

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

**ACTION REFERRAL**

<b>TO</b> <i>Ries</i>	<b>DATE</b> <i>3-28-07</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000614</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>4-4-07</i>  <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>Deana 4/10/07, letter attached.</i>	

<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
1.			
2.			
3.			
4.			



The House of Representatives

STATE OF SOUTH CAROLINA  
STATE HOUSE  
P. O. BOX 11867  
Columbia 29211

*Jos-Ries  
Policy's Sign*

**TED MARTIN VICK**  
AGRICULTURE, NATURAL RESOURCES  
AND ENVIRONMENTAL AFFAIRS  
COMMITTEE  
CHESTERFIELD COUNTY DELEGATION,  
CHAIRMAN

**MINORITY WHIP**  
333-A BLATT BUILDING  
COLUMBIA, SC 29211  
TEL. (803) 734-2999  
(843) 623-5001

March 26, 2007

Robert M. Kerr, Director  
DHHS  
1801 Main Street  
PO Box 8206  
Columbia, SC 29202-8206

**RECEIVED**  
MAR 27 2007  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

I am writing in hopes that you might be able to help one of my constituents, Mr. Randolph H. Crenshaw of 135 Crenshaw Lane, Patrick SC 29584. He has applied for Medicaid and is having trouble being accepted into the program. He is in great need of this help. Mr. Crenshaw is 87 years old and constantly needs medical care but is not able to afford the costs of doctor visits or hospital care.

I know Mr. Crenshaw personally and I can assure you he is truly in need of Medicaid assistance. Therefore, I am asking you to look into this matter and do all you can to help him so that he may be able to begin receiving this help.

If you need any additional information that could help Mr. Crenshaw, please let me know. Thank you for your immediate attention in this matter. I look forward to hearing from you.

Sincerely,

  
Representative Ted M. Vick  
S.C. House District 53

cc: Randolph Crenshaw



*State of South Carolina*  
*Department of Health and Human Services*

#614 ✓

Mark Sanford  
Governor

April 10, 2007

Robert M. Kerr  
Director

Mr. Randolph H. Crenshaw  
135 Crenshaw Lane  
Patrick, South Carolina 29584

Dear Mr. Crenshaw:

Representative Ted Vick asked our agency to assist with your concerns about healthcare needs and Medicaid eligibility.

Your hospital and medical expenses are covered under Medicare, and your prescription drugs are covered through the Veteran's Administration. We understand your disappointment that you do not currently qualify for additional coverage through Medicaid, but you do not meet the resource requirements. Income is based on gross earnings and deductions are not allowed for taxes, utilities, house payments and other normal living expenses. If your financial circumstances should change, we would encourage you to reapply for Medicaid.

You expressed your concern about residents in our state who may receive Medicaid benefits through false pretenses. If you are aware of any such abuse, we urge you to report any suspected Medicaid fraud by calling 1-888-364-3224 (toll-free).

In an effort to provide assistance, enclosed is material on other programs and organizations that can assist individuals in obtaining medical services, prescription drugs and daily living needs at a reduced cost. Also enclosed is an application for your daughter and granddaughter to apply for coverage through Medicaid's Low Income Families program. An eligibility worker in our Charleston County Medicaid Office can answer any questions they may have about the application process by calling 843-623-5226.

I hope this information proves useful to you in meeting the healthcare needs of your family. If we may be of further assistance, please call Denise Epps at 803-898-2505.

Sincerely,

Handwritten signature of Gary Ries in black ink.

Gary Ries  
Deputy Director

GR/jode  
Enclosures



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

April 10, 2007

The Honorable Ted M. Vick  
South Carolina House of Representatives  
Post Office Box 11867  
Columbia, South Carolina 29211-1867

Dear Representative Vick:

Thank you for referring Mr. Randolph H. Crenshaw to our agency concerning healthcare needs and Medicaid eligibility.

We contacted Mr. Crenshaw to explain why his most recent applications for Medicaid have been denied. We informed Mr. Crenshaw that if his financial circumstances should change, he could reapply.

In an effort to be of assistance, we gave Mr. Crenshaw information on organizations and programs that can help residents in South Carolina obtain medical services, prescription drugs and daily living needs at a reduced cost. We also provided a Medicaid application for other family members along with the telephone number for our Chesterfield County Medicaid Office should they have questions about the application process.

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,

  
Gary Ries  
Deputy Director

GR/jode



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

The Honorable Ted M. Vick  
South Carolina House of Representatives  
Post Office Box 11867  
Columbia, South Carolina 29211-1867

Dear Representative Vick:

Thank you for referring Mr. Randolph H. Crenshaw to our agency concerning healthcare needs and Medicaid eligibility.

We contacted Mr. Crenshaw to explain why his most recent applications for Medicaid have been denied. We informed Mr. Crenshaw that if his financial circumstances should change, he can reapply. Mr. Crenshaw also expressed concern about individuals who receive Medicaid benefits under false pretenses. We advised him how he could report any suspected Medicaid fraud or abuse by calling our toll-free number, 1-888-364-3224.

In an effort to be of assistance, we gave Mr. Crenshaw information on organizations and programs that can help residents in South Carolina obtain medical services, prescription drugs and daily living needs at a reduced cost. We also provided a Medicaid application for other family members along with the telephone number for our Chesterfield County Medicaid Office should they have questions about the application process.

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,

Robert M. Kerr  
Director

RMK/rjode



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

The Honorable Ted M. Vick  
South Carolina House of Representatives  
Post Office Box 11867  
Columbia, South Carolina 29211-1867

Dear Representative Vick:

Thank you for referring Mr. Randolph H. Crenshaw to our agency concerning healthcare needs and Medicaid eligibility.

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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,

Robert M. Kerr  
Director

RMK/rjode

d/10

*Carl - asked that I get this response for your files. \*All will be for app. notice*

Robert M. Kerr  
Director

Office of the Director

P.O. Box 8206 • Columbia, South Carolina 29202-8206  
Phone (803) 898-2504 • Fax (803) 255-8235

**LEGISLATIVE LOG #** 0614  
**LEGISLATOR/INQUIRER**  
**CONSTITUENT**  
**SSN**  
**BC ASSIGNED LOG** Jacobs  
**DATE REC'D BY AGENCY** 3/27/2007  
**DATE DRAFT DUE GR** 4/3/2007

Representative Ted M. Vick  
 Randolph H. Crenshaw

**LOG LETTER DUE DATE** 4/4/2007  
**DATE REFERRED TO BC** 3/28/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Mr. Crenshaw is a 64 yr old WW II vet who owns '93 Dodge pickup & '91 Cutlass Supreme Olds his departed wife used to drive. He gave away 125-acre homestead property to family members & now only owns 20 1/2 acres timber he says is worth \$20,000. Receives \$10/mo in food stamps & supports a daughter who doesn't work + her child. He receives Medicare A & B & VA pays for his Rx's. He's been denied Medicaid multiple times & is upset he once qualified but now he doesn't when he has less. He also is upset about Medicaid abuse.	3/28/2007	Jan	8-2502	Jacobs Box
	3/28/2007	Jenny	8-3965	To Denise to handle.
	3/30/2007	Denise	8-2505	Spoke with Mr. Crenshaw in length about his situation. Explained why his numerous applications for Medicaid have been denied due to excess income and/or resources. He understands but is not happy. I told him to expect my packet of resources in the mail along with this letter. He has my name & # if he has questions or concerns.
	4/3/2007	Denise	8-2505	Drafted response letters - ran by Bob - gave to Jenny.
	4/3/2007	Denise	8-2505	Jenny approved - Denise gave 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) \_\_\_\_\_  
 Working Disabled (40) \_\_\_\_\_

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/29/07  
MEDSPROD RECIPIENT INFORMATION ACTION:  
MEMBER PERIOD START: 03/15/07 END: PAGE: 0001

NAME: CRENSHAW RANDOLPH H HH NAME: CRENSHAW RANDOLPH H  
RCP NUMBER: 9133788101 HH NUMBER: 100778248 ACTION TYPE: MAINTENANCE  
SSN: 247-20-2887 VC: V APL STATUS: ACTION DATE: 03/16/07  
PRIMARY INDIVIDUAL: APL CO: 13 WORKER ID: SBROC LOCATION: 001  
135 CRENSHAW LANE SSCN: 247202887A RRN:

PATRICK RACE: 01 SEX: M MARITAL STATUS: W  
CORRECT RCP NUMBER: SC 29584- TPL INSURANCE: N RELATION: SELF  
DOB: 07/20/1919 DOD:

LIV ARRANGEMENT: HOME INCOME TRUST:  
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	NUMBER
-	91337881	11/01/2000	03/01/2002	32	10				.00
-		07/01/2000	11/01/2000	32					.00

UPDATED: USER ID: GCREE DATE: 05/30/03 SYSTEM ID: CNV1010 DATE: 10/24/02  
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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/29/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 03 / 2007 THRU: \_\_\_ / \_\_\_

PAGE: 2 OF 3

FH NAME: RANDOLPH H CRENSHAW

HH NUMBER: 100778248

BG NUMBER: 09551300

CATEGORY: ABD

ACTION TYPE: MAINTENANCE

BG: D BGP: D

WKR: SBROC SARAH BROCK

ACTION DATE: 03/16/07

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 1110.00

COUNTABLE RESOURCES: 30260.28

INCOME LIMIT: ~~851.00~~

RESOURCE LIMIT: 4000.00

POV-LVL: +1.30 %

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: 03/16/07

MEETS RESOURCES?

(Y/N): N

NEXT REVIEW DATE: 03/16/08

MEETS OTHER CONDITIONS? (Y/N): Y

ANTICIPATED CLOSURE DATE: \_\_\_\_\_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

052 Your countable resources are more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) \_

CONTINUE BENEFITS? (Y/N): \_

APPEAL REQUEST DATE: \_\_\_\_\_

COUNTY DECISION UPHELD? (Y/N): \_

UPDATED: USER ID: SBROC

DATE: 03/16/07 SYSTEM ID: ELD3000 DATE: 03/16/07

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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/29/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 03 / 2007 THRU: /

PAGE: 2 OF 3

HH NAME: RANDOLPH H CRENSHAW

HH NUMBER: 100778248

BG NUMBER: 89551301

ACTION TYPE: MAINTENANCE

BG: D BGP: D

ACTION DATE: 03/16/07

COUNTABLE BG MEMBERS: 1

CATEGORY: SIMB2

WKR: SBROC SARAH BROCK

COUNTABLE INCOME: 1140.00

INCOME LIMIT: 1149.00

COUNTABLE RESOURCES: 30260.28

POV-LVL: +1.33 %

RESOURCE LIMIT: 4000.00

RECURRING INC: 0.00

HLTH INS PREM: 0.00

MEETS NON-FINANCIAL? (Y/N): Y

ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): Y

DECISION ACCEPTED DATE: 03/16/07

MEETS RESOURCES? (Y/N): N

NEXT REVIEW DATE: 03/16/08

MEETS OTHER CONDITIONS? (Y/N): Y

ANTICIPATED CLOSURE DATE:

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

052 Your countable resources are more than policy allows.

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

APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N) -

UPDATED: USER ID: SBROC DATE: 03/16/07 SYSTEM ID: ELD3000 DATE: 03/16/07  
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

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/29/07  
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: CRENSHAW RANDOLPH H ACTION TYPE: MAINTENANCE  
HH NUMBER: 100778248 APL STATUS: \_\_\_\_\_ ACTION DATE: 03/16/07

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST REVIEW	BG STATUS
	91337881	ABD	GCREE	13	001	10/01/2001		CLOSED
	89551301	SLMB2	SBROC	13	001	03/16/2008		DENIED
	09551300	ABD	SBROC	13	001	03/16/2008		DENIED
	19354232	SLMB2	SBROC	13	001	11/12/2006		DENIED
	19354229	ABD	SBROC	13	001	08/12/2007		DENIED
	68901500	SLMB	DROGE	13	001	12/19/2005		DENIED
	68901495	ABD	GCREE	13	001	12/19/2005		DENIED
	88007219	ABD	FTEAG	13	001	05/30/2004		DENIED

UPDATED: USER ID: SBROC DATE: 03/16/07 SYSTEM ID: HMS5000 DATE: 03/16/07  
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION  
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

4EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/29/07  
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: CRENSHAW RANDOLPH H HH NAME: CRENSHAW RANDOLPH H  
RCP NUMBER: 9133788101 HH NUMBER: 100778248 ACTION TYPE: MAINTENANCE  
SSN: 247-20-2887 APL STATUS: ACTION DATE: 03/16/2007  
MCN: 247202887A VALIDATED BY: BENDEX ON: 11/24/2006

PART A - BEGINNING DATE: 07/01/1984 ENDING DATE: \_\_\_\_\_ BY: BENDEX

PART B - BEGINNING DATE: 07/01/1984 ENDING DATE: \_\_\_\_\_ BY: BENDEX

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: 11/26/06  
ME900063 RECIPIENT RECORD FOUND  
PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP  
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/29/07  
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: CRENSHAW RANDOLPH H ACTION TYPE: MAINTENANCE  
HH NUMBER: 100778248 APL STATUS: ACTION DATE: 03/16/07  
APPL EFFECTIVE DATE: 03/15/2007 WORKER: SBROC SARAH BROCK  
MAIL IN(Y/N): Y WORKER'S COUNTY: 13 CHESTERFIELD  
APPLICANT'S COUNTY: 13 CHESTERFIELD  
COURTESY APPLICATION(Y/N): N  
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH  
135 CRENSHAW LANE REASON FOR APPLICATION:

PATRICK SC 29584- ADULT WITH CHILDREN(Y/N): N  
RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): N  
INFANTS UNDER AGE 1(Y/N): N  
PREGNANT(Y/N): N  
BLIND/DISABLED(Y/N): N  
AGED(Y/N): Y

PHONE: H: 843-498-6488 W: SC - - LIMITED DATA COLLECTION: 00 NONE  
UPDATED: USER ID: SBROC DATE: 03/16/07 FIRST SIGNATURE OBTAINED(Y/N): Y  
ME900049 HOUSEHOLD RECORD FOUND WITHDRAW APPLICATION(W/C/N): N  
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES  
PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

*Prode* You'll want to call and get his *Ground*  
okey to share w/Rep. Vicie, re income  
+ Medicaid obata

Case worker is Sarah Brock  
was denied 3/16  
\* or part D Medicare

Will want to ABD due to excess income  
Call client due + countable resources  
to Rep. Vicie's letter \$1,100 (costi. allowable ind)

(personnel) \$3,760 ~~to~~ (at Resources)  
\$4000 allowable  
+ resources denied to excess income