

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>8/29/08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100123</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-8-08</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 9/12/08, letter added.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<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.			

FAX COVER SHEET

RECEIVED

AUG 29 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR



S. C. SENATE
SENATE CLERK
FAX # (803) 212-6299

DATE: August 29, 2008

TO: Bryan Kost, DHHS

FROM: Marie Waller, Sen. Luke Rankin's Office

FAX NUMBER: 898-4515

PAGES 1 of 2 (Including this page)
10

MESSAGE: Bryan: I am attaching a copy of a letter we mailed last week. We have had no response, so I fear it has "gone astray." Could you follow up on this for me? This family is quite distraught and we would like to help them if at all possible. Thanks. 212-6132.

IF YOU DO NOT RECEIVE ALL OF THE SHEETS INDICATED, PLEASE
CONTACT THE SENATE CLERK'S OFFICE: (803) 212-6200

AUG-29-2008 FRI 02:45 PM SC SENATE

FAX NO. 1 803 2126299

P. 02/09

LUKE A. RANKIN
SENATOR, HOHEY COUNTY
DISTRICT NO. 21

HOME ADDRESS:
201 BEATY STREET
CONWAY, SC 29526
(843) 248-2405



COMMITTEES:
TRANSPORTATION
EDUCATION
JUDICIARY
BANKING AND INSURANCE
SENATE ADDRESS:
1000 W. BROADWAY
COLUMBIA, SC 29202
(803) 212-0134

August 18, 2008

RECEIVED

AUG 29 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mrs. Emma Forkner, Director
Dept. of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202

Dear Ms. Forkner:

I am writing to you on behalf of a constituent, Daniel Burroughs, who has been receiving SSI and Medicaid since 1977, when at the age of 7 he was injured in a car accident. He now has a serious problem in that the Social Security he has been receiving since his father turned 65 in 2006 has risen to a level which caused his SSI, Medicaid and CLTC to be stopped. His mother was told by the Social Security Administration that if he became disabled before age 22, he was still eligible for these funds.

Unfortunately, in pursuing this matter, it has been discovered that an original Trust Agreement, entered into in 1977, has been lost. The attorney who wrote the original document lost materials in a fire years ago, and cannot produce his copy. Without this original document, Mrs. Burroughs has been told that her son's \$4,000 will prevent him from receiving much-needed services.

I would appreciate your having someone check into this situation at the earliest possible time, and see if anything can be done to help this family. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Luke", is written over the printed name of Luke A. Rankin.

Luke A. Rankin
South Carolina Senate

LAR/mw

08/29/2008 02:53PM

Messie
Bessie

1012 Pinewest Circle
Conway, SC 29526
August 11, 2008

Dear Mr. Rankin.

Daniel Burroughs started getting Medicaid at the age of 7 years old, after being in a car accident. He had brain damage affecting the motor movements. He was left a quadriplegia. He later developed breathing problems and had to have tracheotomy because of his injuries.

He has received SSI and Medicaid since 1997.

A year ago his father turned 65 years old and began receiving Social Security. Daniel also received a Social Security check as well as his sister who was under 18 years old.

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The amount of Daniel's Social Security was deducted from his SSI check. He then received \$31.67 from SSI. This still made him eligible for Medicaid and Community long Term Care.

This July 2008, his sister turned 18 year old. Her social security was stopped. Daniel's Social Security was raised causing him to draw more than SSI. His SSI was stopped. This caused his Medicaid and Community long Term Care to stop as well.

The letter we received from Social Security dated July 3, 2008, to tell him his payment was stopped, also said under special rules even though his SSI had stopped he could receive Medicaid if he became disabled before age 22.

I took that letter to DHS office and filled out papers while there. One of the questions was did he have a bank account, CD or trust. I answered he had a CD in a trust. I gave them a statement from the bank showing what kind of account and the amount

-3-

of money that was in it. He had a money making CD with interest coming due once a year. In January,

The lady I talked with then said she didn't think there would be a problem.

I just recently found out that account doesn't say it's a trust but as Guardian, I don't know when this changed.

His bank statement had me at first listed as General Guardian. After he turned 18 I was his legal Guardian.

I received a letter dated 7-18-08 from Tabatha Spires, say he was denied because his countable resource was more than their policy allowed.

I called her asking what that meant. She said he had too much money in his account. She said he was allowed \$4000. I asked her if we could spend it down to that amount would that take care of the problem (he needed a new bed and larger wheel chair). She said it might but they needed a copy of his trust agreement that was made in 1977. I have search but could not find one.

Case a long time for it to be dealt with there. She said

South Carolina Department of Health and Human Services
Notice of Action

From: Horry County DHHS
P. O. Box 290
Conway SC 29528-0000

Date: 07/18/2008
Worker Name:
TABATHA SPIRES
Telephone: 843 381-8260
BG#: 90182902
HH#: 100375857

28 TSPH

To: BARBARA BURROUGHS
1012 PINECREST CIR
CONWAY SC 29528-4428

Beneficiary Name:
DANIEL W BURROUGHS

Beneficiary ID:
9262546201

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

Reason for denial:
Your countable resources are more than policy allows.

Denied for the month(s) of: 07/2008

Manual/policy reference supporting this action: 402.02

Fair Hearing

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

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

**Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information**

Southeastern Program Service Center
1200 8th Avenue North
Birmingham, AL 35285
Date: July 21, 2008
Claim Number: 247-70-5534C2

000008095 01 AB 0.351 T040 T25R M04.0714,PC3,N,B1,

**BARBARA BULLOUGH FOR
DANIEL W BULLOUGH
1012 PINECREST CIR
CONWAY SC 29536-9426**

The State of South Carolina will no longer pay DANIEL BURROUGHS' Medicare medical insurance premiums after July 2008. He must pay the premiums beginning August 2008.

What We Will Pay And When

We will deduct the Medicare medical insurance premium of \$96.40 from his monthly payment. Later in this letter, we tell him what to do if he disagrees with this change in the amount of his monthly payment: _____

- You will receive \$523.00 for July 2008 around August 1, 2008.
- After that you will receive \$523.00 on or about the third of each month.

To Cancel This Insurance

IF DANIEL BURROUGHS wants to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date his insurance coverage ends depends on when he cancels it:

- If he cancels it within 30 days from the date of this notice, his coverage will end at the same time the State stopped paying the premiums.
- If he cancels it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which he contacts us.
- If he waits more than 6 months to contact us, coverage will stop at the end of the month after the month in which he contacts us.

See Next Page

247-70-5534C2

Page 2 of 2

If You Disagree With The Decision

If you disagree with the change we have made to DANIEL BURROUGHS' monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

If You Have Any Questions

If you have any questions about the State Medicaid Program, please contact your State public assistance office.

If you have any questions about Medicare you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-843-248-4271. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1316 THIRD AVE
CONWAY, SC 29526

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.



Quinte C. Wilcox
Assistant Regional Commissioner,
Processing Center Operations

Social Security Administration Supplemental Security Income Notice of Planned Action

1816 THIRD AVE
CONWAY SC 29528

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000004083 01 MB 0.309
592 0851747096787
0828, M10, 019
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Date: July 3, 2008
Claim Number: 250-35-0416 DI

DANIEL W BURROUGHS
1012 PINECREST CIR
CONWAY SC 29526-9426

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 future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page(s) of this letter. The explanation shows how your income, other than any SSD payments, affects your SSD payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
August 1, 2008	Continuing	\$0.00

Why Your Payments Changed

Because of your income, you are not eligible to receive Supplemental Security Income payments for August 2008 on.

Your SSI Is Based On These Facts

You have monthly income which must be considered in figuring your eligibility as follows:

85A-18156

See Next Page



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 12, 2008

The Honorable Luke A. Rankin
Member, South Carolina Senate
District No. 33 – Horry County
201 Beaty Street
Conway, South Carolina 29526

Dear Senator Rankin:

Thank you for referring Barbara Burroughs to our agency with her questions about Medicaid and the healthcare needs of Daniel Burroughs.

We have addressed her concerns regarding Medicaid eligibility and the rules and regulations governing the program. We also provided Ms. Burroughs with contact information for staff in our Horry County Medicaid office if she has other questions.

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

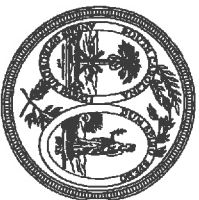
Sincerely,

A handwritten signature in cursive script, reading "Emma Forkner", is positioned above the typed name and title.

Emma Forkner
Director

EF/jcole

Log # 6123



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 10, 2008

Ms. Barbara Burroughs
1012 Pinecrest Circle
Conway, South Carolina 29526-9426

Dear Ms. Burroughs:

Senator Luke Rankin asked our agency to assist with your questions concerning Medicaid eligibility and the healthcare needs of Daniel Burroughs.

We are pleased to inform you that Mr. Burroughs will continue to receive Medicaid benefits without a lapse in coverage under our Aged, Blind or Disabled program. If you have any questions about his benefits or covered services, please contact Ms. Gerri Kelley, Regional Administrator in our Horry County Office, at (843) 381-8260, Ext. 175.

If you have questions about the Medicaid program, please contact Denise Epps in Constituent Services at (803) 898-2505 or 1-888-549-0820, Ext. 2505 (toll-free). We hope this information is helpful.

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs
Acting Deputy Director

AJ/cole

C: Ms. Gerri Kelley, Horry County Regional Administrator