

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE
--------------------	------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000228	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fecth cleared 1/27/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>1-21-14</u>
	<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.			

Congress of the United States
House of Representatives
Washington, DC 20515-4001

RECEIVED

JAN 06 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 3, 2014

Mr. Anthony Keck
Director
South Carolina Department of Health & Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Re: Mr. Kenneth M. Marchi
For Ms. Ann Marchi

Dear Mr. Keck:

I am writing on behalf of the above named constituent, Mr. Kenneth M. Marchi who has contacted me regarding the Medicaid application for his mother, Ms. Ann Marchi. Enclosed is correspondence from Mr. Marchi and a signed privacy release further explaining his concerns. Your review and reply will be greatly appreciated.

When responding, please use our Beaufort address, Post Office Box 1538, Beaufort, South Carolina 29901. If you need anything else, please call Cris Steele at 843 521 2530.

Sincerely,



Mark Sanford
Member of Congress



Office of Congressman Mark Sanford

Privacy Release Form

The Privacy Act of 1974 (5 U.S.C. § 552a) requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case.

We must have your signature to proceed with this type of request.

Your Information (Please Print):

Today's Date: 1-2-2014	
Full Name: Kenneth M. Marchi for Ann Marchi	
Agency Involved: MEDICARE	
Branch of Service (If Applicable):	
Military Rank (If Applicable):	
Agency case number(s): (if there is no case number, indicate "None")	
Date of Birth: 8/22/22 mom me - 10/01/1949	
Social Security Number: 135-42-2607	
Street Address: 21 PRIMROSE LN	City: HHI
State: SC	Zip Code: 29926-2244
Email: Kenmarchi@gmail.com	
Telephone Number: 908-735-0928	

Nature of Problem: Please describe the specific information you are requesting or a description of the problem you are experiencing. Send copies of any relevant documents (DO NOT SEND ORIGINALS). Use extra paper if necessary.

See Attached

In accordance with the Privacy Act of 1974, I give Congressman Mark Sanford authority to receive information and act on my behalf.

Signature:

This is what I sent to Lisa; I will also send you another copy of my power of attorney for my Mom.

Thanks,

Ken

----- Forwarded message -----

From: **Ken Marchi** <kenmarchi@gmail.com>

Date: Thu, Jan 2, 2014 at 6:32 PM

Subject: ANN MARCHI - MY MOM AND HER MEDICAID APPLICATION

To: Lisa.Kindwall@mail.house.gov

Cc: Ken Marchi <info@kens-team.com>

Hi Lisa,

Thanks so much for taking time out of your schedule today to listen to my story about my 91 year old Mom and thanks again for listening to me in your office. I so enjoyed meeting you and appreciate your time. I promised I would send you a synopsis of what is happening with my Mom and our need to have a more timely review of her application for Medicaid her in SC (she had been approved in NJ previously).

Background:

My 91 year old Mom, Ann Marchi, came to this country from the Ukraine in 1939 at the tender age of 17. With only a 7th grade education and knowing no English, she traveled here alone by steamship to Ellis Island. A distant relative was to meet her here in the US and provide educational opportunity, etc., which of course never transpired as my Mom was immediately sent to work as a maid for wealthy people in NYC. Upon arrival at Ellis Island, my Mom was diagnosed with TB and promptly hospitalized in Jersey City Medical Center. During her treatment and subsequent cure there, she met a man, Camillo Marchi, who eventually become her husband in 1942 and my Dad in 1949. A real love story! My Mom only worked from 1939 to 1942 and then "retired" to become a true housewife and Mother to me and my estranged brother.

My Dad died 25 years ago and I have taken care of all of my Mom's needs ever since. I bought her a home in NJ near my summer home there and in 2001 transferred what few assets she had to me and my brother. She has no personal property at all and receive a pension of \$132/month from my Father's former employer and her Social Security. That is her only income which has been so for many years. I have been on HHI since 2005 and traveled one week per month to visit my Mom first at her house where I paid for a 24/7 caregiver for a few years and then to an Assisted Living facility in NJ in 2011 and 2012. At the end of 2012, Mom broke her hip and was hospitalized for about six weeks and I stayed with her during her recovery. After recovery in January 2013 I relocated her here to SC to an Assisted Living facility in Port Royal where she currently resides. I did not understand that Medicaid was non transferable until I started to receive the bills. Currently, because of a membership drive they had last January her SS income (\$1303) and her pension income (\$132) cover most of her expenses and I only pickup about \$500 to \$750 a month for non covered medical expenses. I did apply earlier in the year for Medicaid

here in SC but cancelled the application once I realized that the deal we were getting at the time would be mostly covered by her Soc. Sec. and pension.

Now however, the standard of care she requires is beyond the scope of what can be provided in Assisting Living facilities here so I must relocate her to a Skilled Nursing Facility. There are very few skilled nursing facilities that accept Medicaid in our Region but I was very lucky to find one on HHI that will accept Medicaid patients but with only a limited number of beds set aside. I did contact that facility to determine if any beds were available and was told they have one bed but it is for private pay only. This means that I would have to pay about \$6500 per month for her to be there. They did however say that since I reapplied for Medicaid in October 2013 and my Mom's application is pending they would agree to let me private pay until she is approved for Medicaid and then reimburse me for the portion I paid that Medicaid would not have paid for and that is great.

Issue:

The issue is this; currently the Beaufort County Medicaid office is no longer processing the applications here. All applications for six counties are being processed out of Columbia. The Medicaid office says that are allowed up to 45 days to start the process and get back to me with questions that require clarification. Of course, after about 42 days I received the first letter asking me to write a letter on my personal letterhead stating that the mailing address I provided for my Mom (which is my home address as she is blind and cannot read any correspondence) was indeed a home owned by me alone (which it is). I sent them that letter since they do not use email or accept faxes and I have not heard anything since. I called last week and they said her application is "in process". Since I went through this once before, I am sure they are going to have questions for me to answer regarding the five year look back period but to date they have asked me nothing. I am very concerned that it will take months for this application to get approved without more expedient handling of this application and a more modern method of communicating with one another. In the meantime, I do not want to lose this room for my Mom and will have to pay that \$6500 out of my 401K. If I do not take this room now, I go on a waiting list behind all of the other elderly folks waiting for their Medicaid approvals and they it may be months or years before another bed becomes available to me.

What I would like you to do:

Simply try to identify for me how I can make this approval process as quick as possible so that I do not drain my 401K any further unnecessarily. I have already spent over \$225K for my Mom's car in the last five years and that well is almost empty. I was saddened by the fact that the Beaufort Medicaid office is no longer and even more concerned when told that all applications were being done out of Columbia with an overworked staff. Expeditionous handling of every persons application is so important for the families having to pay their bills and I hope that your inquiry will speed up the process for me and my Mom and maybe bring some speed to others people applications as well. Mom's social security number is 158-14-7206 which is how they identify her application I believe.

I WILL EMAIL A COPY OF THE POWER OF ATTORNEY UNDER SEPARATE COPY TO YOUR ATTENTION!

Thanks,

Ken Marchi-908.735.0928 anytime

NJ Licensed Professional Home Inspector #014500

SC Licensed Professional Home Inspector # 48457

Certified Mold Inspector

Certified Radon Technician

Certified Home Energy Inspector

Professional 2nd Opinion Inspections

Expert Witness Testimony and Case Preparation

BS Electrical Engineering

MBA- Finance

MBA- International Marketing

MBA – International Business www.kens-team..com

Mom

Ken's Copy

Prepared by:

Robert H. Taff

Robert H. Taff, Esq.

Attorney at Law, State of New Jersey

DURABLE POWER OF ATTORNEY

KNOW ALL MEN that I, ANN MARCHI, presently residing at 194 Biabou Drive, Holiday City at Berkeley, in the Township of Berkeley, County of Ocean, and State of New Jersey, do hereby make, publish and declare this to be my Power of Attorney, *and hereby revoke any and all prior Powers of Attorney made by me.*

I do hereby constitute and appoint my son, KENNETH MARCHI, as my true and lawful attorney for me, and in my name, and without regard to whether or not I am under any disability as defined by N.J.S.A. 46:2B-8.2 or any other disability:

1. To enter upon and take possession of any lands, buildings, tenements, or other structures, or any part or parts thereof that may belong to me or to the possession whereof I may be entitled.
2. To ask, collect, and receive any rents, profits, issues, or income of any and all such lands, buildings, tenements or other structures, or of any part or parts thereof.
3. To make, execute, and deliver any deed, mortgage, or lease, ~~whether with or without~~ covenants and warranties, in respect to any such lands, buildings, tenements, or other structures, or any part or parts thereof, and any buildings, houses, or other structures, or any part or parts thereof that may now or hereafter be erected upon any such lands.
4. To demand, sue for, collect, recover, and receive all goods, claims, debts, monies, interest, and demands whatsoever now due or that may hereafter be due or belong to me (including the right to institute any action, suit, or legal proceedings for the recovery of any land, buildings, tenements or other structures, or any part thereof, to the possession whereof I may be entitled), and to make, execute and deliver receipts, releases or other discharges, therefor, under seal or otherwise.

5. To make, execute, endorse, accept and deliver any and all bills of exchange, checks, drafts, notes, and trade acceptances, and more particularly to sign checks upon and make withdrawals from any and all bank accounts in my name individually or jointly with others.
6. To borrow money from any person, corporation, or financial institution, and to execute necessary evidences of indebtedness and pledge or mortgage any property as security therefor, without limitation, to the extent that my said attorney deems such borrowing to be in my best interest.
7. To enter into any and all safe deposit boxes or other depositories which may have been opened or rented in my name, either individually or jointly with others, and to remove from said depositories any property which may be contained therein at any time; and in the event that my said attorney shall not have physical possession of the key issued to me in connection with any safe deposit box or depository, I specifically authorize my said attorney, in my name, to make application for and execute any and all documents which may be required to obtain a replacement key or a substitute lock and key.
8. To pay all sums of money at any time or times that may hereafter be owing by me upon any bill of exchange, check, draft, note or trade acceptance made, executed, endorsed, accepted and delivered by me or for me and in my name by my said attorney.
9. To sell, assign, or transfer any and all shares of stock, bonds, or other securities now or hereafter belonging to me that may be issued by any association, trust or corporation, whether private or public, and to make, execute, and deliver an assignment or assignments of any shares of stocks, bonds, or other securities. I further authorize my said attorney to vote or to give proxies to vote any shares of stock now standing in my name or hereafter acquired by me.
10. To defend, settle, adjust, compound, submit to arbitration and compromise all actions, suits, accounts, reckonings, claims and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, or corporation, in such manner and in all respects as my said attorney shall think fit.
11. To hire accountants, attorneys-at-law, clerks, workmen, and others and to remove them and appoint others in their place, and to pay and to allow to the persons to be so employed such salaries, wages, or other remuneration as my said attorney shall think fit.

12. To enter into, make, sign, execute and deliver, acknowledge, and perform any contract, agreement, writing, or thing that may, in the opinion of my said attorney, be necessary or proper to be entered into, made or signed, sealed, executed, delivered, acknowledged, or performed.
13. Without in anywise limiting the foregoing, generally to do, execute, and perform any other act, deed, matter, or thing whatsoever that ought to be done, executed and performed, or that in the opinion of my said attorney ought to be done, executed, or performed in and about the premises, of every nature and kind whatsoever, as fully and effectually, as I could do if personally present.
14. To collect any and all mail as may be in the possession of the United States Postal Service and to re-route any and all future mail so that same may be collected by my attorney-in-fact, as herein named.
15. To enforce the provisions of my Advance Instruction Directive for Health Care, if any, and to otherwise refuse authorization of artificial means, heroic measures, or life-sustaining treatment which would prolong my life if there is no reasonable expectation of my recovery from an illness or disability.

I SPECIFICALLY AUTHORIZE my attorney-in-fact to make any and all necessary medical decisions on my behalf.

I SPECIFICALLY AUTHORIZE my attorney-in-fact to have access to and the ability to discuss any and all medical and pharmaceutical/prescription information and medical and pharmaceutical/ prescription records concerning myself and to sign any and all medical and pharmaceutical/prescription forms necessary for any purpose whatsoever **and particularly including accessing and discussing my medical and pharmaceutical/prescription information and medical and pharmaceutical/prescription records.**

I SPECIFICALLY AUTHORIZE my attorney-in-fact to sign any and all medical and/or legal forms which may be necessary regarding health care institutions on my behalf.

I SPECIFICALLY AUTHORIZE my attorney-in-fact to sign any and all documents relative to any IRA, 401K Plan, and any other retirement plans which I may own.

I SPECIFICALLY AUTHORIZE my attorney-in-fact to conduct banking transactions as set forth in Section 2 P.L. 1991, c. 95 (N.J.S.A. 46:2B-11 et seq.).

In the event KENNETH MARCHI, my attorney named herein, shall die, or become incapable of acting as my attorney, I hereby appoint my son, ROBERT MARCHI, in place of the attorney, with power to exercise all or any of the powers and authorities herein before conferred on the attorney, in as full and ample a manner, and in all respects as if ROBERT MARCHI had been herein before inserted instead of the attorney, and without regard as to whether I am under any disability as defined by N.J.S.A. 46:2B-8.2 or any other disability.

DISABILITY

DEFINITION OF DISABILITY: A principal shall be under a disability if the principal is unable to manage his or her property and affairs effectively as defined and meant in N.J.S.A. 46:2B-8.2 for reasons including but not limited to mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, or disappearance.

TAKES EFFECT REGARDLESS OF DISABILITY: This Power of Attorney is effective now and remains in effect regardless of disability as defined above or lapse of time.

AND I, ANN MARCHI, do hereby ratify and confirm all whatsoever my said attorney shall do or cause to be done by virtue of this Power of Attorney.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th day of November, 2003.

Ann Marchi L.S.
ANN MARCHI

Signed, Sealed, and Delivered
in the presence of:

Robert H. Taff

Robert H. Taff, Esq.
Attorney at Law, State of New Jersey

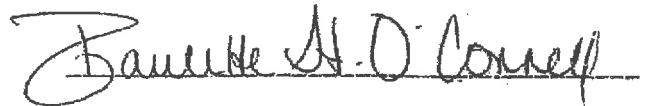
Jerilyn Fritz
JERILYN FRITZ

STATE OF NEW JERSEY)

SS.:

COUNTY OF OCEAN)

BE IT REMEMBERED that on this 10th day of November, 2003, before me, the subscriber, personally appeared ANN MARCHI, who, I am satisfied, is the Grantor mentioned in the within instrument, to whom I first made known the contents thereof, and thereupon she acknowledged that she signed, sealed, and delivered the same as her voluntary act and deed, for the uses and purposes therein expressed. All of which is hereby certified.



PAULETTE H. O'CONNELL
Notary Public of New Jersey
Commission Expires 7/11/2008

Congress of the United States
House of Representatives
Washington, DC 20515-4001

OFFICIAL BUSINESS

PRINTED ON RECYCLED PAPER

RECEIVED

JAN 06 2014

Mr. Keck
M.C.

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Keck
Director
South Carolina Department of Health & Human
Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

29202-8206 BC44



Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

January 27, 2014

The Honorable Mark Sanford
United States House of Representatives
Post office Box 1538
Beaufort, South Carolina 29901

Dear Congressman Sanford:

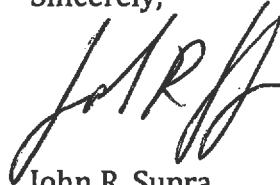
Thank you for contacting our Agency on behalf of Mr. Kenneth M. Marchi regarding his mother, Ms. Ann Marchi's, application for Medicaid benefits.

An application was received on December 4, 2013, for Medicaid's Nursing Home Assistance program. The application is currently under review to determine her eligibility; a decision should be made soon.

If you have questions regarding her application, please contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at 803-898-3967.

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

Sincerely,



John R. Supra
Deputy Director

JRS:j

