility worker in our Charleston County office if he has any questions about his benefits.

Thank you for your continued interest and support of the SC Medicaid program.
If I may be of further assistance on this or any other matter, please do not hesitate to contact me.

Sincerely,

Robert M. Kerr
Director

*Not sure we need
the Rinaldi letter.
DeMint asked us to
respond directly.*

RMK/joe

Office of the Director

P.O. Box 8206 • Columbia, South Carolina 29208-8206
Phone (803) 898-2504 • Fax (803) 255-8235

LEGISLATIVE LOG #	0234
LEGISLATOR/INQUIRER	Jim DeMint, United States Senator
CONSTITUENT	Robert P. Rinaldi
SSN	046-46-7851
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	9/11/2006
DATE DRAFT DUE GR	9/19/2006
LOG LETTER DUE DATE	9/20/2006
DATE REFERRED TO BC	9/13/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	9/13/2006	Jill	8-3936	Got letter from Alicia's box & gave to Mark to distribute (9am)
	9/13/2006	Jill	8-3936	Mark gave the file to Denise (11:15am)
	9/13/2006	Denise	8-2505	I spoke with both Mr. and Mrs. Rinaldi. They are aware that his ABD was approved retro to June 1, 2006, but his EW, Delia Reel, was going to see if it could be retro to April 1. I sent the EW an e-mail to see if that will be possible.
	9/14/06	"	"	Rec'd confirmation
				eligibility retro to 4/1/06.

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

Programs:

ABD	(32)	
Foster Children	(31,60)	
General Hospital	(14)	
HCBWS	(15)	
LIF	(59)	
MBCCP	(71)	
Nursing Home	(10)	
OSS	(85,86)	
PHC	(88)	
Pregnant Women & Infants	(12,87)	
QMB	(90)	
SILVERxCARD	(92)	
SLMB	(48,52)	
SSI	(80)	
TEFRA	(57)	
Transitional	(11)	
Working Disabled	(40)	

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.

Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)

If question about current status of a log letter, contact previous user.

Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.

Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker

From: Anna Smith
To: Delia Reel; Denise Epps
Date: 9/13/2006 3:19 PM
Subject: Re: robert rinaldi

Mr Rinaldi applied for the ABD Medicaid program on 06-01-06. The determination of his disability was made and returned to Ms Reel on 08-25-06. She has worked up the entire case and entered his coverage into the MEDS system starting April 2006. Social Security has determined the onset date of his disability to be 04-26-06. That is why he could not receive Medicaid for March 2006. If we can be of further assistance, please contact us.

>>> Delia Reel 09/13/06 2:54 PM >>>

Coincidentally, I have been working on this one today. Retro for April and May have been approved. I will call Mrs. Rinaldi to inform her, as promised.

Delia Reel

>>> Denise Epps 09/13/06 2:10 PM >>>

director robby kerr received an inquiry from us senator demint about this gentleman's medical application. i am preparing a response to both sen. demint and mr. rinaldi.

i spoke with both mr. rinaldi & his wife, diana, today after i saw in MEDS that his ABD was approved retro to June 1, 2006. however, diana told me that you were researching to see if his medical could be approved retro to April 1. can you tell me the status of this? his SS# is 046-46-7851.

many thanks,
denise

From: Della Reel
To: Denise Epps
Date: 9/13/2006 3:21 PM
Subject: Re: robert rinaldi

It's showing up on the eld02 screen and the recipient information screen now.

>>> Denise Epps 09/13/06 3:12 PM >>>
wonderful! i still need to followthrough on this logged letter for director kerr by responding to sen. demint & the rinaldis.

when do you anticipate this change will appear in MEDS?

>>> Della Reel 9/13/2006 2:54 PM >>>
Coincidentally, I have been working on this one today. Retro for April and May have been approved. I will call Mrs. Rinaldi to inform her, as promised.

Della Reel

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many thanks,
denise

From: Denise Epps
To: Delia Reel
Date: 9/13/2006 2:10 PM
Subject: robert rinaldi

CC: Anna Smith

director robbly kerr received an inquiry from us senator demint about this gentleman's medicaid application. i am preparing a response to both sen. demint and mr. rinaldi.

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many thanks,
denise

MMDRSS02

SC DHHS - RECIPIENT INFORMATION

09/13/06

NAME: ROBERT P RINALDI RECIP #: 9780279535 FAM #: 19251609
 ADDR: 805 SOCIETY RD SSCN (MCN/RRN):

MCCLELLANVILLE SC COUNTY: 18 PREFIX SSCN-MCN/RRN SUFFIX
 ZIP: 29458 RSP IND: 0 TPL: N FACIL: HH LIV ARR: HOME QUAL CAT: 50

PAT NO: DREEL DSSDLU: 08/29/06 VA: N RACE: 01 BIRTH: 06/14/1953
 HHSID: CLM20 HHSDLU: 09/08/06 POV: N ML DEP: 0 SEX: 1 DEATH: 00/00/00

MEDICAID ELIG INELIG PAY Q LS BUYIN-B ST ELIG BUYIN-A ST ELIG

CURR: 06/01/06 00/00/00 32 CURR: 0000 00/00 00/00 CURR: 0000 00/00 00/00

PRV1: 00/00/00 00/00/00 PRV1: 0000 00/00 00/00 PRV1: 0000 00/00 00/00

PRV2: 00/00/00 00/00/00 PRV2: 0000 00/00 00/00 PRV2: 0000 00/00 00/00

PRV3: 00/00/00 00/00/00 PRV3: 0000 00/00 00/00 PRV3: 0000 00/00 00/00

PRV4: 00/00/00 00/00/00 PRV4: 0000 00/00 00/00 PRV4: 0000 00/00 00/00

PRV5: 00/00/00 00/00/00 07/06 07/05 07/04

PRV6: 00/00/00 00/00/00 06/07 06/06 06/05

PRV7: 00/00/00 00/00/00 AM 4 3 0

PRV8: 00/00/00 00/00/00 HH 0 0 0

ESRD: REV IND: CP 0 0 0

ALT RECIP ID: MH

** INFORMATION SUCCESSFULLY RETRIEVED **

PF3->RSP SUMMARY PF4->INQUIRY PF5->FAMILY INFO PF9->LIST SKEL CLAIMS
 PF10->PREV MENU PF11->LIST FAMILY MBRS PF12->SKEL CLM INFO PF14->MCR INFO

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/14/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 06 / 2006 THRU: ____ / ____ PAGE: 2 OF 3

HH NAME: DIANA L RINALDI HH NUMBER: 100984972

BG NUMBER: 19251609 CATEGORY: ABD ACTION TYPE: MAINTENANCE

BG: A BGP: A WKR: DREEL DELIA REEL ACTION DATE: 09/13/06

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 609.41 COUNTABLE RESOURCES: 5656.24

INCOME LIMIT: 1100.00 RESOURCE LIMIT: 6000.00

POV-LVL: +.55 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N) : Y ACT ON DECISION COMPLETE? (Y/N) : Y

MEETS INCOME? (Y/N) : Y DECISION ACCEPTED DATE: 09/13/06

MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 08/29/07

MEETS OTHER CONDITIONS? (Y/N) : Y ANTICIPATED CLOSURE DATE: ____

REASON(S) FOR DENIAL/CLOSURE/CHANGE: ____

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) : -

APPEAL REQUEST DATE: ____ COUNTY DECISION UPHELD? (Y/N) : -

UPDATED: USER ID: DREEL DATE: 08/29/06 SYSTEM ID: ELD3000 DATE: 08/29/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDELD02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/14/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 06 / 2006 THRU: ____ / ____ PAGE: 3 OF 3

HH NAME: DIANA L RINALDI HH NUMBER: 100984972
 BG NUMBER: 19251609 CATEGORY: ABD ACTION TYPE: MAINTENANCE
 BG: A BGP: A WKR: DREEL DELIA REEL ACTION DATE: 09/13/06
 RCP NAME: ROBERT P RINALDI RCP NUMBER: 9780279535

PREVIOUS BG: _____ NEW BG: _____ CORRECT RCP NUMBER: _____
 IT: _ PING-PONG: _ RETRO: N EXPARTE: N QMB: N PROT PER DATE: _____
 ACTUAL ELIGIBILITY DATES

MEDICAID

--- BENEFIT DATES ---		-- MEDICAID+QMB DATES --		SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
06/01/2006						
05/01/2006	06/01/2006					
04/01/2006	05/01/2006					

UPDATED: USER ID: DREEL DATE: 08/29/06 SYSTEM ID: ELD3000 DATE: 08/29/06
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
 PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD