

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

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>9-15-00</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000246</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 9/27/00, letters attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-26-00</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.			

RECEIVED

Fos-Ries
"Agprop. Sign."

SEP 21 1992

OFFICE OF THE DIRECTOR

PALMETTO HEALTH

8-29-86

I did not know until Sunday
8-27-86 that I was not
receiving my medication because
someone reported my name
was too small; I am not
receiving my medicine.

Someone wrote me from
your office and said my
name each month was

\$19,800.00 plus shipping and
I had expected this
my name is Denise Longford

of 558.12
my Social Sec 201 558-8074 is

\$661.80 making total of 1,219.32
+ Board of the Retirement

program. Medication does
them is 950.00. Medication does
not pay anything in my
middle and I do need some
help. Please help me as I do
not receive very good care
from my family.

Healthy Aging Program Initiative

"Because healthy aging begins at ANY age."

803.434.1666

Pilates | Aerobic Mix Power Jam | Water Aerobics | Tai Chi

PALMETTO HEALTH

~~help~~ Some of the people
on medication receive help
from their family. I do
not receive any help.

Please re-consider ~~add~~ help
me if you can. I do need
help - my address is -

Shore Palmetto Home
702 W. 3rd Ave
Lake View, SC 29563

and my name is: ~~Wes~~
J. Hayes; Room #113
Your assistance would be
greatly appreciated;

Sincerely
Wes Hayes

P.S. I signed with car
resident here for 2-1/2 yrs
but I do not recieve any
I will not choose I not health
& his. es.

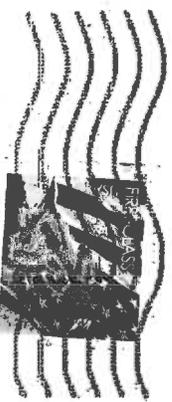
Healthy Aging Program Initiative
"Because healthy aging begins at ANY age."
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1-800-866-HOPE
www.thecarolinacenter.com

Stevens
 Doc. Acc. 1-03 646.00
 Return 12-30 558.32
 Total 1217.32
 Amount (net) double
 The amount for my
 former appeal is wrong

Davis T. Hayes
 Florence SC 295
 Home Rd
 702 W 3rd Ave
 Stake Chair, SC 29563



15 2006

Health & Human Services
OF THE DIRECTOR

Dept of Health & Human
 Services
 Robert M Kern,
 Director
 Columbia, SC 29202

29202/9993



FEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/15/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 08/19/06 END: PAGE: 0001

NAME: HAYES DORIS T HH NAME: HAYES DORIS T

RCP NUMBER: 7780063091 HH NUMBER: 100966511 ACTION TYPE: MAINTENANCE

SSN: 251-62-0155 VC: V APL STATUS: ACTION DATE: 05/30/04

PRIMARY INDIVIDUAL: APL CO: 17 WORKER ID: SRXC5 LOCATION: 077

SSCN: 251620155A RRN:

70200 3RD AVE RETIREMENT RACE: 08 SEX: F MARITAL STATUS: U

TPL INSURANCE: RELATION: SELF

LAKEVIEW SC 29563- DOB: 08/21/1918 DOD:

CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG BEG END BENEFITS QMB RETRO % OF POV CHIP

S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND LEVEL NUMBER

77888241 01/01/2003 92 10 LIMITED N 1.62

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: IEV7115 DATE: 10/23/04

ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV

PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS



State of South Carolina
Department of Health and Human Services

246
✓

Mark Sanford
Governor

Robert M. Kerr
Director

September 27, 2006

Ms. Doris T. Hayes
Thorne Retirement Center
702 West Third Avenue
Lake View, South Carolina 29563

Dear Ms. Hayes:

Thank you for writing to our agency director, Robert Kerr, expressing your concerns about your Medicaid eligibility.

According to our records, you are enrolled in the Gap Assistance Pharmacy Program for Seniors (GAPS), which helps with your prescription drug coverage. Your income does not exceed the limit for this program and your coverage has not been terminated. Your case will be reviewed in February and you should report any changes at that time. If you have additional questions, please contact Ms. Martha Sutton in our Central Eligibility Processing Office at 803-898-3109.

Thank you for taking the time to express your concerns, and I hope the information we have provided is helpful.

Sincerely,

Gary Ries
Deputy Director

GR/olh

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 898-4515

Notes: Doris Hayes

- I tried to obtain a copy of the letter sent to Ms. Hayes, but MEDS does not show closure for her. I could not locate a closure notice in document direct for Ms. Hayes.
- I contacted Martha Sutton and Tammy Douglas. They couldn't find any closure notices for her either. Martha and Tammy both concluded that if Ms. Hayes did receive a letter from us, it was sent in error. They both indicated that the system has been sending notices in error.
- I spoke with Ms. Hayes on 9/25. She was not sure if the letter came from Medicare or Medicaid. She seemed confused and thinks that she may have received the letter in February of this year. I asked if she was enrolled in Part D, she was not sure. I did not see Part D enrollment for her.

9-27-06
I gave Doris a copy of the letter from the doctor that was sent to her on 9/25.
GALBY

LEGISLATIVE LOG #	0246
LEGISLATOR/INQUIRER	
CONSTITUENT	Doris T. Hayes
SSN	251-62-0155
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	9/15/2006
DATE DRAFT DUE GR	9/25/2006
LOG LETTER DUE DATE	9/26/2006
DATE REFERRED TO BC	9/18/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	9/18/2006	Jan	8-2502	Jacobs box.
	9/18/2006	Jill	8-3936	Gave to Mark to distribute (2pm)
	9/19/2006 - 9/25/06	Valerie	8-3103	Received from Mark. Checked MEDS, Ms Hayes has an active GAPS case. I checked document direct to see if any letters were sent to her, I did not see anything recent. We sent a review form in December 2005. I sent the worker (Vanessa McKle) an email asking if she sent a letter or had been in contact with Ms. Hayes. I spoke with supervisor, Tammy Douglas and Martha Sutton, they could not locate any closure notices sent to Ms. Hayes. Ms. Sutton indicated that the system has been miscalculating income and sending closure letters. I spoke with Ms. Hayes. She was not sure if the letter was from us or Medicare. She thinks she got the letter in February. She mentioned that she read the GAPS overview, but she was still a little confused. I explained the program to her. Prepared draft, gave to Mark for review.
				<i>NOTE: CLIENT CONFUSED BUT DID NOT WANT US TO TALK WITH PEOPLE WORKING AT RESIDENT CENTER - SAID HER DRUGS WERE THERE COVERED. [Signature]</i>

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	

Programs:

ABD (32)	
Foster Children (31,60)	
General Hospital (14)	
HCBWS (15)	
LIF (59)	
MBCCP (71)	
Nursing Home (10)	
OSS (85,86)	
PHC (88)	
Pregnant Women & Infants (12,87)	
QMB (90)	
SILVERxCARD (92)	
SLMB (48,52)	

From: Valerie Hollis
To: Debbie Miller
Date: 9/21/2006 4:49 PM
Subject: Re: Doris T. Hayes

Hi Debbie, can you tell me if we have sent anything to Ms. Hayes within the last month or so? Thanks for your help.

>>> Vanessa Mickle 9/20/2006 2:29 PM >>>
I'm sorry, I no longer work in the eligibility department. I work in Behavior Health Services. However, I will forward this email to Debbie Miller, supervisor of that department.

Have a great day!

>>> Valerie Hollis 9/20/2006 1:33 pm >>>
Hi Vanessa,

We received a letter from the governor's office regarding Ms. Hayes. She indicated that she received a letter from our office stating that her income is too high and that her benefits would be terminated. I checked MEDS and I see that she is still active. She may be confused. Have you sent anything to her recently?

Thanks

AEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/20/06

MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

DATES-FROM: 08 / 2006 THRU: / HH NUMBER: 100966511

HH NAME: DORIS T HAYES CATEGORY: GAPS ACTION TYPE: MAINTENANCE

BG NUMBER: 77888241 WKR: VMCKI VANESSA MCKIE ACTION DATE: 08/19/06

BG: A BGP: A WKR: VMCKI VANESSA MCKIE

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 1326.86 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 1633.00 RESOURCE LIMIT: 0.00

POV-LVL: +1.62 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N) : Y ACT ON DECISION COMPLETE? (Y/N) : Y

MEETS INCOME? (Y/N) : Y DECISION ACCEPTED DATE: 08/19/06

MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 02/26/07

MEETS OTHER CONDITIONS? (Y/N) : Y ANTICIPATED CLOSURE DATE: _____

REASON(S) FOR DENIAL/CLOSURE/CHANGE: _____

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) : -

APPEAL REQUEST DATE: _____ COUNTY DECISION DPHELD? (Y/N) : _____

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: ELD4000 DATE: 08/19/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/20/06
MEDSPROD RECIPIENT INFORMATION ACTION: PAGE: 0001

MEMBER PERIOD START: 08/19/06 END:

HH NAME: HAYES DORIS T

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PRIMARY INDIVIDUAL: APL CO: 17 WORKER ID: SRXC5 LOCATION: 077

70200 3RD AVE RETIREMENT SSCN: 251620155A RRN: MARITAL STATUS: U

RACE: 08 SEX: F RELATION: SELF

LAKEVIEW CORRECT RCP NUMBER: SC 29563- DOB: 08/21/1918 DOD: LTY ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	IND	LEVEL	CHIP
S	NUMBER	ELIG	ELIG	92	10	LIMITED	N		1.62	NUMBER
	77888241	01/01/2003								

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: IEV7115 DATE: 10/23/04

ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

4EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: HAYES DORIS T HH NAME: HAYES DORIS T
RCP NUMBER: 7780063091 HH NUMBER: 100966511 ACTION TYPE: MAINTENANCE
SSN: 251-62-0155 APL STATUS: ACTION DATE: 05/30/2004
MCN: 251620155A VALIDATED BY: MMA ON: 04/04/2006

PART A - BEGINNING DATE: 08/01/1983 ENDING DATE: BY: MMA
PART B - BEGINNING DATE: 08/01/1983 ENDING DATE: BY: MMA
PART C - BEGINNING DATE: ENDING DATE: BY:
PART D - BEGINNING DATE: ENDING DATE: BY:
LOW INC- BEGINNING DATE: ENDING DATE: BY:
SUBSIDY

UPDATED: USER ID: DATE: SYSTEM ID: TTR1004 DATE: 06/13/06
ME900063 RECIPIENT RECORD FOUND
PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

4EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: HAYES DORIS T PAGE: 0001
HH NUMBER: 100966511 APL STATUS: ACTION TYPE: MAINTENANCE
ACTION DATE: 05/30/04

S	BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	REVIEW	STATUS
-		77888241	GAPS	VMCKI	47	055	02/26/2007	02/26/2006	ACTIVE

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: CNV4300 DATE: 05/30/04
 ME904675 HOUSEHOLD BUDGET GROUPS FOUND
 PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
 PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELDD00