

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>2-8-12</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000306</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Post, Lynch, Mr. Post</i> <i>closed 2/9/12, see attached e-mail.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-17-12</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.			<i>Give to Jenny Li on 2/15/12 for a detail response. by</i>
2.	<i>Follow-up</i>	<i>Supra.</i>	
3.	<i>Also - need to do</i>	<i>Find</i>	
4.			<i>Review of all standard comments w/ charts (from letters etc.) for</i>

*And how many  
per month?*

*ease of understanding, etc.*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Supra</i>	DATE <i>2-8-12</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOC NUMBER  <i>001306</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  <i>cc: Post, Lynch, Mr. Post          closed 2/9/12, see          attached e-mail</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-17-12</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.			

**Nikki G. Setzler**

South Carolina Senate District 26  
Lexington, Aiken and Saluda Counties

510 Grassette Senate Office Building

Post Office Box 142

Columbia, South Carolina 29202

Telephone: (803) 212-6140

Fax: (803) 212-6299



Committees:  
Banking and Insurance  
Education  
Finance  
Labor, Commerce and Industry  
Interstate Cooperation

January 31, 2012

Mr. Bryan Kost

SC Department of Health and Human Services

Post Office Box 8206

Columbia, South Carolina 29201-8206

Dear Bryan:

Attached please find a copy of a letter that I recently received from Ms. Margaret Hoover in regard to Medicaid for David Scott Browder. It is my understanding that Senator DeMint has also been contacted in this regard.

Any assistance you can render will be greatly appreciated. Please feel free to communicate directly with Ms. Hoover in regard to anything that you may need.

Sincerely,

A handwritten signature in blue ink that reads "Nikki".

Nikki G. Setzler

Enclosure

cc: Ms. Margaret Hoover, 672 Willowood Parkway, Chapin, S.C. 29036

*From the desk of*  
**MARGARET HOOVER**  
672 Willowwood Parkway  
Chapin, SC 29036  
----Phone: 803-926-9260 (O) 803-318-2797 (C)----

January 26, 2012

FAX TO: U.S. Sen. Jim DeMint/FAX # 864-271-8901  
S.C. Senator Nikki Setzler/ FAX # 803-212-6299

RE: REQUEST FOR YOUR INTERVENTION/HELP ON:  
Medicaid Reconsideration Request/Tracking #: 1535054302  
Before U.S. Social Security Administration  
For: David Scott Browder  
672 Willowwood Parkway  
Chapin, SC 29036

Senators DeMint and Setzler—

Senators...I know the both of you are swamped with many requests such as this one, but...I urgently ask your help in expediting the pending request by my grandson—David Scott Browder—for reinstatement of his Medicaid benefits.

As is of record—my grandson was involved in a near-fatal auto accident on June 23, 2010 that left him with severe brain and spinal injuries that have not only required major surgeries and therapy but which require—to this date and for the rest of Scott's life—ongoing medical care and monitoring, critical medication and/or future surgery(ies). As detailed background input for you on this—I'm enclosing with this fax my son's email sent on September 22, 2011 to the U.S. Social Security Administration asking for reconsideration of the ruling by SSI which denied my son disability.

And, yes—I understand (and I know you understand) that there is both an "apple" matter involved here—the disability reconsideration—as well as an "orange" matter—the request for reinstatement of Scott's Medicaid benefits.

We are exhausting the proscribed remedies available in the matter of the disability, but we urgently need your help now on the matter of getting Scott's Medicaid benefits reinstated. (PLEASE UNDERSTAND...SCOTT CRITICALLY NEEDS BOTH—THE MEDICAID AND THE DISABILITY !)

And we respectfully submit that:

--Scott and I are fully willing to answer any and all questions you or your staffs may have for us in this matter; and

--Scott is not a quitter and he's not looking for a "hand-out"...rather—as is clinically documented—Scott is severely injured and disabled—he continues to critically need Medicaid as he copes day to day with trying to work back toward a modicum of functionality; and

--Further--Scott has applied for and been excepted to Columbia International University for next school year—but his injuries prevented him from getting direly-needed scholarships because he was not able—due solely to his injuries—to score high enough on the SAT; so...

--Know that Scott is doing all in his power to...help himself; and

--Finally...let there be no doubt that Scott has no father or mother available to provide care or financial support to him—his sole support is myself—his grandmother—and my income is severely limited. I have, in fact, had to leave my career position to spend much of the past 19 months since the accident literally living at rehab with my grandson and overseeing him and his therapy, and—to this date and into the future—I will be the only "provider" for my grandson.

So...we would greatly appreciate your intervention in this matter with both SSI and S.C. Health and Human Services to see that Scott's Medicaid application is duly processed and approved.

With grateful thanks for your help in the past and earnest hope that you can further assist now, I am...

Sincerely,  
  
Margaret Hoover

Social Security  
Online

## Disability Appeal

[www.socialsecurity.gov](http://www.socialsecurity.gov)

Name: David Scott  
Browder, I  
SSN: xxx-xx-2285

### Print your reentry number and receipt

To print or save this page, please use your browser's Print button or File menu commands.

You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.

During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. Select "Next" to continue.

**Your reentry number is:**

**37624363**

To continue with this appeal later, go to  
[www.socialsecurity.gov/disability/appeal](http://www.socialsecurity.gov/disability/appeal) and select  
"Go Back to the Appeal You Already Started."

Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.

Social Security employees cannot access your reentry number.

### Receipt of Request for Hearing

We received your Request for a hearing by Administrative Law Judge on January 10, 2012, at 12:25:37 pm Eastern Time.

This is your receipt for the request portion of your appeal. Contact Social Security within ten days after January 10, 2012 if any of the information below is not correct.

Claimant's name is David Scott Browder, I. The Claimant's mailing address is 672 Willowood Pkwy, Chapin, SC 29036. The Claimant's phone number is (803)530-4246.

Att: Senator Setzler

Pages: 13

Ref: Medicaid Cancellation Dispute with no response  
from DHHS

I am sending letters from Social Security and a  
signed Privacy release notice.

I am also sending the notices for cancellation of her  
medicaid and the notice that shows  
she still qualifies under the Pickle Amendment.

If you need anything else please let me know.

Thank You



Brandy Bradley

for Kathy Bradley

bbrad044@gmail.com

803-926-9260 (7a-3:30p)

803-234-6852 (4p-10p)

*From the desk of*  
**BRANDY BRADLEY**  
2208-Airport Boulevard  
West Columbia, SC 29170  
---Phone: 803-926-9260 (O) 803-234-6852 (H)---

February 2, 2012

FAX TO: U.S. Sen. Jim DeMint/FAX # 864-271-8901  
S.C. Senator Nikki Setzer/FAX # 803-212-6299

RE: URGENT NEED FOR HELP ON:  
DHHS Cancellation of Medicaid and Non-Response By DHHS to  
Ms. Kathy Bradley  
1156 Lillie Avenue  
West Columbia, SC 29172  
Phone: 803-234-6852 (H)

Senators—we have hit a brick wall with the Department of Health and Human Services (DHHS) that we urgently need your help on...specifically see the fax letter of January 30, 2012 which I sent to Lexington County DHHS.

And clearly, Senators, the bigger need is that DHHS is telling us that they are terminating my mother's entitlement to Medicaid a/o 1/31/12...this when both the proven and documented statements from my mother's physician and her medical records show that she is entitled to Medicaid and that it should not be terminated.

Next...we have—as my fax to DHHS of January 30 cites—made repeated attempts to get my mother's DHHS caseworker and/or the DHHS staff to phone us back and these have failed...the DHHS phone system keeps turning us over to an option that gives us only a busy signal—no one answers, we get the same when we call back, and...DHHS has not phoned us back.

And—I cannot thank you and all of your staff enough for the help y'all have given us in this matter in the past—but this is critical for my mother in that her medications are literally lifesustaining for her and we are at risk now of not being able to get them!

We will certainly and gladly provide any further input you/SSA may need, and we look forward to hearing from you. With grateful thanks, I am...

Sincerely,

Brandy Bradley



*From the desk of*  
**BRANDY BRADLEY**  
2208-Airport Boulevard  
West Columbia, SC 29170  
---Phone: 803-926-9260 (O) 803-234-6852 (H)---

January 30, 2012

FAX TO: S.C. Department of Health and Human Services/FAX # 803-785-8564

RE: URGENT NEED FOR CASEWORKER CONTACT

Kathy O. Bradley

HH#: 101504179

Medicaid ID# 3533948101

I am Brandy Bradley—daughter of and holder of both general and medical powers-of-attorney for my mother—Ms. Kathy O. Bradley.

Presently—Ms. Kathy O. Bradley has two urgent needs:

—First—she clearly needs—and her medical records and physician attest to this—to be continued in full entitlement to Medicaid—which we are being told would cease a/o January 31, 2012 unless certified to continue; and

—I have tried repeatedly to state to Lexington County DHHS—and specifically to her case worker—that my mother is entitled to be continued in Medicaid both based upon her documented medical records and physician certifications AND due to the federal Pickle Amendment (cy of guidance on the Pickle Act as sent to us is attached). In my efforts...I have repeatedly phone Lexington County DHHS at the phone # I was given for that agency and I keep getting passed over by the DHHS phone messaging system to a...constant busy signal. No one has contacted us and we specifically—and respectfully—ask now that my mother's DHHS caseworker phone me directly (our phone #s are listed above).

We are genuinely grateful for what DHHS has done for us. We know you are under a heavy caseload and stay busy. But—please contact us immediately because my mother cannot sustain her life-saving medications without entitlement to Medicaid.

With grateful thanks for your immediate attention to this matter, I am...

Sincerely,

  
Brandy Bradley

January 13, 2012

Lexington DHHS  
605 W. Main St.  
Lexington, SC 29072-2503

Ref: ID # 3530948101 Kathy Bradley  
Re-application

To Whom It May Concern:

I am sending a re-application for medicaid for Kathy Bradley which is due to expire on February 1, 2012. According to the letter received (which is included) her medicaid is being terminated because she does not receive SSI anymore. However, we wish to dispute this reason because she is on disability and receiving Social Security (letters included).

We are requesting an emergency extension because she is diabetic and bipolar and cannot be without her medication nor stop seeing her doctors.

Included are papers on her house which is in her name as well as her deceased husband's name, the light bill with her address, and the cable/phone bill with her address—all these bills she pays from her disability check every month.

If you need anything else or have questions please contact me at 803-926-9260 or my mom-Kathy Bradley- at 803-234-6852.

Thank You,  
Brandy Bradley

## Letter of Termination

Date: 01/04/2012

Payee Name: BRANDY LUNETIA BRADLEY  
Recipient Name: KATHY ODOM BRADLEY  
Mailing Address: 2208 AIRPORT BLVD  
COLUMBIA SC 29170-3117

Budget Group: 21777919  
HH#: 101504179  
ID Number: 3530948101  
SS Number:

The Social Security Administration has told us that your Supplemental Security Income (SSI) check has stopped. Your Medicaid will stop, too. Your Medicaid will end on 02/01/2012. This action is required by the code of Federal Regulations Section 435.1003 and Medicaid Policy Manual section 9.02.02.

If you disagree with the decision to stop your SSI check you should contact your local Social Security office at once to ask for a hearing.

You may continue to get Medicaid if you:

- Are a patient in a hospital or nursing home;
- Need nursing home care or intermediate care in a mental retardation facility, but you decide to stay home and receive Home and Community Based services;
- Live in a licensed residential care facility;
- Are a pregnant woman or child under age 19 or have children living with you; or
- Are 65 or older, blind, or disabled and have low income.

You may be eligible for Medicaid to pay your Medicare Part B premium if you have low income.

If you believe you may be eligible because you may meet one of the groups described above, you should contact your county Department of Health and Human Services at:

Address: Lexington DHHS  
605 W. Main Street  
Lexington SC 29072-2503

Telephone: 803 785-2966

If your SSI check has not stopped, contact your county Department of Health and Human Services at once.

78-8564 fax  
DATE: 01/17/2012  
HH#: 101504179

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
POST OFFICE BOX 100223  
COLUMBIA, S.C. 29202

KATHY O BRADLEY  
2208 AIRPORT BLVD  
WEST COLUMBIA SC 29170

IMPORTANT NOTICE ABOUT YOUR MEDICAID ELIGIBILITY

IF YOU ONCE RECEIVED SSI BENEFITS, YOU SHOULD READ THIS IMPORTANT NOTICE ABOUT YOUR POSSIBLE ELIGIBILITY FOR MEDICAID BENEFITS. A FEDERAL LAW CALLED THE PICKLE AMENDMENT APPLIES TO PERSONS WHO MEET THREE TESTS:

- (1) THEY NOW RECEIVE SOCIAL SECURITY BENEFITS; AND
- (2) THEY USED TO RECEIVE SSI BENEFITS, BUT DO NOT RECEIVE THEM NOW; AND
- (3) THEY RECEIVED BOTH A SOCIAL SECURITY AND AN SSI CHECK IN THE SAME MONTH IN AT LEAST ONE MONTH SINCE 1977.

SOCIAL SECURITY HAS TOLD US THAT YOU LAST RECEIVED SSI IN 07/2011.

IF YOU MEET THESE THREE TESTS, IT MAY BE POSSIBLE FOR YOU TO GET THE SAME MEDICAID BENEFITS YOU RECEIVED WHEN YOU WERE GETTING SSI. TO FIND OUT IF YOU ARE ELIGIBLE FOR MEDICAID, YOU (OR SOMEONE ACTING IN YOUR BEHALF) SHOULD CONTACT YOUR COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS). TAKE THIS LETTER WITH YOU WHEN YOU GO. ALSO, TAKE DOCUMENTATION OF YOUR CURRENT INCOME AND RESOURCES WITH YOU.

FOR MORE INFORMATION OR IF YOUR ADDRESS CHANGES, CONTACT YOUR LOCAL DHHS OFFICE AT:

ADDRESS Lexington DHHS  
605 W. Main Street  
Lexington SC 29072-2503

TELEPHONE: 803 785-2991

PLEASE NOTE THAT TO APPLY FOR MEDICAID UNDER THE PICKLE AMENDMENT, YOU OR YOUR REPRESENTATIVE MUST GO TO YOUR LOCAL DHHS OFFICE.

**Social Security Administration  
Retirement, Survivors and Disability Insurance  
Notice of Award**

Southeastern Program Service Center  
1200 Rev. Abraham Woods, Jr. Blvd.  
Birmingham, AL 35285-0001  
Date: July 5, 2011  
Claim Number: 247-23-0893W

000064 MCGM73 N3 2 120  
KATHY O BRADLEY  
1156 LILLIE AVE  
WEST COLUMBIA, SC 29172-2158

You are entitled to monthly disabled widow's benefits beginning December 2010.

**The Date You Became Disabled**

We found that you became disabled under our rules on July 1, 2010. This is different from the date given on the application.

Also, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is December 2010.

**What We Will Pay And When**

- You will receive \$953.00 for July 2011 around August 24, 2011.
- After that you will receive \$953.00 on or about the fourth Wednesday of each month.

The day we make payments on this record is based on MARTY J BRADLEY's date of birth.

**Other Government Payments Affect Benefits**

We are withholding your Social Security benefits for December 2010 through June 2011. We may have to reduce these benefits if you received Supplemental Security Income (SSI) for this period. When we decide whether or not we will have to reduce your Social Security benefits, we will send you another letter. We will pay you any Social Security benefits you are due for this period.

Enclosure(s):  
Pub 05-10153  
Pub 05-10058

C

See Next Page

**Social Security Administration**  
**Supplemental Security Income**  
Notice of Change in Payment



008013 1 AT 0.365 0036 LTR T16 MO2 0711

**KATHY ODOM BRADLEY**  
2208-A AIRPORT BLVD  
W COLUMBIA SC 29170-3117

**SOCIAL SECURITY**  
1835 ASSEMBLY ST  
117HELSTHURMOND FED B  
COLUMBIA SC 29201  
Date: July 18, 2011  
Claim Number: 251-17-3148 DI

**Type of Eligibility:**  
Individual-Disabled

We are writing to tell you about changes in your Supplemental Security Income (SSI) payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for months in the past. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

**Your Payments Will Be Changed As Follows:**

From	Through	Amount Due Each Month
January 1, 2011	May 31, 2011	\$449.34

**Your SSI Is Based On These Facts**

- You first became disabled in July 2010.
- You had monthly income which must be considered in figuring your eligibility as follows:

The food or shelter you got from someone. We value the food or shelter at \$244.66 for January 2011 through February 2011.

SSA-18100

See Next Page

g'd

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### Information About Your Back Payments

- We owe you back SSI payments of \$2,246.70 for January 2011 through May 2011. Because of the large amount, the law says we cannot pay all of the money in one lump sum. Instead, we must pay it in up to three installments, six months apart.
- When the back SSI payments are at least 3 times the maximum monthly payment, including any money the State tells us to pay its residents, we generally must pay this money in installments. Usually, this amount is also the limit for what we can pay in the first and second installment payments. If a third installment is needed, it will be for the balance of the back payments after we have paid the first and second installments.
- We will send your representative payee your first installment payment of \$2,022.00 about July 21, 2011.  
We will send another letter in 6 months when we send the next installment.

### Getting More of the Back Payments Right Away

In the following situations, you may be able to get larger installment payments or get your back payments more quickly.

- We can pay all of the back payments at once to a person who:
  - is not eligible for SSI now and it appears that he or she will not be eligible for the 12 months after we first wrote to him or her about the back payments, or
  - has a terminal illness and is not expected to live beyond 12 months.
- We can pay a larger installment payment amount to a person who has certain debts or expenses. We can increase the installment by the amount of:
  - current debts related to food; clothing; shelter; medicine; or medically necessary services, supplies, or equipment.
  - current or expected expenses in the near future for medicine; or medically necessary services, supplies, or equipment; or the purchase of a home.

The person must not be eligible to have the debts or expenses paid by anyone else. This includes any local, State, or Federal agency, and private arrangements with a person or business, such as an insurance company.

If either of these situations applies to you, you should call us right away at the telephone number shown at the end of this letter.



251-17-3148  
07/18/2011

Page 6 of 7

# HOW WE FIGURED YOUR PAYMENT FOR January 2011 THROUGH March 2011

## Your Payment Amount

The most SSI money the law allows us to pay  
Minus (-) "Total income we count" (see below)

\$674.00
<u>-224.66</u>

**Total Monthly SSI Payment**  
**for January 2011 through March 2011**

\$449.34

## Your Income Other Than Your SSI

Income you receive in January 2011 affects your payment for January 2011 through March 2011

Value of food or shelter  
By law we don't count \$20.00 of above income

\$244.66
<u>- 20.00</u>

**Total income we count**

\$224.66

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SSA-L8100

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Feb 02 12 01:03p



251-17-3148  
07/18/2011

Page 7 of 7

**HOW WE FIGURED YOUR PAYMENT FOR APRIL 2011 THROUGH  
MAY 2011**

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**Your Payment Amount**

The most SSI money the law allows us to pay	\$674.00
Minus (-) "Total income we count" (see below)	<u>-224.66</u>
<b>Total Monthly SSI Payment for April 2011 through May 2011</b>	<b>\$449.34</b>

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**Your Income Other Than Your SSI**

Income you receive in February 2011 through March 2011 affects your payment for April 2011  
through May 2011

Value of food or shelter	\$244.66
By law we don't count \$20.00 of above income	<u>- 20.00</u>
<b>Total income we count</b>	<b>\$224.66</b>

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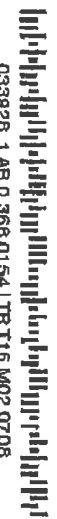


SSA.18100

# Social Security Administration

## Supplemental Security Income

### Important Information



039828 1 AB 0.368 0154 LTR T16 M02 0708

583 1151565K20834

BRANDY LUNETTA BRADLEY  
FOR KATHY ODOM BRADLEY  
2208 AIRPORT BLVD  
COLUMBIA SC 29170-3117

SOCIAL SECURITY  
1835 ASSEMBLY ST  
11THFL,STHURMOND FED B  
COLUMBIA SC 29201  
Date: July 15, 2011  
Claim Number: 251-17-3148 DI

#### Type of Eligibility: Individual-Disabled

We are writing to tell you about changes in KATHY O. BRADLEY's Supplemental Security Income (SSI) payments. The following chart shows the SSI money due her for the months we changed. As you can see from the chart, we are only changing her payments for months in the past. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how her income, other than any SSI payments, affects her SSI payment. We include explanations only for months where payment amounts change.

#### The Payments of KATHY O. BRADLEY Will Be Changed As Follows:

From	Through	Amount Due Each Month
June 1, 2011	July 31, 2011	\$449.34

#### Why KATHY O. BRADLEY's Payments Changed

Because of her income, she is not eligible to receive Supplemental Security Income payments for August 2011 on.

#### KATHY O. BRADLEY's SSI Is Based On These Facts

She has monthly income which must be considered in figuring her eligibility as follows:

- Her Social Security benefits-- before deductions for Medicare premiums, if any-- of \$953.00 for August 2011 on.

See Next Page

SSA-18166

**HOW WE FIGURED KATHY O. BRADLEY'S PAYMENT FOR June 2011  
THROUGH July 2011**

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**Her Payment Amount**

The most SSI money the law allows us to pay                    \$674.00  
Minus (-) "Total income we count" (see below)                -224.66

**Total Monthly SSI Payment**    \$449.34  
**for June 2011 through July 2011**

---

**Her Income Other Than Her SSI**

Income she receives in June 2011 affects her payment for June 2011 through July 2011

Value of food or shelter    \$244.66  
By law we don't count \$20.00 of above income                - 20.00

**Total income we count**    \$224.66

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## Brenda James - Log 0306 Closed

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**From:** Jennifer Lynch  
**To:** Brenda James  
**Date:** 02/09/2012 4:14 PM  
**Subject:** Log 0306 Closed

---

This log is regarding two different constituents of Senator Setzler; however, both have been assisted previously as I was contacted by Senator DeMint's office. I closed over the phone with Senator Setzler's office. No further action needed at this time. Thanks!

Jenny Lynch,  
Legislative Affairs and Communications  
SC Department of Health and Human Services  
(803) 898-3965  
(803) 351-5673 Cell  
(803) 255-8235 Fax

**Brenda James - Log 0306 Closed**

---

**From:** Jennifer Lynch  
**To:** Brenda James  
**Date:** 02/09/2012 4:14 PM  
**Subject:** Log 0306 Closed

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Jenny Lynch,  
Legislative Affairs and Communications  
SC Department of Health and Human Services  
(803) 898-3965  
(803) 351-5673 Cell  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Supra</i>	DATE <i>2-8-12</i>
--------------------	-----------------------

<b>DIRECTOR'S USE ONLY</b>  1. LOC NUMBER <div style="text-align: center; font-size: 1.2em;"><i>00306</i></div>  2. DATE SIGNED BY DIRECTOR <div style="text-align: center; font-size: 1.2em;"><i>C. J. Pet, Asynch, M. J. Pet</i></div>	<b>ACTION REQUESTED</b>  <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____  <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-17-12</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action
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APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

**Nikki G. Setzler**

South Carolina Senate District 26  
Lexington, Aiken and Saluda Counties

510 Gressette Senate Office Building  
Post Office Box 142  
Columbia, South Carolina 29202  
Telephone: (803) 212-6140  
Fax: (803) 212-6299



Committees:  
Banking and Insurance  
Education  
Finance  
Labor, Commerce and Industry  
Interstate Cooperation

January 31, 2012

Mr. Bryan Kost

SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29201-8206

Dear Bryan:

Attached please find a copy of a letter that I recently received from Ms. Margaret Hoover in regard to Medicaid for David Scott Browder. It is my understanding that Senator DeMint has also been contacted in this regard.

Any assistance you can render will be greatly appreciated. Please feel free to communicate directly with Ms. Hoover in regard to anything that you may need.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nikki".

Nikki G. Setzler

Enclosure

cc: Ms. Margaret Hoover, 672 Willowood Parkway, Chapin, S.C. 29036

*From the desk of*  
**MARGARET HOOVER**  
672 Willowwood Parkway  
Chapin, SC 29036

-----Phone: 803-926-9260 (O) 803-318-2797 (C)-----

January 26, 2012

FAX TO: U.S. Sen. Jim DeMint/FAX # 864-271-8901  
S.C. Senator Nikki Setzler/ FAX # 803-212-6299

RE: REQUEST FOR YOUR INTERVENTION/HELP ON:  
Medicaid Reconsideration Request/Tracking #:       1535054302        
Before U.S. Social Security Administration  
For: David Scott Browder  
672 Willowwood Parkway  
Chapin, SC 29036

Senators DeMint and Setzler—

Senators...I know the both of you are swamped with many requests such as this one, but...I urgently ask your help in expediting the pending request by my grandson—David Scott Browder—for reinstatement of his Medicaid benefits.

As is of record—my grandson was involved in a near-fatal auto accident on June 23, 2010 that left him with severe brain and spinal injuries that have not only required major surgeries and therapy but which require—to this date and for the rest of Scott's life—ongoing medical care and monitoring, critical medication and/or future surgery(ies). As detailed background input for you on this—I'm enclosing with this fax my son's email sent on September 22, 2011 to the U.S. Social Security Administration asking for reconsideration of the ruling by SSI which denied my son disability.

And, yes—I understand (and I know you understand) that there is both an "apple" matter involved here—the disability reconsideration—as well as an "orange" matter—the request for reinstatement of Scott's Medicaid benefits.

We are exhausting the proscribed remedies available in the matter of the disability, but we urgently need your help now on the matter of getting Scott's Medicaid benefits reinstated. (PLEASE UNDERSTAND...SCOTT CRITICALLY NEEDS BOTH—THE MEDICAID AND THE DISABILITY !)

And we respectfully submit that:

--Scott and I are fully willing to answer any and all questions you or your staffs may have for us in this matter; and

--Scott is not a quitter and he's not looking for a "hand-out"...rather—as is clinically documented—Scott is severely injured and disabled—he continues to critically need Medicaid as he copes day to day with trying to work back toward a modicum of functionality; and




--Further--Scott has applied for and been excepted to Columbia International University for next school year--but his injuries prevented him from getting direly-needed scholarships because he was not able--due solely to his injuries--to score high enough on the SAT; so...

--Know that Scott is doing all in his power to...help himself; and

--Finally...let there be no doubt that Scott has no father or mother available to provide care or financial support to him--his sole support is myself--his grandmother--and my income is severely limited. I have, in fact, had to leave my career position to spend much of the past 19 months since the accident literally living at rehab with my grandson and overseeing him and his therapy, and--to this date and into the future--I will be the only "provider" for my grandson.

So...we would greatly appreciate your intervention in this matter with both SSI and S.C. Health and Human Services to see that Scott's Medicaid application is duly processed and approved.

With grateful thanks for your help in the past and earnest hope that you can further assist now, I am...

Sincerely,  
  
Margaret Hoover

**Social Security  
Online**

# Disability Appeal

**WWW.SOCIALSECURITY.GOV**

**Name: David Scott**

**Browder, I**

SSN: xxx-xx-2285

**Print your reentry number and receipt**

To print or save this page, please use your browser's Print button or File menu commands.

**You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.**

During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. **Select "Next" to continue.**

**Your reentry number is:**

37624363

To continue with this appeal later, go to [www.socialsecurity.gov/disability/appeal](http://www.socialsecurity.gov/disability/appeal) and select "Go Back to the Appeal You Already Started."

Guard your twenty number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.

**Social Security employees cannot access your reentry number.**

# Receipt of Request for Hearing

We received your Request for a hearing by Administrative Law Judge on January 10, 2012, at 12:25:37 pm Eastern Time.

**This is your receipt for the request portion of your appeal.  
Contact Social Security within ten days after January 10, 2012  
if any of the information below is not correct.**

Claimant's name is David Scott Browder, I, The Claimant's mailing address is 672 Willowood Pkwy, Chapin, SC 29036. The Claimant's phone number is (803)530-4246.

Att: Senator Setzler

Pages: 13

Ref: Medicaid Cancellation Dispute with no response  
from DHHS

I am sending letters from Social Security and a  
signed Privacy release notice.

I am also sending the notices for cancellation of her  
medicaid and the notice that shows  
she still qualifies under the Pickle Amendment.

If you need anything else please let me know.

Thank You



Brandy Bradley

for Kathy Bradley

bbrad044@gmail.com

803-926-9260 (7a-3:30p)

803-234-6852 (4p-10p)

*From the desk of*  
**BRANDY BRADLEY**  
2208-Airport Boulevard  
West Columbia, SC 29170  
—Phone: 803-926-9260 (O) 803-234-6852 (H)—

February 2, 2012

FAX TO: U.S. Sen. Jim DeMint/FAX # 864-271-8901  
S.C. Senator Nikki Setzler/FAX # 803-212-6299

RE: URGENT NEED FOR HELP ON:

DHHS Cancellation of Medicaid and Non-Response By DHHS to  
Ms. Kathy Bradley  
1156 Lillie Avenue  
West Columbia, SC 29172  
Phone: 803-234-6852 (H)

Senators—we have hit a brick wall with the Department of Health and Human Services (DHHS) that we urgently need your help on...specifically see the fax letter of January 30, 2012 which I sent to Lexington County DHHS.

And clearly, Senators, the bigger need is that DHHS is telling us that they are terminating my mother's entitlement to Medicaid a/o 1/31/12...this when both the proven and documented statements from my mother's physician and her medical records show that she is entitled to Medicaid and that it should not be terminated.

Next...we have—as my fax to DHHS of January 30 cites—made repeated attempts to get my mother's DHHS caseworker and/or the DHHS staff to phone us back and these have failed...the DHHS phone system keeps turning us over to an option that gives us only a busy signal—no one answers, we get the same when we call back, and...DHHS has not phoned us back.

And—I cannot thank you and all of your staff enough for the help y'all have given us in this matter in the past—but this is critical for my mother in that her medications are literally lifesustaining for her and we are at risk now of not being able to get them!

We will certainly and gladly provide any further input you/SSA may need, and we look forward to hearing from you. With grateful thanks, I am...

Sincerely,

Brandy Bradley

*From the desk of*  
**BRANDY BRADLEY**  
2208-Airport Boulevard  
West Columbia, SC 29170  
---Phone: 803-926-9260 (O) 803-234-6852 (H)---

January 30, 2012

FAX TO: S.C. Department of Health and Human Services/FAX # 803-785-8564

RE: URGENT NEED FOR CASEWORKER CONTACT

Kathy O. Bradley

HH#: 101504179

Medical ID# 353048101

I am Brandy Bradley—daughter of and holder of both general and medical powers-of-attorney for my mother—Ms. Kathy O. Bradley.

Presently—Ms. Kathy O. Bradley has two urgent needs:

—First—she clearly needs—and her medical records and physician attest to this—to be continued in full entitlement to Medicaid—which we are being told would cease a/o January 31, 2012 unless certified to continue; and

—I have tried repeatedly to state to Lexington County DHHS—and specifically to her case worker—that my mother is entitled to be continued in Medicaid both based upon her documented medical records and physician certifications AND due to the federal Pickle Amendment (cy of guidance on the Pickle Act as sent to us is attached). In my efforts...I have repeatedly phone Lexington County DHHS at the phone # I was given for that agency and I keep getting passed over by the DHHS phone messaging system to a...constant busy signal. No one has contacted us and we specifically—and respectfully—ask now that my mother's DHHS caseworker phone me directly (our phone #s are listed above).

We are genuinely grateful for what DHHS has done for us. We know you are under a heavy caseload and stay busy. But—please contact us immediately because my mother cannot sustain her life-saving medications without entitlement to Medicaid.

With grateful thanks for your immediate attention to this matter, I am...

Sincerely,



Brandy Bradley

January 13, 2012

Lexington DHHS  
605 W. Main St.  
Lexington, SC 29072-2503

Ref: ID # 3530948101 Kathy Bradley  
Re-application

To Whom It May Concern:

I am sending a re-application for medicaid for Kathy Bradley which is due to expire on February 1, 2012. According to the letter received (which is included) her medicaid is being terminated because she does not receive SSI anymore. However, we wish to dispute this reason because she is on disability and receiving Social Security (letters included).

We are requesting an emergency extension because she is diabetic and bipolar and cannot be without her medication nor stop seeing her doctors.

Included are papers on her house which is in her name as well as her deceased husband's name, the light bill with her address, and the cable/phone bill with her address—all these bills she pays from her disability check every month.

If you need anything else or have questions please contact me at 803-926-9260 or my mom-Kathy Bradley- at 803-234-6852.

Thank You,  
Brandy Bradley

## Letter of Termination

Date: 01/04/2012

Payee Name: BRANDY LUNETIA BRADLEY  
Recipient Name: KATHY ODOM BRADLEY  
Mailing Address: 2208 AIRPORT BLVD  
COLUMBIA SC 29170-3117

Budget Group: 21777919  
HH#: 101504179  
ID Number: 3530948101  
SS Number:

The Social Security Administration has told us that your Supplemental Security Income (SSI) check has stopped. Your Medicaid will stop, too. Your Medicaid will end on 02/01/2012. This action is required by the code of Federal Regulations Section 435.1003 and Medicaid Policy Manual section 9.02.02.

If you disagree with the decision to stop your SSI check you should contact your local Social Security office at once to ask for a hearing.

You may continue to get Medicaid if you:

- Are a patient in a hospital or nursing home;
- Need nursing home care or intermediate care in a mental retardation facility, but you decide to stay home and receive Home and Community Based services;
- Live in a licensed residential care facility;
- Are a pregnant woman or child under age 19 or have children living with you; or
- Are 65 or older, blind, or disabled and have low income.

You may be eligible for Medicaid to pay your Medicare Part B premium if you have low income.

If you believe you may be eligible because you may meet one of the groups described above, you should contact your county Department of Health and Human Services at:

Address: Lexington DHHS  
605 W. Main Street  
Lexington SC 29072-2503

Telephone: 803 786-2966

If your SSI check has not stopped, contact your county Department of Health and Human Services at once.

-78-8564 fax

DATE: 01/17/2012  
HH#: 101504179

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
POST OFFICE BOX 100223  
COLUMBIA, S.C. 29202

KATHY O BRADLEY  
2208 AIRPORT BLVD  
WEST COLUMBIA SC 29170

IMPORTANT NOTICE ABOUT YOUR MEDICAID ELIGIBILITY

IF YOU ONCE RECEIVED SSI BENEFITS, YOU SHOULD READ THIS IMPORTANT NOTICE ABOUT YOUR POSSIBLE ELIGIBILITY FOR MEDICAID BENEFITS. A FEDERAL LAW CALLED THE PICKLE AMENDMENT APPLIES TO PERSONS WHO MEET THREE TESTS:

- (1) THEY NOW RECEIVE SOCIAL SECURITY BENEFITS; AND
- (2) THEY USED TO RECEIVE SSI BENEFITS, BUT DO NOT RECEIVE THEM NOW; AND
- (3) THEY RECEIVED BOTH A SOCIAL SECURITY AND AN SSI CHECK IN THE SAME MONTH IN AT LEAST ONE MONTH SINCE 1977.

SOCIAL SECURITY HAS TOLD US THAT YOU LAST RECEIVED SSI IN 07/2011.

IF YOU MEET THESE THREE TESTS, IT MAY BE POSSIBLE FOR YOU TO GET THE SAME MEDICAID BENEFITS YOU RECEIVED WHEN YOU WERE GETTING SSI. TO FIND OUT IF YOU ARE ELIGIBLE FOR MEDICAID, YOU (OR SOMEONE ACTING IN YOUR BEHALF) SHOULD CONTACT YOUR COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS). TAKE THIS LETTER WITH YOU WHEN YOU GO. ALSO, TAKE DOCUMENTATION OF YOUR CURRENT INCOME AND RESOURCES WITH YOU.

FOR MORE INFORMATION OR IF YOUR ADDRESS CHANGES, CONTACT YOUR LOCAL DHHS OFFICE AT:

ADDRESS Lexington DHHS  
606 W. Main Street  
Lexington SC 29072-2503

TELEPHONE: 803 785-2991

PLEASE NOTE THAT TO APPLY FOR MEDICAID UNDER THE PICKLE AMENDMENT, YOU OR YOUR REPRESENTATIVE MUST GO TO YOUR LOCAL DHHS OFFICE.



**Social Security Administration  
Retirement, Survivors and Disability Insurance  
Notice of Award**

Southeastern Program Service Center  
1200 Rev. Abraham Woods, Jr. Blvd.  
Birmingham, AL 35285-0001  
Date: July 5, 2011  
Claim Number: 247-23-0893W

000064 MCSNAT3 N3 2,120  
KATHY O BRADLEY  
1156 LILLIE AVE  
WEST COLUMBIA, SC 29172-2158

You are entitled to monthly disabled widow's benefits beginning December 2010.

**The Date You Became Disabled**

We found that you became disabled under our rules on July 1, 2010. This is different from the date given on the application.

Also, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is December 2010.

**What We Will Pay And When**

- You will receive \$953.00 for July 2011 around August 24, 2011.
- After that you will receive \$953.00 on or about the fourth Wednesday of each month.

The day we make payments on this record is based on MARTY J BRADLEY's date of birth.

**Other Government Payments Affect Benefits**

We are withholding your Social Security benefits for December 2010 through June 2011. We may have to reduce these benefits if you received Supplemental Security Income (SSI) for this period. When we decide whether or not we will have to reduce your Social Security benefits, we will send you another letter. We will pay you any Social Security benefits you are due for this period.

Enclosure(s):  
Pub 05-10153  
Pub 05-10058

C

See Next Page

**Social Security Administration**  
**Supplemental Security Income**  
Notice of Change in Payment

008013 1 AT 0.365 0038 LTR T16 M02 0711  
583 11S1565 K20334  
KATHY ODOM BRADLEY  
2208-A AIRPORT BLVD  
W COLUMBIA SC 29170-3117

SOCIAL SECURITY  
1835 ASSEMBLY ST  
LITTLESTON, STURMOND FED B  
COLUMBIA SC 29201  
Date: July 18, 2011  
Claim Number: 251-17-3148 DI

**Type of Eligibility:**  
Individual-Disabled

We are writing to tell you about changes in your Supplemental Security Income (SSI) payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for months in the past. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

**Your Payments Will Be Changed As Follows:**

From	Through	Amount Due Each Month
January 1, 2011	May 31, 2011	\$449.34

**Your SSI Is Based On These Facts**

- You first became disabled in July 2010.
- You had monthly income which must be considered in figuring your eligibility as follows:

The food or shelter you got from someone. We value the food or shelter at \$244.66 for January 2011 through February 2011.

See Next Page

SSA-16100

### Information About Your Back Payments

- We owe you back SSI payments of \$2,246.70 for January 2011 through May 2011. Because of the large amount, the law says we cannot pay all of the money in one lump sum. Instead, we must pay it in up to three installments, six months apart.
- When the back SSI payments are at least 3 times the maximum monthly payment, including any money the State tells us to pay its residents, we generally must pay this money in installments. Usually, this amount is also the limit for what we can pay in the first and second installment payments. If a third installment is needed, it will be for the balance of the back payments after we have paid the first and second installments.
- We will send your representative payee your first installment payment of \$2,022.00 about July 21, 2011.
- We will send another letter in 6 months when we send the next installment.

### Getting More of the Back Payments Right Away

In the following situations, you may be able to get larger installment payments or get your back payments more quickly.

- We can pay all of the back payments at once to a person who:
  - is not eligible for SSI now and it appears that he or she will not be eligible for the 12 months after we first wrote to him or her about the back payments, or
  - has a terminal illness and is not expected to live beyond 12 months.
- We can pay a larger installment payment amount to a person who has certain debts or expenses. We can increase the installment by the amount of:
  - current debts related to food; clothing; shelter; medicine; or medically necessary services, supplies, or equipment.
  - current or expected expenses in the near future for medicine; or medically necessary services, supplies, or equipment; or the purchase of a home.

The person must not be eligible to have the debts or expenses paid by anyone else. This includes any local, State, or Federal agency, and private arrangements with a person or business, such as an insurance company.

If either of these situations applies to you, you should call us right away at the telephone number shown at the end of this letter.

SSA-18100

251-17-3148  
07/18/2011

Page 6 of 7

**HOW WE FIGURED YOUR PAYMENT FOR January 2011 THROUGH  
March 2011**

---

**Your Payment Amount**

The most SSI money the law allows us to pay                    \$674.00  
Minus (-) "Total income we count" (see below)                -224.66

**Total Monthly SSI Payment**    \$449.34  
**for January 2011 through March 2011**

---

**Your Income Other Than Your SSI**

Income you receive in January 2011 affects your payment for January 2011 through March 2011

Value of food or shelter    \$244.66  
By law we don't count \$20.00 of above income                - 20.00

**Total income we count**    \$224.66

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251-17-3148  
07/18/2011

Page 7 of 7

**HOW WE FIGURED YOUR PAYMENT FOR April 2011 THROUGH  
May 2011**

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**Your Payment Amount**

The most SSI money the law allows us to pay	\$674.00
Minus (-) "Total income we count" (see below)	<u>-224.66</u>
<b>Total Monthly SSI Payment</b> <b>for April 2011 through May 2011</b>	<b>\$449.34</b>

---

**Your Income Other Than Your SSI**

Income you receive in February 2011 through March 2011 affects your payment for April 2011 through May 2011

Value of food or shelter	\$244.66
By law we don't count \$20.00 of above income	<u>- 20.00</u>
<b>Total income we count</b>	<b>\$224.66</b>

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SSA-43100

# Social Security Administration Supplemental Security Income Important Information



033928 1 AE 0.368 0154 LTR T16 M02 0708

583 1151565K20334

BRANDY LUNETTA BRADLEY  
FOR KATHY ODOM BRADLEY  
2208 AIRPORT BLVD  
COLUMBIA SC 29170-3117

SOCIAL SECURITY  
1835 ASSEMBLY ST  
11THFL,STHURMOND FED B  
COLUMBIA SC 29201  
Date: July 15, 2011  
Claim Number: 251-17-3148 DI

## Type of Eligibility: Individual-Disabled

We are writing to tell you about changes in KATHY O. BRADLEY's Supplemental Security Income (SSI) payments. The following chart shows the SSI money due her for the months we changed. As you can see from the chart, we are only changing her payments for months in the past. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how her income, other than any SSI payments, affects her SSI payment. We include explanations only for months where payment amounts change.

### The Payments of KATHY O. BRADLEY Will Be Changed As Follows:

From	Through	Amount Due Each Month
June 1, 2011	July 31, 2011	\$449.34

### Why KATHY O. BRADLEY's Payments Changed

Because of her income, she is not eligible to receive Supplemental Security Income payments for August 2011 on.

### KATHY O. BRADLEY's SSI Is Based On These Facts

She has monthly income which must be considered in figuring her eligibility as follows:

- Her Social Security benefits-- before deductions for Medicare premiums, if any-- of \$953.00 for August 2011 on.

See Next Page

SSA-18166

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4p0:10 21 20 9eJ

**HOW WE FIGURED KATHY O. BRADLEY'S PAYMENT FOR June 2011  
THROUGH July 2011**

---

**Her Payment Amount**

The most SSI money the law allows us to pay  
Minus (-) "Total income we count" (see below)

\$674.00  
-224.66

**Total Monthly SSI Payment  
for June 2011 through July 2011**

\$449.34

---

**Her Income Other Than Her SSI**

Income she receives in June 2011 affects her payment for June 2011 through July 2011

Value of food or shelter  
By law we don't count \$20.00 of above income

\$244.66  
- 20.00

**Total income we count**

\$224.66

---

**Brenda James - Log 0306**

306

**From:** Jennifer Lynch  
**To:** Brenda James  
**Date:** 02/15/2012 1:04 PM  
**Subject:** Log 0306

This log is regarding two separate constituent issues...

I closed over the phone with Senator Setzler's office. I had actually already handled both of these before we received the log from Senator Setzler's office as Senator DeMint's office contacted me directly.

- 1) Mr. Browder has aged out of Partners for Healthy Children. He currently has a pending disability claim. I discussed the ABD program with his AR, Ms. Hoover, and mailed her an application. She says that his condition is worse, so it may be that VR does an independent decision. She has my number if she has any questions when completing the application.
- 2) Ms. Bradley's SSI terminated due to the amount of her SSA check. She applied for ABD and had a pending application at the time she contacted the Senator's office. The eligibility worker was, at that time, awaiting a bank statement from Ms. Bradley. She was able to provide it and she is now approved for ABD with no lapse in coverage. I spoke with Ms. Bradley regarding the approval.

Jenny Lynch,  
Legislative Affairs and Communications  
SC Department of Health and Human Services  
(803) 898-3965  
(803) 351-5673 Cell  
(803) 255-8235 Fax