

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>11-30-06</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000380	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Original copy attached. cleared 11/14/07, see attached e-mail.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-11-06</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.			

FAX COVER SHEET

Jo, Susan HHS



RECEIVED

NOV 30 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Call in to:

Jim Knall
8-3094
1st 8/09

DATE: November 30, 2006
TO: Brian Kost, HHS
FROM: Debbie Barthe for Senator Hawkins
FAX NUMBER: 255-8235
PAGES: 3 (Including this page)

App Date - 10/22

MESSAGE:

Here is the letter I spoke to you about yesterday. Thanks.

Debbie Barthe

IF YOU DO NOT RECEIVE ALL OF THE SHEETS INDICATED,

More Bank stat in 1 acct - ⁽³⁾ - along.
- waiting on LOC asking Request

PLEASE CALL (803) 212-6008.

Spoke to her - placed in facility her in letter that she

FROM : SC SENATE

FAX NO. : 8032126011

Nov. 29 2006 10:12PM P2

JOHN DAVID HAWKINS
SENATOR, SPARTANBURG COUNTY
SENATORIAL DISTRICT 12

COMMITTEES:
JUDICIARY
TRANSPORTATION
CORRECTIONS AND PENOLOGY
GENERAL
AGRICULTURE AND NATURAL RESOURCES



COLUMBIA ADDRESS:
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EMAIL: DH@SCSENATE.ORG

HOME ADDRESS:
POST OFFICE BOX 5048
SPARTANBURG, SC 29304
TELEPHONE: (864) 574-8801
FAX: (864) 574-8810
EMAIL: SENATORH@BELLSCU-

November 30, 2006

Mr. Brian Kost, Legislative Liaison
Department of Health and Human Services
1801 Main Street
PO Box 8206
Columbia, SC 29202-8206

Dear Director Kerr:

I am writing this letter on behalf of Mr. Martin Zschocher, whose daughter Karen Valentine has requested my assistance in obtaining a Medicaid bed at the RoseCrest nursing home in Inman, South Carolina.

Mr. Zschocher has been a resident of RoseCrest nursing home for nearly three years. As the enclosed letter states he has exhausted his assets and will shortly be required to be on Medicaid. The staff at RoseCrest has applied for Medicaid beds but this was been denied. Mr. Zschocher's health and well-being would suffer if he is forced to move to another facility. His family feels it is in the best interest of their father if he could remain at RoseCrest and maintain a continuity of care. I would appreciate someone on your staff looking into this matter for them.

As always, I appreciate your assistance. Please do not hesitate to call me if you have any questions, or if you need additional information.

With kind regards, I remain

Sincerely,

A handwritten signature in dark ink, appearing to read "John Hawkins".

John Hawkins

Enclosure

cc: Ms. Karen Valentine

11/30/2006 10:09AM

November 7, 2006

Senator John D. Hawkins
P.O. Box 8048,

Spartanburg, 29304
Bus. (864) 574-8801

NOV 29 2006

Dear Mr. Hawkins,

We are writing to you in hopes that you can provide some guidance regarding the care of our father, Martin Zschocher. Our father has been a resident of RoseCrest nursing home for nearly three years. In this time our father has exhausted all of his assets and savings in the payment of health care facilities. RoseCrest informed us that they have applied for Medicaid beds but have been denied. The staff at RoseCrest has become very familiar with the care our father requires. He has also grown accustomed to the environment and staff at RoseCrest. We are hoping that a Medicaid bed could be appointed to the RoseCrest facility so that he would not be forced to make another difficult transition.

Our father tragically became paralyzed at the age of 84 (he turned 87 in August of this year). Dad went through three months of recuperation at the Shepherd's Center in Atlanta where we were able to take classes on how to provide the care he required. We did attempt for several months to care for him in our homes. However, our mother is deceased, and we both have very young children. We found juggling his care, and raising our families to be overwhelming.

When our dad moved to RoseCrest it was both a blessing and a relief for our family. Dad's condition has actually improved a great deal due to the excellent care he has received at RoseCrest. Our father's condition is very fragile and RoseCrest has made every effort to keep him in the best possible health. The accessibility of nursing care twenty-four hours a day helps dad feel at ease in his condition.

Despite the most careful planning with our father's assets, we have only been able to pay for monthly expenses for 27 months. We have sold all his assets in order to keep him at RoseCrest where we know he is receiving the very best care. Due to the amount of care dad requires we pay an average of \$4,500 a month. He did spend a short time in assisted living in which his monthly income covered the expense. However, he was not able to continue improving and could not remain independent enough to meet the assisted living qualifications.

As a family we have spent the majority of dad's estate on the quality care at RoseCrest. We are asking for assistance so that he can remain part of the community he has made his home for the past two years. At this point his monthly bills including RoseCrest exceed \$6,000 dollars a month.

We have placed our dad on the waiting list at other local nursing homes not because we wanted to, but because we knew that we could no longer afford his care at RoseCrest. Eventually, he would have to be placed on Medicaid. Our greatest fear is that the transition to Medicaid will place our dad in a facility that will limit his contact with our family. Currently, dad is 10 minutes from our home and we can see to it that he remains part of our lives. It is our understanding that he could be placed in a facility that could be 90 miles away.

We would be more than willing to send documentation of dad's medical situation, and further financial documents. Thank you for the opportunity to request assistance. We look forward to your response.

Sincerely,

Karen Valentine and Robert Zschocher

IEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/30/06
MEDSPROD MEMBER PERIOD START: 10/30/06 END: ACTION: PAGE: 0001

NAME: ZSCHOCHER MARTIN A HH NAME: ZSCHOCHER MARTIN A
RCP NUMBER: 1780616570 HH NUMBER: 101132710 ACTION TYPE: MAINTENANCE
SSN: 292-34-5816 VC: V APL STATUS: ACTION DATE: 11/07/06
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: JDUVA LOCATION: 065
ROSECREST SSCN: 292345816A RRN:
200 FORTRESS DRIVE

INMAN SC 29349- RACE: 01 SEX: M MARITAL STATUS: W
DOB: 08/26/1939 DOD:

CORRECT RCP NUMBER: LIV ARRANGEMENT: NFCL INCOME TRUST:

PROVIDER: ROSECREST
BENEFITS QMB RETRO & OF POV CHIP
S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND LEVEL NUMBER

UPDATED: USER ID: JGOSS DATE: 06/28/06 SYSTEM ID: SVE3000 DATE: 06/30/06
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

giving
9044

JOHN DAVID HAWKINS
SENATOR, SPARTANBURG COUNTY
SENATORIAL DISTRICT 12

COMMITTEES:
JUDICIARY
TRANSPORTATION
CORRECTIONS AND PENOLOGY
GENERAL
AGRICULTURE AND NATURAL RESOURCES



November 30, 2006

RECEIVED

DEC 01 2006

Mr. Brian Kost, Legislative Liaison
Department of Health and Human Services
1801 Main Street
PO Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Director Kerr:

I am writing this letter on behalf of Mr. Martin Zschocher, whose daughter Karen Valentine has requested my assistance in obtaining a Medicaid bed at the RoseCrest nursing home in Inman, South Carolina.

Mr. Zschocher has been a resident of RoseCrest nursing home for nearly three years. As the enclosed letter states he has exhausted his assets and will shortly be required to be on Medicaid. The staff at RoseCrest has applied for Medicaid beds but this has been denied. Mr. Zschocher's health and well-being would suffer if he is forced to move to another facility. His family feels it is in the best interest of their father if he could remain at RoseCrest and maintain a continuity of care. I would appreciate someone on your staff looking into this matter for them.

As always, I appreciate your assistance. Please do not hesitate to call me if you have any questions, or if you need additional information.

With kind regards, I remain

Sincerely,

A handwritten signature in blue ink, appearing to read "John".
John Hawkins

Enclosure

cc: Ms. Karen Valentine

JH/deb

log # 380
COLUMBIA ADDRESS:
602 GRESSETT SENATE BLDG
POST OFFICE BOX 142
COLUMBIA, SC 29202
TEL: (803) 212-6008
FAX: (803) 212-6299
EMAIL: DH@SCSENATE.ORG

HOME ADDRESS:
POST OFFICE BOX 5048
SPARTANBURG, SC 29304
TELEPHONE: (864) 574-8801
FAX: (864) 574-8810
EMAIL: SENATORH@BELL.SOUTH.NET

November 7, 2006

Senator John D. Hawkins
P.O. Box 5048,
Spartanburg, 29304
Bus. (864) 574-8801

NOV 22 2006

Dear Mr. Hawkins,

We are writing to you in hopes that you can provide some guidance regarding the care of our father, Martin Zschocher. Our father has been a resident of RoseCrest nursing home for nearly three years. In this time our father has exhausted all of his assets and savings in the payment of healthcare facilities. RoseCrest informed us that they have applied for Medicaid beds but have been denied. The staff at RoseCrest has become very familiar with the care our father requires. He has also grown accustom to the environment and staff at RoseCrest. We are hoping that a Medicaid bed could be appointed to the RoseCrest facility so that he would not be forced to make another difficult transition.

Our father tragically became paralyzed at the age of 64 (he turned 67 in August of this year). Dad went through three months of recuperation at the Shepherd's Center in Atlanta where we were able to take classes on how to provide the care he required. We did attempt for several months to care for him in our homes. However, our mother is deceased, and we both have very young children. We found juggling his care, and raising our families to be overwhelming.

When our dad moved to RoseCrest it was both a blessing and a relief for our family. Dad's condition has actually improved a great deal due to the excellent care he has received at RoseCrest. Our father's condition is very fragile and RoseCrest has made every effort to keep him in the best possible health. The accessibility of nursing care twenty-four hours a day helps dad feel at ease in his condition.

Despite the most careful planning with our father's assets, we have only been able to pay for monthly expenses for 27 months. We have sold all his assets in order to keep him at RoseCrest where we know he is receiving the very best care. Due to the amount of care dad requires we pay an average of \$4,500 a month. He did spend a short time in assisted living in which his monthly income covered the expense. However, he was not able to continue improving and could not remain independent enough to meet the assisted living qualifications. As a family we have spent the majority of dad's estate on the quality care at RoseCrest. We are asking for assistance so that he can remain part of the community he has made his home for the past two years. At this point his monthly bills including RoseCrest exceed \$5,000 dollars a month.

We have placed our dad on the waiting list at other local nursing homes not because we wanted to, but because we knew that we could no longer afford his care at RoseCrest. Eventually, he would have to be placed on Medicaid. Our greatest fear is that the transition to Medicaid will place our dad in a facility that will limit his contact with our family. Currently, dad is 10 minutes from our home and we can see to it that he remains part of our lives. It is our understanding that he could be placed in a facility that could be 90 miles away.

We would be more than willing to send documentation of dad's medical situation, and further financial documents. Thank you for the opportunity to request assistance. We look forward to your response.

Sincerely,

Karen Valentine and Robert Zschocher

Log #380 ✓

From: Kristin Taylor
To: Nicole Mitchell Threatt
Date: 1/4/2007 2:51:31 PM
Subject: Re: Cert

He was admitted to White Oak Manor in Tryon, NC per narrative 12/28/2006, after admission in hospital. Closed as moved out of state per nurse. No assessment was completed and per RP placement in NC to be long term. Thanks

>>> Nicole Mitchell Threatt 01/04/07 2:41 PM >>>
Hello. Hope all is well.

I am working on a log letter response and I am trying to gather all of my facts. Do you know if a cert has been completed for Martin Zschocher SSN: 292-34-5816? Mr. Zschocher is currently at RoseCrest in Imman, but will need to move to a Mcaid NF.

Thanks

CC: ERNESTINE STEWART

*Closed per this email,
individual moved out of
state to NC and is no
longer under our jurisdiction,*

11/8/07

IMDRSS02

SC DHHS - RECIPIENT INFORMATION

01/03/07

NAME: MARTIN A ZSCHOCHER RECIP #: 1780616570 FAM #: 29280468
ADDR: ROSECREST 200 FORTRESS DRIVE SSN: 292345816 PREFIX SSCN-MCN/RRN SUFFIX
INMAN SC COUNTY: 42 LIV ARR: MED QUAL CAT: 10
ZIP: 29349 RSP IND: 0 TPL: N FACIL: ECF PAY CAT: 10
PAT NO: JDUVA DSSDLU: 12/12/06 VA: Y RACE: 01 BIRTH: 08/26/1939
HHSID: RSS50 HHSDLU: 06/29/06 POV: N ML DEP: 0 SEX: 1 DEATH: 00/00/00
MEDICAID ELIG INELIG PAY Q LS BUYIN-B ST ELIG BUYIN-A ST ELIG
CURR: 00/00/00 00/00/00 CURR: 0000 00/00 00/00 CURR: 0000 00/00 00/00
PRV1: 00/00/00 00/00/00 PRV1: 0000 00/00 00/00 PRV1: 0000 00/00 00/00
PRV2: 00/00/00 00/00/00 PRV2: 0000 00/00 00/00 PRV2: 0000 00/00 00/00
PRV3: 00/00/00 00/00/00 PRV3: 0000 00/00 00/00 PRV3: 0000 00/00 00/00
PRV4: 00/00/00 00/00/00 PRV4: 0000 00/00 00/00 PRV4: 0000 00/00 00/00
PRV5: 00/00/00 00/00/00 PRV5: 0000 00/00 00/00 PRV5: 0000 00/00 00/00
PRV6: 00/00/00 00/00/00 PRV6: 0000 00/00 00/00 PRV6: 0000 00/00 00/00
PRV7: 00/00/00 00/00/00 PRV7: 0000 00/00 00/00 PRV7: 0000 00/00 00/00
PRV8: 00/00/00 00/00/00 PRV8: 0000 00/00 00/00 PRV8: 0000 00/00 00/00
ESRD: REV IND: CP 0 0 0
ALT RECIP ID: MH
** INFORMATION SUCCESSFULLY RETRIEVED **
PF3->RSP SUMMARY PF4->INQUIRY PF5->FAMILY INFO PF9->LIST SKEL CLAIMS
PF10->PREV MENU PF11->LIST FAMILY MBRS PF12->SKEL CLM INFO PF14->MCR INFO

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

ACTION REFERRAL

TO	DATE
<i>Bowling / Waldrep</i>	<i>11-30-06</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000380</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-11-06</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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Sen. Hawk
Approp. HHS

FAX COVER SHEET



RECEIVED

NOV 30 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Call in to:

S. C. SENATE

FAX # (803) 212-6011

DATE:

November 30, 2006

TO:

Brian Kost, HHS

FROM:

Debbie Barthe for Senator Hawkins

FAX NUMBER:

255-8235

PAGES

3 (Including this page)

MESSAGE:

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Debbie Barthe

IF YOU DO NOT RECEIVE ALL OF THE SHEETS INDICATED,

More Bank stat in 1 acct - ⁽³⁾ elec.

- waiting on LOC asking Request

PLEASE CALL (803) 212-6008.

*spoke to the
placed in facility here in Ala that's all!*

App Date - 10/22

Jim Knall
8-3094
1st 8/09

FROM : SC SENATE

FX NO. : 8032126011

Nov. 29 2006 10:12AM P2

JOHN DAVID HAWKINS
SENATOR, SPARTANBURG COUNTY
SENATORIAL DISTRICT 12

COMMITTEES:
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Columbia, SC 29202-8206

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John Hawkins

Enclosure

cc: Ms. Karen Valentine

11/30/2006 10:09AM

November 7, 2006

NOV 22 2006

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P.O. Box 8048,
Spartanburg, 29304
Bus. (864) 574-8801

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Sincerely,

Karen Valentine and Robert Zschocher

