

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hutto</i>	DATE <i>8-9-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000070</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Supra</i> <i>cleared 8/19/13, letter</i> <i>attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-20-13</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.			

August 6, 2013

Mr. Robert French, Division of Appeals and Hearings
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

RECEIVED

AUG 08 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Medicaid Insurance Appeal for Hayden Lee Rosenbaum (DOB 4/3/94) BG# 69007317

Dear Mr. French:

I am writing to request a Fair Hearing regarding the decision of the SCDHHS to terminate Medicaid health benefits for Hayden Lee Rosenbaum.

We believe this decision is incorrect for the following reasons:

1. Hayden does qualify for Medicaid benefits. Hayden was diagnosed May 17, 2005 with Autism Spectrum Disorder by Leonard Goldschmidt J.D., Psy. D., Neuropsychologist and Forensic Psychologist. Independent evaluator of Horry County School District, Conway, SC and Psychiatrist Dr. Michael S. Loose, Lighthouse Out Patient Care Center of Conway, SC. (Copies of diagnosis may be found in Hayden's SCDDSN Files).
2. Hayden was diagnosed with type 1 Diabetes by his primary health care provider, Dr. Lance Lowe in December of 2010.

We request Hayden's Medicaid Insurance continue without interruption while we appeal this decision for the following reasons:

1. Hayden qualifies for Medicaid per disability criteria under the new DSM-V changes.
2. Medicaid health insurance is Hayden's only health coverage. We have no hope of obtaining medical coverage for Hayden prior to the Medicaid health benefit termination date, 9/01/2013. Enclosed is a notice of termination sent by SCDHHS worker Tamara Douglas.

Dropping Hayden's Medicaid benefits would be life threatening. He depends on his Medicaid coverage for life sustaining medications, ie; insulin and related supplies. In addition to his diabetes, Hayden suffers from an undiagnosed body rash, which is controlled by daily medication.

Thank you very much for your kind assistance in this matter.

Sincerely,


Lee and Barbara Rosenbaum
Parents



Hayden Lee Rosenbaum
Medicaid Beneficiary ID# 1780525118

Cc: Director Anthony E. Keck, SCDHHS

Notice That Medicaid Coverage Will End

RICHLAND COUNTY DHHS
P. O. Box 128
State Park SC 29147-0128

Date: 07/30/2013

Worker:

HAYDEN L ROSENBAUM
C/O BARBARA H. ROSENBAUM
18 ROSE HILL DRIVE
BLUFTON SC 29910

TAMARA DOUGLAS
Worker Phone: 803 741-1165
BG #: 69007317
HH #: 101085685

Medicaid coverage for the people listed below will end on 09/01/2013.

Beneficiary Name:

Beneficiary ID#:

HAYDEN L. ROSENBAUM

1780525118

Reason(s): Medicaid coverage will end because:

You have not met eligibility rules.

You may be eligible in another coverage group.

Manual/policy reference supporting this action: 305.04, 101.04.01

A copy of this reference is available upon request.

You may qualify for Medicaid under other programs if there has been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact your worker.
- Call 1-888-549-0820 or visit www.scdhhs.gov for an application.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form please contact your worker right away.

Fair Hearing

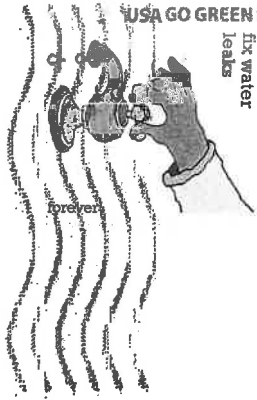
If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a fair hearing within 10 days of the date on this letter, you can ask in your request that your coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any benefits you received while your case was being reviewed.

Coenbaum
18 Rose Hill Drive
Bluffton, SC 29910

CHARLESTON SC 294

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Director Anthony Keck
SC DHH 5
PO Box 8206
Columbia, SC 29202-8206

29202-8206





August 19, 2013

FIRST CLASS MAIL

Lee and Barbara Rosenbaum
18 Rose Hill Drive
Bluffton, SC 29910

RE: Appeal for Hayden Lee Rosenbaum
Medicaid # 1780525118

Dear Mr. and Mrs. Rosenbaum:

I am writing in response to your appeal request dated August 6, 2013 to the SCDHHS Director, Mr. Anthony Keck.

The SCDHHS Division of Appeals and Hearings received the same letter on August 7, 2013. On August 9, 2013, I contacted Tamara Douglas, the Eligibility Worker that issued the decision ceasing Hayden's Medicaid benefits. As with all TEFRA Medicaid appeals, Ms. Douglas must create an appeal summary with supporting documentation which she will send to me and to you. As soon as I receive the appeal summary and supporting documentation from Ms. Douglas, Hayden's appeal will be assigned to a Hearing Officer who will schedule an evidentiary hearing at which you will be able to present testimonial and documentary evidence to prove to the Hearing Officer that the SCDHHS decision was incorrect based on Medicaid policy. Prior to the hearing, you will receive a copy of the medical evidence used by SCDHHS to determine that Hayden no longer meets the disability criteria necessary for TEFRA Medicaid benefits. These documents will aid you in presenting your case to the Hearing Officer.

If you have any questions regarding your appeal, please feel free to contact me directly at 803-898-2714.

Sincerely,



Robert French, Chief Hearing Officer
Division of Appeals and Hearings