

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

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>10/17/06</i>
-------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>CC0311</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10/24/06</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/30/06, letter attached</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. <i>* Letter to Sen J. Roberts sent 11/2/07 attached signed by Robby</i>			
2.			
3.			
4.			

JOHN M. "JAKE" KNOTTS, JR.
SENATORIAL DISTRICT NO. 23
LEXINGTON COUNTY



SENATE ADDRESS:
POST OFFICE BOX 142
303 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
PHONE: (803) 212-6350
FAX: (803) 212-6299
E-MAIL: JMK@SCSENATE.ORG

October 16, 2006

Mr. Robert Kerr, Director
SC Department of Health and Human Services
1801 Main Street
PO Box 8206
Columbia, SC 29202-8206

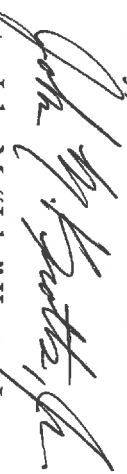
Dear Mr. Kerr,

I am writing on behalf of a constituent of mine by the name of Tom Goldman. He received a letter from DHHS approving and then disapproving his Medicaid all in the same day. That baffles me.

In the attached letter, Mr. Goldman details his current situation. I respectfully request that you consider his case, and allow him the appropriate help he needs. Your service and time is greatly appreciated. As a courtesy, I also ask that someone follow up with me regarding Mr. Goldman and what can be done to assist him. I can be reached at (803) 212-6350.

Thank you for your time and consideration of the matter.

Sincerely,


Senator John M. "Jake" Knotts, Jr.
Senatorial District 23

RECEIVED

Enclosure

JMK/lmc

cc: Tom Goldman- tgfantaz@bellsouth.net

OCT 17 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: <tgfantaz@bellsouth.net>
To: <imk@scsenate.org>
Date: Mon, Sep 4, 2006 11:31 AM
Subject: Richland County DHHS

Honorable Senator (Jakie) Knotts :

Seems like everytime I contact you it's about my problems. I can't thank you enough for solving them for me.

The latest one is kind of perplexing to me. I have been on Medicaid for about a year due to the fact that I wasn't too bright on handling my finances when I was making a little money.

Be that as it may, I received a letter from DHHS approving and then disapproving medicaid all on the same day. I called them and asked them which one was correct.. Ms. Toya Lewis explained to me that my income limit had exceeded the amount for me to qualify by \$63.00 I couldn't quite understand that since they had approved me on the income that I presently have, which is as follows
SSI.....\$639.00 and VA...\$241.00 totaling \$ 880.00. I don't receive food stamps or any other assistance for lights etc. except housing.

I've had a tour with the Navy during the Korean Conflict and then with the Air Force. I'm a lifetime member of the VFW and a Mason. I've requested a reduction in my VA Disability pension in order to qualify for Medicaid, but I feel as though I'm being penalized for my Military service. With the reduction in services at the VA to service connected medical attention only, I'm up the peverial creek without a paddle. I had eye surgery at the VA, but due in part to Dr. error, I've had to see a retina specialist and now that's no longer possible as well as some perscriptions the VA does not fill like neuropathic pain killers for Diabetics.

I'm am sorry to bother you with this Jake, but if there is anything you can do, I would be most appreciative.

Sincerely,
Tom Goldman (Thomas M. Goldman SS# 210-22-8569) (ID#4923077901)



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 30, 2006

Mr. Thomas M. Goldman
100 Fair Forest Road, A-4
Columbia, SC 29212

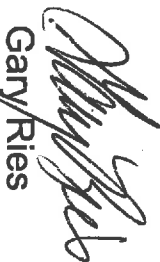
Dear Mr. Goldman:

Senator Jake Knotts asked our agency to address your concerns about Medicaid eligibility.

I am happy to report that upon further review of your case you will continue to receive Medicaid benefits through our Aged, Blind and Disabled program. We apologize for any confusion or inconvenience this may have caused you.

You also continue to receive Medicare coverage to help meet your medical and pharmacy needs. If you have questions regarding your Medicare coverage, please contact the Social Security Administration at 1-800-633-4227. If you need additional assistance with your Medicaid, please call Ms. Jennifer Dabbs at (803) 898-3965.

Sincerely,


Gary Ries
Deputy Director

GR/jod

311

Notes for log 0311:

Spoke with eligibility worker, Toya Lewis on 10/20/06. The reason a denial notice went out instead of a closure is because it was a review form that was used as a new app. because it was received over 30 days after the case had closed.

This is how she budgeted the income:

639 (SSA)

241 (VA)

880

50 (General Disregard)

830 Counted income - \$13 over income

I checked with Betty about the COLA. Since it was technically a new app. the worker did the budgeting correctly. Betty said in this case though, since he was eligible and the only reason it closed was due to review form, we can go ahead and budget using the COLA policy.

10/20: I left a message for the worker, Toya Lewis to call me back and also sent an email.

10/20: Worker emailed me to let me know the case had been reopened. Checked MEDS and it was reopened effective 11/1/06. I emailed her back and asked her to make it effective 8/1/06, since that is the month his coverage ended.

10/25: Ms. Lewis sent email letting me know everything had been taken care of and that the coverage was effective 8/1/06.

10/25: left message for Mr. Goldman

LEGISLATIVE LOG #	0311
LEGISLATOR/INQUIRER	Senator John M. "Jake" Knotts, Jr.
CONSTITUENT	Thomas M. (Tom) Goldman
SSN	210-22-*8569
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	10/17/2006
DATE DRAFT DUE GR	10/23/2006
LOG LETTER DUE DATE	10/24/2006
DATE REFERRED TO BC	10/17/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Letter from Mr. Goldman states confusion about receiving a Medicaid approval and denial letter on the same day. He was denied for ABD for excess income, but approved for SLMB. The action was completed on the same day and both letters were mailed on 8/29/06 (enclosed copies of the letters).	10/17/2006	Jan	8-2502	Jacobs Box.
	10/17/2006	Jill	8-3936	Gave to Jenny to distribute (4:15pm)
	10/18/2006	Jenny	8-3965	Printed MEDS screens, approval and denial letters
	10/18/2006	Jenny	8-3965	Tried to contact Mr. Goldman, left a message
	10/18/2006	Jenny	8-3965	Letter from Sen. Knotts request follow up with him and he gave his phone number. No HIPAA release, Bryan will call him and address this issue.
	10/18/2006	Jenny	8-3965	To Alicia
	10/18/2006	Jill	8-3936	Brought folder to the 11th floor (2:30pm)
	10/18/2006	Jan	8-2502	Reviewed and to Gary
	10/18/2006	Jenny	8-3965	Mr. Goldman called me back and I explained the situation to him. I told him we would also mail him a letter in regards to this. Info on clinics, etc. was mailed.
	10/19/2006	Jan	8-2502	Back to AJ - ?'s from Gary re \$13 over,....& some edits.
	10/20/2006	Jill	8-3936	To Jenny (8:15am)
	10/20/2006	Jenny	8-3965	Spoke to Betty. We can use the COLA policy. Emailed worker to reopen. Please see additional notes in file.
	10/25/06	Jenny		Back to Mark.

CHECKLIST

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

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)	
SSI	(80)	
TEFRA	(57)	
Transitional	(11)	

10/25: To Alicia

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/19/06
 MEDSPROD RECIPIENT INFORMATION ACTION:
 MEMBER PERIOD START: 08/03/06 END: PAGE: 0001
 NAME: GOLDMAN THOMAS M HH NAME: GOLDMAN THOMAS M
 RCP NUMBER: 4923077901 HH NUMBER: 100622106 ACTION TYPE: MAINTENANCE
 SSN: 210-22-8569 VC: V APL STATUS: ACTION DATE: 08/28/06
 PRIMARY INDIVIDUAL: APL CO: 40
 A-4 WORKER ID: TLEWI LOCATION: 444
 100 FAIR FOREST RD SSCN: 210228569A RRN:
 COLUMBIA DOB: 10/24/1929 DOD:
 CORRECT RCP NUMBER: SC 29212- TPL INSURANCE: N MARITAL STATUS: D
 LIV ARRANGEMENT: HOME INCOME TRUST: PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	LEVEL	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	NUMBER
-	99135966	08/01/2006		52	10	LIMITED	N	N	1.05
-	68878378	09/01/2005	08/01/2006	32	10	FULL	Y	Y	.97
-	68878378	08/01/2005	09/01/2005	32	10	FULL	N	Y	.97
-	18733264	03/01/2005	08/01/2005	92	10	LIMITED	N	N	1.07
-	18456423	03/01/2004	03/01/2005	42	10	LIMITED	N		.00
UPDATED:	USER ID: MTAYL	DATE: 02/10/04	SYSTEM ID: BUY1000	DATE: 09/28/05					

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

Jenny
 Gary has a good point. Why did he get a
 denial notice rather than closure.

In these cases, we normally call the worker
 & have her review the budget with us
 before they are all done. Make sure a COLA
 isn't causing the income to go over.
 I'm sure Betty would be glad to help if needed.
 Thanks



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Mr. Thomas M. Goldman
100 Fair Forest Road, A-4
Columbia, SC 29212

Dear Mr. Goldman:

*Alvin
His email says he was SN for
a year. What changed (or was he drinking?)
Also, can we look at it to be certain. He is over by
\$13 - you know how these things sometimes come back
at us. I am sure it is OK, but just to be certain...*

Senator Jake Knotts asked our agency to address your concerns about Medicaid eligibility.

^{review!}
Your Medicaid application under the Aged, Blind or Disabled (ABD) program was denied on August 28, 2006 because your income exceeds the allowable limit of \$817 per month. Your eligibility worker, Ms. Toya Lewis, used your ABD application to approve you for Medicaid's Specified Low Income Beneficiaries (SLMB) program on August 28, 2006, which has higher income limitations. The SLMB program pays your Medicare Part B premiums. The correspondence for both programs was mailed on the same day. We apologize for any confusion this may have caused.

Should your income change, you may reapply for ABD at any time by contacting our Richland County Medicaid Office at (803) 714-7562 or (803) 714-7462. They are located at 3220 Two Notch Road, Columbia, SC 29204.

Fortunately, you continue to receive Medicare coverage to help meet your medical needs. If you have questions regarding your Medicare coverage, please contact the Social Security Administration at 1-800-633-4227. If you need additional assistance with your Medicaid, please call Ms. Jennifer Dabbs at (803) 898-3965.

Sincerely,

Gary Ries
Deputy Director

GR/jod

AEHDMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/25/06

MEDSPROD MEMBER PERIOD START: 08/03/06 END: ACTION: PAGE: 0001

NAME: GOLDMAN THOMAS M HH NAME: GOLDMAN THOMAS M

RCP NUMBER: 4923077901 HH NUMBER: 100622106 ACTION TYPE: MAINTENANCE

SSN: 210-22-8569 VC: V APL STATUS: ACTION DATE: 08/28/06

PRIMARY INDIVIDUAL: APL CO: 40 WORKER ID: TLEWI LOCATION: 444

A-4 SSCN: 210228569A RRN:

100 FAIR FOREST RD RACE: 01 SEX: M MARITAL STATUS: D

COLUMBIA TPL INSURANCE: N RELATION: SELF

CORRECT RCP NUMBER: SC 29212- DOB: 10/24/1929 DOD:

LIV ARRANGEMENT: HOME INCOME TRUST: PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
S	NUMBER	ELIG	ELIG					LEVEL	NUMBER
-	59403952	12/01/2006		32	10	FULL	Y	N	.98
-	59403952	08/01/2006	12/01/2006	32	10	FULL	N	N	.98
-	99135966	08/01/2006	08/01/2006	52	10	LIMITED	N	N	1.05
-	68878378	09/01/2005	08/01/2006	32	10	FULL	Y	Y	.97
-	68878378	08/01/2005	09/01/2005	32	10	FULL	N	Y	.97
UPDATED: USER ID: MTAYL DATE: 02/10/04 SYSTEM ID: BUY1000 DATE: 09/28/05									

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

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/25/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 08/03/06 END: PAGE: 0001

NAME: GOLDMAN THOMAS M HH NAME: GOLDMAN THOMAS M

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A-4 SSCN: 210228569A RRN:

100 FAIR FOREST RD RACE: 01 SEX: M MARITAL STATUS: D

COLUMBIA SC 29212- TPL INSURANCE: N RELATION: SELF

CORRECT RCP NUMBER: DOB: 10/24/1929 DOD: 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
-	59403952	12/01/2006		32	10	FULL	Y	N	.98	
-	59403952	08/01/2006	12/01/2006	32	10	FULL	N	N	.98	
-	99135966	08/01/2006	08/01/2006	52	10	LIMITED	N	N	1.05	
-	68878378	09/01/2005	08/01/2006	32	10	FULL	Y	Y	.97	
-	68878378	08/01/2005	09/01/2005	32	10	FULL	N	Y	.97	
UPDATED: USER ID: MTAYL		DATE: 02/10/04		SYSTEM ID: BUY1000		DATE: 09/28/05				

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

From: Toya Lewis
To: Jennifer Dabbs
Date: 10/25/2006 9:39 AM
Subject: Re: Thomas M. Goldman 210-22-8569

Good morning, I received an email late yesterday that this case has been taken of with coverage being reinstated to 08/2006. Thanks

From: Jennifer Dabbs
To: Toya Lewis
Date: 10/24/2006 2:23 PM
Subject: Re: Thomas M. Goldman 210-22-8569

Will you let me know when you find something out? I am going to try and hold the letter until I hear back from you. Thanks again for all of your help on this!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

>>> Toya Lewis 10/20/2006 3:07 PM >>>
I will have to see if MEDS can do the correction. I will not be able to do this because he did receive benefits during those months. I do not know if MEDS will be able to take away those benefits.

>>> Jennifer Dabbs 10/20/06 3:04 PM >>>
Could you please make this coverage effective 8/1/06 so they will not have a lapse in coverage? This is when it closed...effective 8/1/06. Thanks!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

>>> Toya Lewis 10/20/2006 2:20 PM >>>
I was completing his case when you sent this email. It has been taken of. So you can give him a call to tell him that it is done.

>>> Jennifer Dabbs 10/20/06 2:13 PM >>>
You're welcome. Will you reopen this case based on the COLA policy and notify me when it has been done? I will then let Mr. Goldman know his benefits have been reinstated due to this policy. Thanks a lot!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

>>> Toya Lewis 10/20/2006 2:09 PM >>>
Thanks a lot for your help and teaching me something new today!!!!

>>> Jennifer Dabbs 10/20/06 12:58 PM >>>
Policy states:

This disregard continues until either:

1. The individual loses Medicaid coverage for any reason for 3 consecutive months.
2. After the annual COLA rebudget, SSA/RR income is less than the FPL.

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

>>> Toya Lewis 10/20/2006 12:56 PM >>>
Will we always give them this from year to year? Or is this just for this year only?

>>> Jennifer Dabbs 10/20/06 12:52 PM >>>
From my understanding, it is only for ABD. This would apply to everyone that meets the guidelines in the manual section. This is not for new ABD applications.

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-3965
(803) 255-8350 FAX
jnchtien@scdhhs.gov

>>> Toya Lewis 10/20/2006 12:49 PM >>>
Will this apply to everyone that has been receiving medicaid and is closed out of ABD for the COLA? Also will this apply to SLMIB reviews as well?

>>> Jennifer Dabbs 10/20/06 12:44 PM >>>
This is the case I spoke with you about earlier. I also left you a voicemail. I checked the manual and checked with Betty Moses, Supervisor in our Policy unit on the Cost of Living Adjustment (COLA). Please refer to Manual section 303.01.03A. We can use last years SSA amount to allow Mr. Goldman to be eligible. Technically this is not done on new applications, but in this case, he has been receiving so Betty said we could still go by this policy. Will you please reopen Mr. Goldmans case? Please let me know once this has been done as this is a letter to Senator Knotts I am following and need to have a response as soon as possible.

The budget calculations would be as follows:
614 (SSA-before COLA)
241 (VA)
855
50 (disregard)
\$805 countable income

Please let me know if there are any questions! Thanks in advance for your assistance.

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-3965
(803) 255-8350 FAX
jnchtien@scdhhs.gov

AEDELD02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/20/06

MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 10 / 2006 THRU: . / . PAGE: 3 OF 3

HH NAME: THOMAS M GOLDMAN
HH NUMBER: 100622106

BG NUMBER: 59403952	CATEGORY: ABD	ACTION TYPE: MAINTENANCE
---------------------	---------------	--------------------------

BG: A BGP: A WKR: TLEWI TOYA LEWIS ACTION DATE: 10/20/06

RCP NAME: THOMAS M GOLDMAN

RCP NUMBER: 4923077901

PREVIOUS BG:	NEW BG:	CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N QMB: Y PROT PER DATE: _____

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---	--MEDICAID+QMB DATES--	SERVICE	REASON	REASON
---------------------	------------------------	---------	--------	--------

	BEGIN	END	TYPE	CODE 1	CODE 2
BEGIN					
END					
BEGIN					
END					

11/01/2006	12/01/2006	12/01/2006		

[illegible]

100

[illegible][illegible]

1. The first part of the document is a title page. It contains the title "The History of the County of York" and the author's name "John Smith".

2. The second part of the document is a preface. It discusses the importance of the county and the need for a comprehensive history.

3. The third part of the document is the main body of the text. It is divided into several chapters, each covering a different aspect of the county's history.

4. The fourth part of the document is a conclusion. It summarizes the findings of the research and provides a final assessment of the county's history.

5. The fifth part of the document is a list of references. It includes a list of books, articles, and other sources used in the research.

6. The sixth part of the document is an index. It provides a list of topics and page numbers, making it easy to find specific information.

7. The seventh part of the document is a list of illustrations. It includes a list of maps, photographs, and other visual aids used in the text.

8. The eighth part of the document is a list of footnotes. It provides additional information and references for the topics discussed in the text.

9. The ninth part of the document is a list of appendices. It includes a list of tables, charts, and other supplementary material.

10. The tenth part of the document is a list of glossary. It provides definitions for the key terms and concepts used in the text.

UPDATED: USER ID: TLEWI DATE: 10/20/06 SYSTEM ID: ELD3000 DATE: 10/20/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

Reopened 10/20/06

AEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/20/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
HH NAME: THOMAS M GOLDMAN DATES-FROM: 10 / 2006 THRU: ____ / ____ PAGE: 2 OF 3
BG NUMBER: 59403952 CATEGORY: ABD HH NUMBER: 100622106
BG: A BGP: A WKR: TLEWI TOYA LEWIS ACTION TYPE: MAINTENANCE
ACTION DATE: 10/20/06
COUNTABLE BG MEMBERS: 1
COUNTABLE INCOME: 805.00 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00
POV-LVL: +.98 % 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: 10/20/06
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 10/20/07
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 UPHELD? (Y/N): -
UPDATED: USER ID: TLEWI DATE: 10/20/06 SYSTEM ID: ELD3000 DATE: 10/20/06
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

AEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/20/06
 MEDSPROD UNEARNED INCOME DETAIL ACTION:
 NAME: GOLDMAN THOMAS M PERIOD START: 08/03/2006 END:
 NUMBER: 4923077901 HH NAME: GOLDMAN THOMAS M
 SSN: 210-22-8569 HH NUMBER: 100622106 ACTION TYPE: MAINTENANCE
 STATUS: ACTION DATE: 08/28/2006

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: 10/24/2002
END DATE:

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE	RECD	FREQUENCY
0.00			
639.00	01/03/2006		MONTHLY
614.00	01/03/2005		MONTHLY
598.00	04/03/2004		MONTHLY
598.60	02/03/2004		MONTHLY

UPDATED: USER ID: TLEWI DATE: 08/09/2006 SYSTEM ID: CNV1010 DATE: 10/24/02
 INCOME RECORD FOUND
 PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
 PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

614 (SSA)
 241 (VA)
 855
 - 56 Gen. disregard
 865

10/20/06 - message for worker - Per Betty we can
 use above figures.

AEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/20/06
 MEDSPROD UNEARNED INCOME DETAIL ACTION:
 NAME: GOLDMAN THOMAS M PERIOD START: 08/03/2006 END:
 NUMBER: 4923077901 HH NAME: GOLDMAN THOMAS M
 SSN: 210-22-8569 HH NUMBER: 100622106 ACTION TYPE: MAINTENANCE
 STATUS: ACTION DATE: 08/28/2006

SOURCE TYPE: VETERAN'S ADMIN PENSION 2 SOURCE: VETS BFTS - PENSIONS
 ADDRESS

DATE APPLIED FOR: 10/24/2002
 END DATE:

PHONE: - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
241.00	12/01/2005	MONTHLY
232.00	12/01/2004	MONTHLY
226.00	12/31/2003	MONTHLY
212.00	10/24/2002	MONTHLY

UPDATED: USER ID: TLEWI DATE: 08/09/2006 SYSTEM ID: CNV1010 DATE: 10/24/02
 INCOME RECORD FOUND
 PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
 PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

AEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/20/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

DATES-FROM: 05 / 2006 THRU: _ / _ HH NUMBER: 100622106

HH NAME: THOMAS M GOLDMAN CATEGORY: ABD ACTION TYPE: MAINTENANCE

BG NUMBER: 68878378 WKR: TLEWI TOYA LEWIS ACTION DATE: 07/15/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME:		COUNTABLE RESOURCES:	0.00
INCOME LIMIT:	817.00	RESOURCE LIMIT:	4000.00
POV-LVL:	+ .97 %	HLTH INS PREM:	0.00

RECURRING INC:	0.00	TOTAL ALLOC:	0.00	OSS AWARD:	0.00
MEETS NON-FINANCIAL?	(Y/N) : _	ACT ON DECISION COMPLETE?	(Y/N) : Y		
MEETS INCOME?	(Y/N) : _	DECISION ACCEPTED DATE:	07/15/06		
MEETS RESOURCES?	(Y/N) : _	NEXT REVIEW DATE:	07/06/06		
MEETS OTHER CONDITIONS?	(Y/N) : Y	ANTICIPATED CLOSURE DATE:			

REASON(S) FOR DENIAL/CLOSURE/CHANGE:
S82 We did not receive your completed review form.

ELIGIBILITY DECISION APPEALED?	(Y/N) _	CONTINUE BENEFITS?	(Y/N) : _
APPEAL REQUEST DATE:		COUNTY DECISION UPHELD?	(Y/N) : _
UPDATED: USER ID:		SYSTEM ID:	ELD4000
	DATE:	DATE:	07/15/06

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

Medicaid Letter of Action

From: RICHLAND COUNTY DHHS

P. O. Box 183

State Park SC 29147-0183

Date: 08/29/2006

Worker Name:

TOYA LEWIS

Telephone: 803 741-1165

BG #: 99135952

HH #: 100622106

To: THOMAS M GOLDMAN

A-4

100 FAIR FOREST RD

COLUMBIA SC 29212

40 TLEWI

Recipient Name:

THOMAS M GOLDMAN

Recipient ID:

4923077901

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

Reason for denial:

Your income is more than policy allows.

Denied for the month(s) of: 08/2006

Manual/policy reference supporting this action: 303.01.03

X You may ask for a fair hearing before the Department of Health and Human Services if you believe an error was made in processing your application.

To Request A Hearing from the Department of Health and Human Services

- Ask your Medicaid worker in writing within 30 days of this letter. Attach a copy of this letter to your request.

To Get Help with Your Hearing

- You may hire an attorney to help you
- You may have someone you know come to the hearing and speak for you
- Contact your Medicaid worker in person or by phone to get help in asking for a hearing

MEDICAID APPROVAL LETTER

SLMB

RICHLAND COUNTY DHHS
P.O. Box 183
State Park SC 29147-0183

THOMAS M GOLDMAN
A-4
100 FAIR FOREST RD
COLUMBIA SC 29212

Date: 08/29/2006
Worker: TOYA LEWIS
Telephone: 803 741-1166
BC #: 99135866
HH #: 100622106
40 TLEWI

Your application has been approved. The person(s) listed below will get limited Medicaid benefits (payment of Medicare Part B premium):

Recipient Name	Recipient ID#	Begin Date	Retro Date(s)
THOMAS M GOLDMAN	4923077901	08/01/2006	

Please allow 90 to 120 days for DHHS to begin paying your Medicare premium. If the premium is being deducted from your SSA check, you will receive a refund for the months you paid for your premium after you become eligible for Medicaid SLMB.

X As a condition of eligibility when you apply for medical assistance, you are assigning to the state your rights to any medical support or other payments for medical care and you are agreeing to cooperate with the state in obtaining third party payment.

X You may ask for a fair hearing before the Department of Health and Human Services if you believe an error was made in processing your application.

To Request A Fair Hearing From the Department of Health and Human Services

o Ask your Medicaid worker in writing within 30 days of the date on this letter.

o Attach a copy of this letter to your request.

You must tell your Medicaid worker in 10 days if you have a change in the following:

- o Where you live
- o Income
- o Resources
- o Family size (someone moves in or out)
- o Any news that would change your case

To Get Help With Your Fair Hearing

- o You can hire an attorney to help you
- o You can have someone you know come to the hearing and speak for you
- o Contact your Medicaid worker in person or by phone to get help in asking for a hearing.

YOU WILL RECEIVE A REVIEW FORM IN THE MAIL EVERY
12 MONTHS (SOMETIMES SOONER). WHEN YOU RECEIVE
THE REVIEW FORM, YOU MUST COMPLETE AND RETURN
IT OR YOUR MEDICAID WILL STOP.

AEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/18/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
HH NAME: THOMAS M GOLDMAN DATES-FROM: 08 / 2006 THRU: ____ / ____ PAGE: 2 OF 3
BG NUMBER: 99135952 CATEGORY: ABD HH NUMBER: 100622106
BG: D BGP: D WKR: TLEWI TOYA LEWIS ACTION TYPE: MAINTENANCE
COUNTABLE BG MEMBERS: 1 ACTION DATE: 08/28/06
COUNTABLE INCOME: 830.00 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00
POV-LVL: +1.01 % 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): N DECISION ACCEPTED DATE: 08/28/06
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 08/28/07
MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: ____
REASON(S) FOR DENIAL/CLOSURE/CHANGE:
051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -
APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -
UPDATED: USER ID: TLEWI DATE: 08/28/06 SYSTEM ID: ELD3000 DATE: 08/28/06
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

EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/18/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: GOLDMAN THOMAS M HH NAME: GOLDMAN THOMAS M
RCP NUMBER: 4923077901 HH NUMBER: 100622106 ACTION TYPE: MAINTENANCE
SSN: 210-22-8569 APL STATUS: ACTION DATE: 08/28/2006
MCN: 210228569A VALIDATED BY: BUY IN ON: 10/07/2006

PART A - BEGINNING DATE: 10/01/1994 ENDING DATE: BY: MMA

PART B - BEGINNING DATE: 10/01/1994 ENDING DATE: BY: MMA

PART C - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA

PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA

LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2007 BY: MMA
SUBSIDY

UPDATED: USER ID: DATE: SYSTEM ID: TTR1004 DATE: 10/09/06
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-

303.01.03A Social Security, Railroad Retirement, and Federal Poverty Level (FPL)**COLAS**

(Rev. 08/01/06)

On or after April 1, 2006, Medicaid beneficiaries who lose ABD Medicaid eligibility due to the annual Social Security and Railroad Retirement COLA and Federal Poverty Level COLA, disregard the most recent Social Security/Railroad Retirement COLA increase.

Example: George Allen received \$847 SSA in 2005. Effective January 1, 2006, his SSA increased to \$879. At the annual COLA rebudget, his income is now over the new FPL for 2006. Mr. Allen does not have Medicare. Use \$847, the SSA amount he received in 2005, to determine his continued Medicaid eligibility.

$$\begin{aligned} \$879.00 - 50.00 &= 829.00 \\ \$847.00 - 50.00 &= 797.00 \end{aligned}$$

Over the \$817.00 income limit for 2006
Remains eligible using the 2005 SSA amount

This disregard continues until either:

1. The individual loses Medicaid coverage for any reason for 3 consecutive months.
2. After the annual COLA rebudget, SSA/RR income is less than the FPL.

This disregard will continue to be given at annual review, unless the beneficiary meets one of the two criteria listed above. The individual may again be eligible for the disregard in later years if they again become ineligible due to COLA changes in SSA/RR and FPL.

If the individual receives added or increased income from a source other than SSA / RR at the time of the COLA adjustments, this disregard can be used only if ineligibility is caused by the change in SSA/RR income.

When budgeting for a couple this disregard applies to the SSA/RR of both individuals even though disregarding the COLA increase of only one member of the couple would result in keeping Medicaid coverage for the couple.



311 ✓
State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

January 2, 2007

The Honorable John M. "Jake" Knotts, Jr.
South Carolina Senate
Post Office Box 142
Columbia, South Carolina 29202

Dear Senator Knotts:

Thank you for bringing Tom Goldman's issue to my attention. We have been working with Mr. Goldman, and his situation has been resolved. We have talked with him and he is very grateful for your assistance.

The Department is required to communicate with applicants anytime their case status changes. If a recipient moves from one category to another, this would generate multiple letters.

Thank you for your work on behalf of Mr. Goldman, and your 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,

Robert M. Kerr

Robert M. Kerr
Director

Brea,

This has been closed,

however, Brea requested a
personal response to Knotts...

Mr. Knotts



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

The Honorable John M. "Jake" Knotts, Jr.
South Carolina Senate
Post Office Box 142
Columbia, South Carolina 29202

Dear Senator Knotts:

Thank you for bringing Tom Goldman's issue to my attention. Goldman, and his situation has been resolved. We have talked with him and he is happy. ~~After~~

I wanted to explain to you how it's possible that two letters from the same day.

DHHS' annual re-enrollment process requires Medicaid recipients to report changes in their income or resources to determine continuing eligibility. This process has been a key factor in controlling our state's Medicaid rolls. If someone fails to do so, after a certain period of time, their Medicaid coverage has ended automatically. Issues notification that coverage has ended.

Even when a review form is turned in on time, a change in income or Medicaid. When this happens, federal requirements direct individuals for coverage in other categories that have different eligibility rules. This anytime the agency terminates eligibility for someone's approval letter could be issued for a new category while a decision is made. Often these letters are mailed on the same day.

Thank you for your work on behalf of Mr. Goldman, and your support of the program. If I may be of further assistance on this or any other

LO!
We were to give Mr. Knotts a call re the closure of this case; however, Bryan spoke with me in Knotts office and suggested a written response... Mr. Knotts

Gary & Robby
to talk about
before sending.

Robby,
These need
your signature.
JMK
12/15

The Department is required to communicate with applicants ~~and~~ ^{and} ~~states~~ ^{are} ~~in~~ ^{the} ~~the~~ ^{their} ~~cost~~ ^{status} ~~changes~~ ^{changes}. If a recipient moves from one category to another, this would generate multiple letters.

Sir,
Robert M. Kerr
Director

Senator Knotts:

Thank you for bringing Tom Goldman's issue to my attention. We have been working with Mr. Goldman, and his situation has been resolved. We have talked with him and he is very grateful for your assistance.

I wanted to explain to you how it's possible that two letters from our agency can reach a recipient on the same day.

The first thing to keep in mind is the importance of the annual review form. DHHS' annual re-enrollment process requires Medicaid recipients to fill out a form to verify any changes in their income or resources to determine continued eligibility. If someone fails to do so, after an appropriate time the Medicaid system automatically issues notification that coverage has ended.

Even when a review form is turned in on time, a change in income or resources can result in a denial of Medicaid. When this happens, federal requirements direct DHHS to automatically screen these individuals for coverage in other categories that have different eligibility criteria. DHHS is required to do this anytime the agency terminates eligibility for someone. In cases like these, a Medicaid approval letter could be issued for a new category while a denial letter is being sent for the old category. Often these letters are mailed on the same day.

Our annual re-enrollment process has been a key factor in controlling our state's Medicaid growth. Engaging the Medicaid enrollees to report to us each year ensures accountability and protects the integrity of South Carolina's Medicaid rolls. I'm glad to know that the system is working, but I'm also pleased that staff can step in when extra attention is warranted.

Thank you for your work on behalf of Mr. Carolina Medicaid program please let me kr

our support of the South e on this or any other matter,

11/3

Have Alice
review also please

Allen

as that Bill was
in back to Sen.

we have no

idea

referred to NOW Knotts wants
FY Review - BK drafted

Mr. Kerr -
proposed letter
you to send to
Sen. Knotts -
about approval
denial letter
received the same
day.

- Bryan



*Office (Lindsey)
his address updated*

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

October 30, 2006

Mr. Thomas M. Goldman
100 Fair Forest Road, A-4
Columbia, SC 29212

Dear Mr. Goldman:

Senator Jake Knotts asked our agency to address your concerns about Medicaid eligibility.

I am happy to report that upon further review of your case you will continue to receive Medicaid benefits through our Aged, Blind and Disabled program. We apologize for any confusion or inconvenience this may have caused you.

You also continue to receive Medicare coverage to help meet your medical and pharmacy needs. If you have questions regarding your Medicare coverage, please contact the Social Security Administration at 1-800-633-4227. If you need additional assistance with your Medicaid, please call Ms. Jennifer Dabbs at (803) 898-3965.

Sincerely,

Alvin
Gary
Deputy

** Jennifer*

GR/jod

*Bryan to call
Sen Knotts*

Robert M. Kerr
Director

*Re: letters on file by -
he was ABD eligible,
but approved for
SMB (more
premiums) the one by.
- He's eligible
- we did not receive a new
form, so we checked him.
- He sent a 2 in, letter ->
the ~~form~~ ~~that~~ ~~at~~ ~~the~~ ~~application~~
the first place - he was
813 over (SS adjustment)
- we denied him*


*- but we further reviewed it
+ we should've used his years
ABD*

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

ACTION REFERRAL

TO	DATE
Ries	10/17/06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000311	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>10/24/06</u>
2. DATE SIGNED BY DIRECTOR _____	<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. 	10/28/06		
2.			
3.			
4.			

JOHN M. "JAKE" KNOTTS, JR.
SENATORIAL DISTRICT NO. 23
LEXINGTON COUNTY



SENATE ADDRESS:
POST OFFICE BOX 142
303 GRESSETT SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
PHONE: (803) 212-6350
FAX: (803) 212-6299
E-MAIL: JMK@SCSENATE.ORG

October 16, 2006

Mr. Robert Kerr, Director
SC Department of Health and Human Services
1801 Main Street
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Kerr,

I am writing on behalf of a constituent of mine by the name of Tom Goldman. He received a letter from DHHS approving and then disapproving his Medicaid all in the same day. That baffles me.

In the attached letter, Mr. Goldman details his current situation. I respectfully request that you consider his case, and allow him the appropriate help he needs. Your service and time is greatly appreciated. As a courtesy, I also ask that someone follow up with me regarding Mr. Goldman and what can be done to assist him. I can be reached at (803) 212-6350.

Thank you for your time and consideration of the matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "John M. Knotts, Jr.", written over a horizontal line.

Senator John M. "Jake" Knotts, Jr.
Senatorial District 23

Enclosure

JMK/lmc

cc: Tom Goldman- tgfantaz@bellsouth.net

RECEIVED

OCT 17 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: <lgfantaz@bellsouth.net>
To: <jmk@scsenate.org>
Date: Mon, Sep 4, 2006 11:31 AM
Subject: Richland County DHHS

781-3121

Honorable Senator (Jakie) Knotts :
Seems like everytime I contact you it's about my problems. I can't thank you enough for solving them for me.
The latest one is kind of perplexing to me. I have been on Medicaid for about a year due to the fact that I
wasn't too bright on handling my finances when I was making a little money.

Be that as it may, I received a letter from DHHS approving and then disapproving medicaid all on the same day. I called them and asked them which one was correct. Ms. Toya Lewis explained to me that my income limit had exceeded the amount for me to qualify by \$63.00 I couldn't quite understand that since they had approved me on the income that I presently have, which is as follows
SSI.....\$639.00 and VA...\$241.00 totaling \$ 880.00. I don't receive food stamps or any other assistance for lights etc. except housing.

I've had a tour with the Navy during the Korean Conflict and then with the Air Force. I'm a lifetime member of the VFW and a Mason. I've requested a reduction in my VA Disability pension in order to qualify for Medicaid, but I feel as though I'm being penalized for my Military service. With the reduction in services at the VA to service connected medical attention only, I'm up the peverbial creek without a paddle. I had eye surgery at the VA, but due in part to Dr. error, I've had to see a retina specialist and now that's no longer possible as well as some perscriptions the VA does not fill like neuropathic pain killers for Diabetics.

I'm am sorry to bother you with this Jake, but if there is anything you can do, I would be most appreciative.

Sincerely,
Tom Goldman (Thomas M. Goldman SS# 210-22-8569) (ID#4923077901)