DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Relog from Myers to Jacobs per Marya on 2/11/08

TO	DATE
Jacobs	2-8-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000416	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR *CD enclosed Cleared 2/13/08, letter attached.	[X] Prepare reply for appropriate signature DATE DUE 2-20-08 [ ] 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.			Relog to Alicia MK
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	2-8-08

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1.			
2.			
3.			
4.			

Log: Myers
Approv. Sign.

RECEIVED
FEB 08 2008
Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 31,2008
Donald J. Thornhill
1260 Scoop Circle
Sumter,SC 29153
803-968-0271

Dear Sir/Madam,

This letter is written to bring your prompt attention to my SSI Disability case. I have been awaiting a hearing by an administrative law judge since May, 2006. I actually applied in November 10, 2005. I have been receiving long-term disability checks from my former employer's insurance, from which my benefits will expire in February,2008. I consider my circumstances to be of DIRE need. I receive no other forms of compensation, benefits, or other monies. I have household bills, medical, and prescription drugs that I must have immediate payment for.
All appointments, forms, etc. have been met on a timely manner on my part.
My spouse does not work due to the fact of her concern about my staying alone.
Any help you could give concerning this matter, will be greatly appreciated!

My thanks in advance,

Donald J. Thornhill
Donald J. Thornhill

Recem Oct 17-06

SOCIAL SECURITY ADMINISTRATION

Refer To:
247-84-6595
Donald Jack Thornhill

Office of Disability Adjudication and Review
Suite 200
1927 Thurmond Mall Blv
Columbia, SC 29201
Tel: (803)799-7771 / Fax: (803)799-7987

Donald Jack Thornhill
1260 Scoop Circle
Sumter, SC 29153

Dear Donald Jack Thornhill:

We have received your request for a hearing before an Administrative Law Judge (ALJ). This letter tells you about the hearing process and things that you should do now to prepare for the hearing. We will mail a Notice of Hearing to you at least 20 days before the date of the hearing to tell you its time and place.

The Hearing

At the hearing, you may present your case to the ALJ who will hear and decide it. The ALJ will consider the issue(s) you have raised and the evidence now in your file and any additional evidence you provide. The ALJ may consider other issues as well and, if necessary, change parts of the previous decision that were favorable to you. The Notice of Hearing will state the issues the ALJ plans to consider at the hearing.

Because the hearing is the time to show the ALJ that the issues should be decided in your favor, we need to make sure that your file has everything you want the ALJ to consider. We can help you get needed evidence. After the ALJ reviews the evidence in your file, he or she may request more evidence to consider at your hearing.

Your Right to Representation

You may choose to be represented by a lawyer or other person. A representative can help you get evidence, prepare for the hearing, and present your case at the hearing. If you decide to have a representative, you should find one immediately so that he or she can start preparing your case.

Some private lawyers charge a fee only if you receive benefits. Some organizations may be able to represent you free of charge. Your representative may not charge or receive any fee unless we approve it.

See Next Page

We have enclosed the leaflet 'Social Security and Your Right to Representation.' We are also enclosing a list of groups that can help you find a representative.

If you get a representative, you or that person should call us to give us his or her name, address and telephone number. You also will need to complete our Form SSA 1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

Providing Additional Evidence

If there is more evidence you want the ALJ to see, get it to us as soon as possible. If you need help, you should immediately contact our office, your local Social Security office, or your representative (if you appoint one). Evidence you cannot get to us before the hearing may be brought to the hearing. You may ask the ALJ to issue a subpoena that requires a person to submit documents or testify at your hearing.

You May See The Evidence In Your File

If you wish to see the evidence in your file, you may do so on the date of the hearing or before that date. If you wish to review the file before the date of the hearing, please call us.

If You Have Any Questions Or You Change Your Address

If you have any questions please call or write us. You must notify us if you change your address. Our telephone number and address are shown on the first page of this letter.

Sincerely yours,

Albert A. Reed
Hearing Office Chief
Administrative Law Judge

Enclosures

Pub 05-10075
List of Groups

Medicaid Letter of Action

From: SUMTER COUNTY DHHS
P. O. Box 2547
Sumter SC 29151-0000

Date: 11/27/2006
Worker Name:
LANA BAIRD
Telephone: 803 773-5531
BG #: 39413642
HH #: 101156648
43 LBAIR

To: DONALD THORNHILL
1260 SCOOP CIRCLE
SUMTER SC 29153

Recipient Name:
DONALD THORNHILL

Recipient ID:
1780665241

Your application has been denied for: AGED, BLIND, DISABLED (ABD)

Reason for denial:

You do not meet policy rules of age or disability.

Since Social Security denied your disability, we must accept their decision.

Denied for the month(s) of: 10/2006

Manual/policy reference supporting this action: 102.06.01
102.06.02A

X You may ask for a fair hearing before the Department of Health and Human Services if you believe an error was made in processing your application.

To Request A Hearing from the Department of Health and Human Services

- Ask your Medicaid worker in writing within 30 days of this letter. Attach a copy of this letter to your request.

To Get Help with Your Hearing

- You may hire an attorney to help you
- You may have someone you know come to the hearing and speak for you
- Contact your Medicaid worker in person or by phone to get help in asking for a hearing

Social Security Administration

180/E96499

EXPLANATION OF DETERMINATION

Name of Claimant	NH's Name(if CDB or DWB Claim)	SSN	Type of Claim
DONALD J THORNHILL		247-84-6595	DIB

The following evidence, listed with receipt date, was used to decide this claim.

SC NEUROLOGICAL CLINIC, 03/08/06
DR AUSTON H GRAY MD, 03/09/06
PALMETTO FAMILY PRACTICE, 03/06/06

DR SIEGFRIED A WURSTER PHD PSYCHOLOGY Consultative Exam 05/05/06

We have determined that your condition(s) is not severe enough to be considered disabling. In deciding this, we considered the medical records, your statements and how your condition(s) affects your ability to work.

You state you are disabled and unable to work due to seizures, back and chest pain, memory loss, past history of stroke. You are not performing any substantial work now.

The evidence we received does not show you have limitations which affect your ability to work. Therefore, this claim is denied.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

RM/

GUARDIAN®

The Guardian Life Insurance Company of America

IF YOU HAVE ANY QUESTIONS CONTACT:
1-800-538-4583
P.O. BOX 26025
LEHIGH VALLEY, PA 18002-6025
OR WWW.GUARDIANLIFE.COM

CLAIM NO.: 000028806
EMPLOYEE NAME: DONALD J THORNHILL
EMPLOYEE ID:
POLICY NO.: 00385436
PLANHOLDER: PALMETTO SYNTHETICS, LLC
DATE: 01/02/2008

DONALD J THORNHILL
PO BOX 3711
SUMTER, SC 29151-3711

BENEFIT TYPE	DATES OF DISABILITY	NUMBER OF MONTHS/DAYS	GROSS BENEFIT	OFFSET TO GROSS BENEFIT	NET BENEFIT	DEDUCTIBLES			NET PAYMENT
						FICA SOCIAL SECURITY	FICA MEDICARE	FIT	
LTD	12/13/07-01/12/08	01/00	1950.00	0.00	1950.00	0.00	0.00	0.00	1950.00

OFFSETS	
TYPE OF OFFSET	AMOUNT OF OFFSET

ADJUSTMENTS		
TYPE OF ADJ.	PAYEE	AMOUNT OF ADJ.

MESSAGES:

OUR NEXT PAYMENT WILL BE THE FINAL PAYMENT ON YOUR DISABILITY CLAIM AS THE MAXIMUM BENEFIT PERIOD WILL BE EXHAUSTED.

Please Notice

EOB-LTD1-05

CHECK NO., AMOUNT AND PAYEE	000751947	$1950.00	DONALD J THORNHILL

SAVE THIS STATEMENT FOR TAX PURPOSES:

SEE REVERSE FOR IMPORTANT NOTICES.

GUARDIAN® The Guardian Life Insurance Company of America

Ongoing Physician's Statement of Disability

Send to: Group Long Term Disability Claims, P.O. Box 26925, Lehigh Valley, PA 18002-6925
For Customer Service: (800) 538-4583 Fax: (610) 807-6221 E-mail: Group_LTD_Claims@Guardianlife.com

AUTHORIZATION

I authorize any physician, medical practitioner, hospital, clinic, other health facility, consumer reporting agency, the Social Security Administration, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me. I understand that Guardian will use the information obtained by this authorization to determine eligibility for insurance or eligibility for benefits under an existing plan. Guardian will not release any information obtained to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be lawfully required or permitted, or as I may further authorize. I know that I may request and receive a copy of this authorization. I agree that a photocopy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for the duration of my claim.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In New York the person shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. In California, any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties." (HIPAA compliant)

Signature X Donald J. Thornbill Date 8/24/06

EMPLOYEE SECTION

1. Employee Name	2. DOB	3. Plan #	4. Social Security #
Donald J Thornbill	6/27/50		247-84-6595

5. Address	City	State	ZIP	6. Phone #
P.O. Box 3711	Sumter	S.C.	29151	(803)968-0683

7. Employer Name	8. Occupation
Palmetto Synthetics LLC	Electrical Maintenance

PLEASE ATTACH PERTINENT MEDICAL RECORDS INCLUDING BUT NOT LIMITED TO PROGRESS NOTES, DIAGNOSTIC TEST RESULTS, DISCHARGE SUMMARIES, OPERATIVE REPORTS, CONSULTATION REPORTS AND MENTAL STATUS EXAM (IF APPLICABLE). THIS WILL HELP TO EXPEDITE PROCESSING OF CLAIM AND REDUCE ADDITIONAL REQUESTS AND FOLLOW UP. YOUR PATIENT IS RESPONSIBLE FOR THE COST OF THE MEDICAL RECORDS.

PHYSICIAN SECTION

Completion of this form will help to expedite processing of the claim and reduce additional paperwork and follow up. Your patient is responsible for the cost of completing this form.

1. Current Diagnosis (including any complications) Partial complex seizure multi infarct dementia, general anxiety disorder — ICD9 or DSM IV Codes: 780.39 290.43, 300.02, 414.00

2. Subjective Complaints: Deminished capacity / cognitive ability, extreme anxiety, absence episodes

3. Medical evidence that substantiates or contributes to this patient's inability to work (please attach results of x-rays, MRI, EKGs, etc.)

CONDITION HISTORY

4. Frequency of visit/treatment for this condition: ☐ Weekly ☒ Monthly ☐ Other _____

5. Date of most recent visit/treatment for this condition: 7/25/06

6. Was this patient referred to you by another physician? ☐ Yes ☒ No If "Yes", please supply physician's complete name and address, specialty, phone # and fax #:

7. Did you refer this patient to another physician/or provider for treatment of this or a related condition? ☒ Yes ☐ No
If "Yes", please supply the physician's/provider's complete name and address, specialty, phone # and fax #:

8. Please supply complete name, address and specialty of any other treating physicians or hospitals including phone # and fax #.

Name	Specialty	Address	Phone #	Fax #	Treatment From	Treatment To
Dr Shissis	Neurology	Columbia SC	(803)254-6391	803/779-8282	8/30/05	/ /
Dr Grey	Psyc	Sumter SC	803 (803)905-5650		12/12/05	/ /
					/ /	/ /

If additional space is needed, please attach a separate sheet

GG-014468 (10/00) (Please complete other side)

TREATMENT

9. Describe this patient's current treatment program: (including any surgeries with date and CPT codes) _____

What is the anticipated duration of the treatment program? _____

Medications _____ Counseling _____

Therapies _____ Vocational rehabilitation _____

PROGRESS

10. What is the anticipated prognosis for medical stability? ___/___/___

11. Patient has ☐ Recovered ☒ Not Changed ☐ Improved ☐ Retrogressed

12. Patient is ☒ Ambulatory ☐ House Confined ☐ Other _____ ☐ Bed Confined ☐ Hospital Confined

13. Has patient been released to return to work? ☐ Yes ☒ No

If "Yes", date patient was released to return to work? ___/___/___ ☐ Part Time ☐ Usual Occupation ☐ Full Time ☐ Other Occupation ☐ Other _____

14. If not yet released to return to work, when do you anticipate a release? ___/___/___ ☐ Part Time ☐ Full Time ☒ Never

15. Physical LIMITATIONS that preclude RETURN TO WORK

- ☐ Class 1 No limitation of functional capacity; capable of heavy work* no restrictions (0-10%)
- ☐ Class 2 Medium manual activity* (15-30%)
- ☐ Class 3 Slight limitation of functional capacity; capable of light work* (35-55%)
- ☐ Class 4 Moderate limitations of functional capacity; capable of clerical/administrative (sedentary*) activity (60-70%)
- ☐ Class 5 Severe limitations of functional capacity; incapable of minimal (sedentary*) activity (75-100%)

Remarks

*As defined in the Federal Dictionary of Occupational Titles

16. Degree of mental/nervous impairment Current GAF (Global Assessment of Functioning) _____/90 Please attach mental status exam.

Axis 1 _____ Axis 3 _____

Axis 2 _____ Axis 4 _____

17. Do you believe that this patient is competent to endorse checks and direct the use of the proceeds? ☐ Yes ☐ No

18. Degree of Cardiac Functional Capacity (American Heart Association)

☐ Class 1 (No Limitation) ☐ Class 2 (Slight Limitation) ☐ Class 3 (Marked Limitation) ☐ Class 4 (Complete Limitation)

Please supply patient's: height _____ weight _____ blood pressure _____

PLEASE ATTACH PERTINENT MEDICAL RECORDS INCLUDING BUT NOT LIMITED TO PROGRESS NOTES, DIAGNOSTIC TEST RESULTS, DISCHARGE SUMMARIES, OPERATIVE REPORTS, CONSULTATION REPORTS AND MENTAL STATUS EXAM (IF APPLICABLE). THIS WILL HELP TO EXPEDITE PROCESSING OF CLAIM AND REDUCE ADDITIONAL REQUESTS AND FOLLOW UP. YOUR PATIENT IS RESPONSIBLE FOR THE COST OF THE MEDICAL RECORDS.

PHYSICIAN INFORMATION

19. Physician's Name	20. Degree	21. Specialty
Cindy Reese	M.D.	Family Practice

22. Address	23. City	24. State	25. ZIP
115 N Sumter St Suite 315	Sumter	SC	29150

26. Telephone #	27. Fax #	28. Tax ID #
(803) 934-0810	(803) 934-0809	57-1099844

29. Remarks

FRAUD NOTICE

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. This includes Employee and Attending Physician portions of the form.

Signature of Physician (no stamp) _____ Date 8.24.06

WAL-MART PHARMACY (Store # : 511)

1283 BROAD ST, SUMTER, SC, 29150-0000
Phone : (803)905-5510

PRESCRIPTION PRICE QUOTE

Date: 09/17/2007

Quantity	Prescribed Drug		Price	Generic	Generic Price	Savings
120	OMACOR 1GM CAP	Donald	$158.72		—	
90	CLONIDINE 0.1MG TAB	Donald	$12.00			
60	TOPROL XL 50MG TAB	Donald	$60.46	METOPROLOL 50MG ER TAB	$49.72	$10.74
60	CLONAZEPAM 1MG TAB	Donald	$23.46			
60	SULINDAC 150MG TAB	Donald	$24.88			
120	PROPO-N/APAP 100-650TAB	Patti (wife)	$39.68			
90	CLONIDINE 0.1MG TAB	Patti (wife)	$12.00			
60	DEPAKOTE ER 500MG TAB	Donald	$159.72			
30	ISOSORB MONO 30MG ERTAB	Donald	$4.00			
240	TRAMADOL HCL 50MG TAB	Donald	$16.00			
50	LORAZEPAM 0.5MG TAB	Donald	$23.68			
30	NEXIUM 40MG CAP	Donald	$165.78			
90	LYRICA 75MG CAP	Donald	$193.62			
30	PRAVASTATIN 20MG TAB	Donald	$4.00			
10	TESTOST CYP 200MG/MLINJ	Donald	$112.88			
10	CYANOCOBALAM 1000MCGINJ	Donald	$11.54			
100	REL-SYRING 0.3CC/30GSYG	Donald	$12.58			
	Lasix Oct 2 07	Donald	4.00			

Sub

Total Best Price **$1,024.26**

Log 0416

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 13, 2008

Mr. Donald J. Thornhill
1260 Scoop Circle
Sumter, South Carolina 29153

Dear Mr. Thornhill:

We received your request for an expedited hearing regarding the denial of your Supplemental Security Income (SSI) disability application.

SSI is administered by the Social Security Administration (SSA), and we contacted the SSA Office of Adjudication and Review and were told that a hearing has not yet been scheduled. To find out the status of your appeal, please call SSA at (803) 799-7771.

We are returning your packet of material to you in case you want to send this information to SSA. Their mailing address is: 1927 Thurmond Mall Blvd., Suite 200, Columbia, SC 29201, and their fax number is: (803) 799-7987.

Our records indicate you applied for Medicaid benefits through our Aged, Blind or Disabled (ABD) program but were denied eligibility in November 2006, because we are required to adopt SSA's disability decision. Medicaid uses the same disability rules as SSA to determine eligibility for its ABD program.

In the meantime, we have enclosed information on other programs and organizations that can assist with your healthcare services, prescription medications and daily living needs. If you have questions about the Medicaid program or the enclosed material, please call Denise Epps at (803) 898-2505 or 1-888-549-0820 (toll-free). We hope this information is helpful.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Interim Deputy Director

AJ/code

Enclosures

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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Relog from Myers to Jacobs per Marya on 2/11/08

TO	DATE
Jacobs	2-8-08

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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. [signature]	2-12-08		Relog to Alicia 2/11/08 MK
2. [signature]	2/12/08		
3.			
4.			

EDIT

Constituent ID: 1352

Closed? ☐

Date Closed

Source: Blue Log

Log No.: 0416 Due Date: 2/20/2008

Print this Form

Constituent Notes

SSN: 247-84-6595

MEDICAID ID: 0000000000

First Name: Donald MI: J Last Name: Thornhill

Constituent Phone(s): (803) 968-0271 ( ) -

Constituent Phone Extension:

HIPAA Authorization: Verbal

Reason for Referral: S S I

Staff ID: 4 Staff First Name: Denise Staff Last Name: Epps

Point of Contact:

Authorized Rep:

Rep Phone: ( ) -

Relationship:

Legislator/ Other:

Entry Date: 2/11/2008

Last Update: 2/11/2008

Last Update User: EPPSDEN

Apply Cancel Close

Constituent# 1352

Notes ID	Entry Date	Last Update	Notes
3929	2/11/2008	2/11/2008	Drafted response letter & gave to Bob for edits before giving to Jenny for approval. EPPSDEN 2/11/2008 3:04:14 PM
3918	2/11/2008	2/11/2008	SSA has attorney representation listed for Mr. Thornhill for 18 mos (Brett Albren of Massachusetts) however, Mr. Thornhill plans to terminate his representation because he has not done one thing to assist his disability case. Also, Atty. Albren actually represents his former employer and was hired to recoup their monies. The representative at SSA told me that he could be in a catch 22 situation because once someone's had legal representation for that long, even if their services are terminated, monetary compensation may still be required for that legal representation. I passed this information along to the Thornhills so they will seek advice as to what they need to do next. Besides returning their packet of information, I mailed healthcare and daily living need resources and told them if he wins his appeal and is found legally disabled, to let our Sumter Cty DHHS ofc know as he may be eligible for APD

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
3918	2/11/2008	2/11/2008	EPPSDEN	SSA has attorney representation listed for Mr. Thornhill for 18
3917	2/11/2008	2/11/2008	EPPSDEN	I spoke with Mr. Thornhill who gave me permission to speak
3903	2/11/2008	2/11/2008	LYNCHJEN	Appears to be strictly SSI. We can offer our resources. To [

EDIT

Case Notes ID: 3918

Constituent Data

Constituent ID: 1352

SSN: 247846595

MEDICAID: 000000000000

First Name: Donald

Middle Initial: J

Last Name: Thornhill

Legislator / Other:

Notes: SSA has attorney representation listed for Mr. Thornhill for 18 mos (Brett Albren of Massachusetts) however, Mr. Thornhill plans to terminate his representation because he has not done one thing to assist his disability case. Also, Atty. Albren actually represents his former employer and was hired to recoup their monies. The representative at SSA told me that he could be in a catch 22 situation because once someone's had legal representation for that long, even if their services are terminated, monetary compensation may still be required for that legal representation. I passed this information along to the Thornhills so they will seek advice as to what they need to do next. Besides returning their packet of information, I mailed healthcare and daily living need resources and told them if he wins his appeal and is found legally disabled, to let our Sumter Cty DHHS ofc know as he may be eligible for ABD.

Staff Data

Staff ID: 4

Denise | Epps

Spell Check

Grammar Check

Print this Form

Entry Date: 2/11/2008

Last Update: 2/11/2008

Last Update User: EPPSDEN

Record : 1 / 3

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
3917	2/11/2008	2/11/2008	EPPSDEN	I spoke with Mr. Thornhill who gave me permission to speak
3903	2/11/2008	2/11/2008	LYNCHJEN	Appears to be strictly SSI. We can offer our resources. To I

EDIT

Case Notes ID: 3917

Constituent Data

Constituent ID: 1352

SSN: 247846595

MEDICAID: 000000000000

First Name: Donald

Middle Initial: J

Last Name: Thornhill

Legislator / Other:

Notes:

I spoke with Mr. Thornhill who gave me permission to speak with Patricia, his wife. I also spoke several times with a rep at SSA Ofc of Adjudication & Review. No hearing has been scheduled even though it's been 18 mos. since a hearing was requested. The "dire need request" and background packet the Thornhills sent Dr. Burton at DHHS I will return to them in today's mail, as they requested. They also sent this same packet to Graham, DeMint and another legislator. Those packets were probably correctly forwarded to the SSA ofc; whereas, the one we rec'd was not. I gave the Thornhill's the phone # for SSA Ofc of Adjudication & Review (803.799.7771) as well as their mailing address: 1927 Thurmond Mall Blvd., Suite 200, Columbia, SC 29201. I offered to send it to SSA but they wanted it returned to them & would call them to discuss what needs to be done.

Staff Data

Staff ID: 4

Denise | Epps

Spell Check

Grammar Check

Print this Form

Entry Date: 2/11/2008

Last Update: 2/11/2008

Last Update User: EPPSDEN

Record : 1 / 2

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/11/08
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
DATES-FROM: 10 / 2006 THRU: __ / ____ PAGE: 2 OF 3
HH NAME: DONALD THORNHILL HH NUMBER: 101156648
BGN: 39413642 PCAT: ABD SPN: ____ _____ ACT TYPE: MAINTENANCE
BG: D BGP: D WKR: LBAIR LANA BAIRD ACT DATE: 11/22/06
COUNTABLE BG MEMBERS: 2
COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 1100.00 RESOURCE LIMIT: 6000.00
POV-LVL: +.00 % HLTH INS PREM: 0.00
RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
MEETS NON-FINANCIAL? (Y/N): N ACT ON DECISION COMPLETE? (Y/N): Y
MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 11/22/06
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 11/22/07
MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____
REASON(S) FOR DENIAL/CLOSURE/CHANGE:
071 You do not meet policy rules of age or disability.
031 Since Social Security denied your disability, we must accept their decision
ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _
APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _
UPDATED: USER ID: LBAIR DATE: 11/22/06 SYSTEM ID: ELD3000 DATE: 11/22/06
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

From: Alicia Jacobs
To: Lena Girgis; Vastine Crouch
Date: 2/5/2008 10:36:44 AM
Subject: Re: Donald J. Thornhill

Looking in MEDS, it appears that his wife, Patricia Thornhill was denied ABD due to disability in Nov.

>>> Vastine Crouch 02/05/08 9:24 AM >>>
I've reviewed the letter and attachments Lena brought to Appeals. I've also run his name through our database, with no match.
The only thing in his packet that connects to Medicaid is a Nov. 2006 ABD denial due to his prior SSA denial. His cover letter seems to be a request for some type of expedited decision, since his long-term disability insurance payments are running out this month. My assumption is that he meant this for the U.S. Department of Health and Human Services (SSA), since other documentation in his packet refers to an SSA Administrative Law Judge appeal.
Bottom line, nothing here that has anything to do with DHHS Appeals and probably nothing to do with Medicaid.