

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>7-9-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000008</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cc: Basting, Wells</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-18-07</i>
<i>Closed on 7/13/07, letter attached.</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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.			

RECEIVED

JUL 09 2007

*Log: Summer
C: Bowling
Wells*

"Approv. Dir."

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Patricia L Harrison

From: "Patricia L Harrison" <plh.cola@worldnet.att.net>
To: "Susan Bowling" <BOWLINGSS@dhs.state.sc.us>; "Vastine Crouch" <Crouch@scdhs.gov>;
 "Sam Waldrep" <Maldrep@scdhs.gov>; "Byron Roberts"
 <Robertsb.DHHS.SHHSFC@scdhs.gov>; "Tana Vanderbilt" <TVanderbilt@ddsn.sc.gov>;
 "Deidra Singleton" <Singled@dhs.state.sc.us>; "Ken Woodington" <kwoodington@dmilaw.com>
Cc: "Stuart Andrews" <stuart.andrews@nelsonmullins.com>; "Gloria Prevost" <prevost@protectionandadvocacy-sc.org>; <rlpruitt48@cs.com>
Sent: Thursday, July 05, 2007 8:41 PM
Subject: Sommer Pruitt

Since 2003, HHS has been billing Medicaid for services provided to Sommer Pruitt through the MR/RD Medicaid waiver. Rob Pruitt, guardian of Sommer Pruitt, received a Letter of Termination from HHS today informing him that Sommer's Medicaid services will be terminated on October 1, 2007 due to termination of her SSI benefits as a result of her mother's death.

Sommer will at some point begin receiving \$1,348 per month in SSA Disabled Adult Child Benefits. This is clearly within the income limit for the MR/RD Medicaid Waiver. In addition, Sommer will continue to qualify for Medicaid through the Disabled Adult Child and Pass Along categories. HHS did not notify her of her ability to continue eligibility for Medicaid under these categories. In fact, neither of these categories are included in the HHS "Income Limit" website. HHS has access to information provided by SSA and the Internal Revenue Code which would confirm Sommer's continued financial eligibility, yet the agency has failed to conduct an ex parte determination of her continued eligibility.

We believe that this is yet another reprisal for Sommer bringing legal action against DDSN and HHS. We are requesting a de novo fair hearing on this latest denial of benefits and we request that her Medicaid benefits continue uninterrupted during this appeal. Again, we are also appealing the failure of DDSN to provide Medicaid residential habilitation services with reasonable promptness and the denial of right of choice of providers for MR/RD waiver services and service coordination (which is also billed to Medicaid). We are also appealing the denial of Sommer's right of due process since the State has yet to

provide a fair hearing on these issues, which were first appealed in 2003. We are also appealing the disparate treatment of Sommer compared to other individuals on the MR/RD waiver who receive income in excess of the SSI limit as a result of the death of a parent and the State's failure to conduct an ex parte determination of eligibility before notifying Sommer of the termination of her Medicaid benefits.

A paper copy of this communication will be sent to Mr. Crouch, Ms. Bowling and Dr. Butkus (e mail sent to his DDSN address was rejected) and should be considered to be our request for a fair hearing.

Patricia L. Harrison
Attorney for Rob Pruitt, Legal Guardian of Robyn Sommer Pruitt
611 Holly Street
Columbia, South Carolina 29205
(803) 256-2017

Letter of Termination

Date: 07/02/2007

Payee Name: ROBYN SOMMER PRUITT

Budget Group: 19683450

Recipient Name: ROBYN SOMMER PRUITT

HH#: 100112755

Mailing Address: 1201 COLLEGE VIEW CT

ID Number: 0730585201

COLUMBIA SC 29212-0820

SS Number: 249-75-0309

36CFOST

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 10/01/2007.

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: Newberry DHHS

2107 Wilson Road

Newberry SC 29108-0090

Telephone: 803 321-2155

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

PATRICIA L. HARRISON
611 HOLLY STREET
COLUMBIA, SC 29205

7-6-07

Patricia,

In my capacity as court appointed guardian for Robyn Sommer Pruitt, I am requesting that you represent Sommer's interest in all proceedings involving DDSN and HHS, including but not limited to the most recent notice of termination of Medicaid benefits.

Sincerely,



Rob Pruitt

CERTIFICATE OF SERVICE

I, the undersigned employee of Patricia L. Harrison, do hereby certify that I have caused the attached paper to be served by Fax and United States Mail to the parties shown below at the address shown below.


Nancy C. Law

Date Faxed and Mailed: July 6, 2007

Document Faxed and Mailed: Notice of Appeal

Faxed and Mailed to:

Dr. Stan Butkus
SC Department of Disabilities and Special Needs
PO Box 4706
Columbia, SC 29240
898-9656

Ms. Susan Bowling
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206
255-8210

Mr. Vastine Crouch
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206
255-8206



State of South Carolina
Department of Health and Human Services

Reg # 200008

Mark Sanford
Governor

Susan B. Bowling
Acting Director

July 23, 2007

Patricia L. Harrison, Esq.
611 Holly Street
Columbia, South Carolina 29205

Re: Your faxed/mailed Email received July 9, 2007 on Sommer Pruitt

Dear Ms. Harrison:

Your faxed/mailed Email has been forwarded to me for response. Thank you for bringing these issues to the Department of Health and Human Services' (DHHS) attention. You are correct that the amount of \$1,348 should qualify Ms. Pruitt in the Disabled Adult Child eligibility category. We appreciate your furnishing this limited information, however, the DHHS still needs a completed Medicaid application for her. Please instruct your client to go to his county DHHS office and complete an application.

I fail to understand how an action taken by a federal agency, the Social Security Administration, could possibly be construed as a reprisal on the part of a state agency, the Department of Health and Human Services. As you are aware, Ms. Pruitt's eligibility for the MR/RD Waiver is continuing during the pendency of her appeal before the Administrative Law Court (Case No.: 06 ALJ 08-0770-AP). Therefore, her Medicaid eligibility will also continue during the pendency of her appeal.

If I can be of further assistance regarding this matter, please call me at the number below.

Sincerely,


George R. Burnett
Assistant General Counsel

GRB/b

cc: Tana Vanderbilt, Esquire, DDSN

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210