

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>8-15-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>600147</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 8/29/06, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-24-06</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.			



Ros. Ries
"Oppm. Sign"

State of South Carolina
Office of The Lieutenant Governor

André Bauer
Lieutenant Governor

Office on Aging
Cornelia D. Gibbons
Director

August 10, 2006

Mr. Robby Kerr
Director
State Department of Health and Human Services
1801 Main Street
Columbia, SC 29202

Dear Robby:

I am forwarding to you a letter we recently received from Mrs. Jeanette Knight. Mrs. Knight's mother suffers from dementia and other health problems. They evidently have been trying to locate a facility with a Medicaid bed available but have had no luck. In the meantime, we have contacted our Family Caregiver Support Advocate in her area who will be talking with the family regarding caregiver issues.

Thank you for your attention to this matter.

Sincerely,

Nela

Cornelia D. Gibbons

CDG/jd

RECEIVED

AUG 14 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Office of The Lieutenant Governor

André Bauer
Lieutenant Governor

Office on Aging
Cornelia D. Gibbons
Director

July 31, 2006

Mrs. Jeanette Knight
14 Rison Road
Greenville, South Carolina 29611-7112

Dear Mrs. Knight,

Thank you for your letter. The Family Caregiver Support Program, which is administered by the Lt. Governor's Office on Aging, has a Family Caregiver Advocate located in the Greenville area who may have information helpful to your sister. I have asked Debra Brown to mail some program information to your address. If you would like to contact her directly, she can be reached at (864) 242-9733 or toll-free at (800) 925-4077.

I'm taking the liberty of forwarding your letter to Robert M. Kerr, Director of the Department of Health and Human Services. This is the agency that administers the Medicaid program in South Carolina. I will ask Mr. Kerr to contact you about this matter.

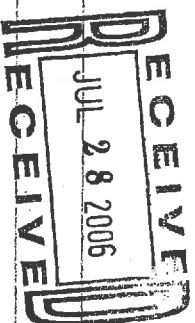
Please let me know if I can be of any further assistance.

Sincerely,

Eve Barth

Eve Barth
Program Coordinator
Family Caregiver Support Program

600108



7-25-06

Greenville, SC.

Dear St. Henry,

I am writing you this letter to ask you and our state representative to do something about our medical laws in regard to medical beds in S.C. Why do we have to ~~see~~ ^{and} have ones to N.C. and I know that some N.C. people come to S.C.

My mother has dementia and broke her hip in 2001 and the pins were coming out before she left the hospital. She is in a wheelchair and can stand and hold on to things to use her bedside commode but she will be bedridden pretty soon. My sister has been taken care of her ~~all~~ ^{over} ~~the~~ ^{the} in the last year has been coming and sister and her husband and puts her call when she gets mad.

I called the Dr. and he sent out (2005) a social worker and a nurse. He said he would help us. But didn't.

She got so bad June 14 that we (2006) took her to Greenville Memorial and had her checked out and later admitted to

Marshall Pilsbry. And we had a hearing with the Probate Judge and then while recommended a nursing home for her. They were going to send her to N.C. and my sister brought her home to try and find a place here where she could go and watch after and her and help with her.

My sister never has left home ^(brother) they moved in with her and she later moved in with them. I have been married since I was 16 and I am not that close to mother. I would have sent her to N.C. if it had been up to me.

Trying to take care of mother in morning ^{with} my sister and her husband ^{helped} her down. My sister has no insurance and want me able to get medicine for 8 more years. Mother had a little money from the sale of her house. We have offer to pay a nursing home her \$11 a week out and then she would have to go on medical.

My sister doesn't mind taking care of mother but it's the close mother is

giving her that is getting her down.
But soon she wont be able to get
mother up at all.

Sony, I was as long winded. I
hope you and our state representative get
get some change to this mother.

Yours Truly,
Granite Knight

P.S. mother is 84



State of South Carolina
Department of Health and Human Services

1407

Mark Sanford
Governor

Robert M. Kerr
Director

August 29, 2006

Mrs. Jeanette Knight
14 Rison Road
Greenville, South Carolina 29611-7112

Dear Mrs. Knight:

Lieutenant Governor Andre Bauer asked our agency to respond to your concerns over your mother's healthcare needs and efforts to locate a nursing home for her care.

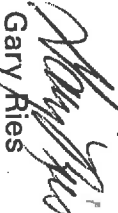
Unfortunately, your correspondence did not identify your mother by name, her telephone number or address, and we were unable to locate a telephone number where we could contact you to see how we may be of assistance. Please call Mr. Bob Liming in Constituent Services at 803-898-2621. He will be glad to help with any questions you may have about Medicaid.

Your letter to the Lieutenant Governor's Office mentioned a legal status concerning your mother's medical condition. The Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing specific information without an individual's written consent.

If you or your sister would like more information than we are currently able to provide, we have enclosed a HIPAA release form which you can complete and return.

I regret any inconvenience these privacy requirements may cause you or your sister, but once we have the release form, we will be glad to provide any information we can to assist with your mother's healthcare needs.

Sincerely,


Gary Ries

Deputy Director

GR/jolm
Enclosure

Log 000147

SCDHHS AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name: _____ Date of Birth: _____

Record #: _____ Client SS #: _____

I _____ hereby authorize
(Client or Personal Representative)

_____ to disclose specific health information
(Name of Provider/Plan/Agency)
from the records of the above named client to: _____
(Recipient Name/Address/Phone/Fax)

_____ for the specific purpose(s): _____

_____ Specific information to be disclosed: _____

_____ I understand that this authorization will expire on the following date, event or condition: _____

_____ I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time and that I will be asked to sign the *Revocation Section* on the back of this form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

_____ I understand that refusal to sign this authorization will not condition or limit my access to treatment, payment, enrollment or eligibility for benefits available to me.

_____ I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

_____ I further understand that I may request a copy of this signed authorization.

_____ (Signature of Client) _____ (Date) _____ (Witness-If Required)

_____ (Signature of Personal Representative) _____ (Date) _____ (Personal Representative Relationship/Authority)

NOTE: This Authorization was revoked on _____ (Date) _____ (Signature of Staff)



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Mrs. Jeanette Knight
14 Rison Road
Greenville, South Carolina 29611-7112

Dear Mrs. Knight:

Lieutenant Governor Andre Bauer asked our agency to respond to your concerns over your mother's healthcare needs and efforts to locate a nursing home for her care.

Unfortunately, your correspondence did not identify your mother by name, her telephone number or address, and we were unable to locate a telephone number where we could contact you to see how we may be of assistance. Please call Mr. Bob Liming in Constituent Services at 803-898-2621. He will be glad to help with any questions you may have about Medicaid.

Your letter to the Lieutenant Governor's Office mentioned a legal status concerning your mother's medical condition. The Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing specific information without an individual's consent; therefore, we are unable to discuss medical records without a client's written consent.

If you or your sister are your mother's legal representative and would like more information than we are currently able to provide, we have enclosed a HIPAA release form which you can complete and return, so we can provide the appropriate party with additional information. We will also need a copy of any proof that you or your sister has the legal authority to represent your mother.

I regret any inconvenience these privacy requirements may cause you or your sister, but once we have the release form, we will be glad to provide any information we can to assist with your mother's healthcare needs.

Sincerely,

Gary Ries
Deputy Director

GR/jolm
Enclosure

LEGISLATIVE LOG #	0147
LEGISLATOR/INQUIRER	Office of the Governor
CONSTITUENT	Jeanette Knight on behalf of 84yr old mother
SSN	
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	8/14/2006
DATE DRAFT DUE GR	8/23/2006
LOG LETTER DUE DATE	8/24/2006
DATE REFERRED TO BC	8/17/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	8/17/2006	Jan	8-2502	Jacobs box
	8/17/2006	Jill	8-3936	Gave to Valerie (1:50 pm)
	8/17/2006	Valerie	8-3103	Gave to Bob to handle
	8/23/2006	Jill	8-3936	Edited letter & gave to Denise for Mark (4:10pm)
	8/23/2006	Denise	8-2505	Edited letter again, prepared envelope & gave folder to Mark at 4:50 p.m. (See Bob's hard copy tracker in folder for background info.)

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)	
HCBS	(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)	
Working Disabled	(40)	

Medicaid Programs / Other Resources Check List

Log # 0147

Legislator/Inquirer: Referral from Lt. Gov's Office on Aging

Constituent: Mrs. Jeanette Knight

SS#: None Provided

on behalf of mother (not named in correspondence)

PROBLEM / ISSUE:		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Sister trying to assist sister secure SC nursing home for Mother				ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP:			LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>
8/17	Given folder; no tele #s; no name for mother; unable to find any listing for a Knight at that address			MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>
	Seems to be CHTC care issue; not eligible but can't respond without more info re client			MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
8/17	Valerie checked with Jan; do simple we need more data; also who is authorized rep issue?			Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
8/21	Unable to find any telephone # for a Knight at the address; no name or number for mother or sister			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>
8/22	Will need release and proof of power of attorney before we can speak			Pregnant Women/Infants	<input type="checkbox"/>		
8/23	To Denise + Valerie for edits, and to Jan for tracker			SILVERxCARD	<input type="checkbox"/>		
				SLMB	<input type="checkbox"/>		
				SSI	<input type="checkbox"/>		
				TEFRA	<input type="checkbox"/>		
				Working Disabled	<input type="checkbox"/>		

Valerie:

This really seems to be a CLTC care issue, it doesn't appear to have anything to do with eligibility and the issue the one daughter continues to raise is finding a Medicaid bed for her mother in South Carolina. I would be glad to follow up, but unfortunately there is no telephone number provided for either the lady, or her two daughters. The only name is Knight and there is no telephone (published) for that address with the letter. Not certain the mother has the same name so we couldn't find her in the MEDS system.

We could always write a simple letter saying we were unable to contact the daughter because no telephone number or data was provided for the mother, but we also need to remember HIPPA and I am not sure which daughter has power of attorney for the mother, again none of this has any name for the actual mother.

Please advise me how you would like me to proceed. Thanks, BOB