

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

**ACTION REFERRAL**

<b>TO</b> <i>Ries</i>	<b>DATE</b> <i>3-22-07</i>
--------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER  000601	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-29-07</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>Cleaned 3/27/07, letter attached.</i>			
<i>✓</i>			

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

STATE OF SOUTH CAROLINA

# OFFICE OF STATE TREASURER

THOMAS RAVENEL  
STATE TREASURER

118 WADE HAMPTON OFFICE BUILDING  
COLUMBIA, SC 29201

P.O. DRAWER 11778  
COLUMBIA, SC 29211  
TEL. (803) 734-2101

*Doc Rice*  
"Katie's Sign"

March 21, 2007

Mr. Robert M. Kerr  
SC Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202

RECEIVED

MAR 22 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

Our office received this letter regarding Medicaid eligibility for James M. Thompson. I would respectfully ask that your office review the file. Thank you.

Sincerely,

  
Katie Betting

Office of the State Treasurer

Enclosure

January 8, 2007

Dear Thomas Ravenel,

I am writing to you in regards to my father James M. Thompson of Abbeville, South Carolina. My father has been diagnosed with Stage 4 tongue carcinoma, a non curable disease. He has had to have surgery along with chemotherapy and radiation. He is constantly in and out of the hospital with this disease. He has been receiving Medicaid, but as of Dec. 1, 2007 they ended his coverage because his disability check of 1066.00 monthly was too much. By the time my father pays his living expenses which are approximately 450.00 and his medicine 1125.00, he doesn't have any to help cover his medical bills. His medicine and his medical bills are real expensive especially without his Medicaid. He has had to cut his doctor's appointments in half because of the expense. Would there be any way that he could get approved for Medicaid again? I am a nurse and I see a lot of sick people everyday who really need Medicaid that aren't able to get it and my father is one of those people. I could understand it if he didn't need it but my father really needs this bad. We would greatly appreciate it if you could help us get his Medicaid approved again.

Sincerely,  
Jennifer T. Hall



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

Mark Sanford  
Governor

Robert M. Kerr  
Director

March 27, 2007

Mr. James M. Thompson  
172 Midnite Lane  
Abbeville, South Carolina 29620

Dear Mr. Thompson:

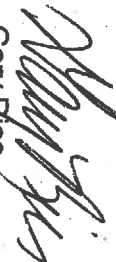
Your daughter, Jennifer T. Hall, wrote a letter to State Treasurer, Thomas Ravenel, on your behalf and he asked us to address your concerns regarding Medicaid eligibility. Ms. Jennifer Dabbs of my staff has spoken with you regarding Medicaid eligibility and the application process.

Your Medicaid coverage under the Supplemental Security Income (SSI) program ended on December 1, 2006 because the Social Security Administration determined that your income exceeds the allowable limit. Medicaid benefits are available automatically to individuals who are SSI eligible, but when your SSI coverage ends, your Medicaid benefits end as well.

The Department of Health and Human Services (DHHS) administers the Medicaid program. To qualify for Medicaid benefits, an individual must meet certain financial and categorical requirements. Since you previously obtained your Medicaid benefits through SSI, it is necessary that DHHS obtain an application to determine your eligibility for other programs. Enclosed is an overview of the Medicaid program, along with contact information for the Abbeville County Medicaid Office should you choose to apply.

Also enclosed is information on a number of healthcare and prescription programs for people without health insurance coverage. I hope this information proves helpful in meeting your healthcare needs. If you need additional assistance, please contact Ms. Jennifer Dabbs at (803) 898-3965.

Sincerely,

  
Gary Ries  
Deputy Director

GR/jod  
Enclosures

601



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

Mark Sanford  
Governor

Robert M. Kerr  
Director

April 5, 2007

The Honorable Thomas Ravenel  
South Carolina State Treasurer  
PO Drawer 11778  
Columbia, South Carolina 29211

Dear Mr. Ravenel:

Thank you for bringing Ms. Jennifer T. Hall's concerns about the healthcare needs of her father, James M. Thompson, to my attention.

Medicaid eligibility is based on federal and State requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. We have been in direct contact with Mr. Thompson to assist him with his questions about Medicaid eligibility and mailed him information on several healthcare programs that may be able to assist with his medical and prescription needs.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert M. Kerr".

Robert M. Kerr  
Director

RMK/rjod

<b>LEGISLATIVE LOG #</b>	0601
<b>LEGISLATOR/INQUIRER</b>	Thomas Ravenel
<b>CONSTITUENT</b>	Jennifer Hall for father James M. Thompson
<b>SSN</b>	
<b>BC ASSIGNED LOG</b>	
<b>DATE REC'D BY AGENCY</b>	3/22/2007
<b>DATE DRAFT DUE GR</b>	3/28/2007
<b>LOG LETTER DUE DATE</b>	3/29/2007
<b>DATE REFERRED TO BC</b>	3/23/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Over income due to disability check. This is the second letter same as log 0475.	3/23/2007	Jenny	8-3965	Got from Denise's box and I will handle. We have already
	3/26/2007	Jenny	8-3965	updated letters from log # 0475
	3/26/2007	Jenny	8-3965	To Mark.

#### CHECKLIST

Family Size	
Income/Resources	
<b>Other Resources:</b>	
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)	

#### Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.

Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)

If question about current status of a log letter, contact previous user.

Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.

Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker

*This is a previous log.*

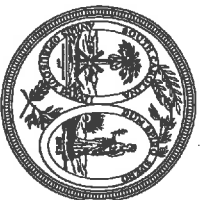
<b>LEGISLATIVE LOG #</b>	0475
<b>LEGISLATOR/INQUIRER</b>	Senator John Drummond
<b>CONSTITUENT</b>	Jennifer Hall for father, James M. Thompson
<b>SSN</b>	
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	1/22/2007
<b>DATE DRAFT DUE GR</b>	1/29/2007
<b>LOG LETTER DUE DATE</b>	1/30/2007
<b>DATE REFERRED TO BC</b>	1/23/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Ms. Hall writes on father's behalf. No contact # or address for Ms. Hall. Was able to locate in MEDS due to the father's address. His SSI ended 12/1/06 because he began receiving a disability check.	1/23/2007	Jan	8-2502	Jacobs box.
	1/24/2007	Jenny	8-3965	I will handle. Researched MEDS.
	1/25/2007	Jenny	8-3965	I called the # in MEDS, and spoke to Mr. Thompson. Explained that his daughter had sent us a letter. I answered all of his questions. When talking about the income guidelines I asked if he was single or married and he said he was married, but separated for 11 years. Double checked policy and this would be considered an "individual" budget. I let Mr. Thompson know this. I told him I would send our resource packet and Medicaid overview. Only program would be HCBS, if he met the level of care. Mr. Thompson said he would let his daughter know that I assisted him, as she works until 7:00 most nights. He has my number should he think of any questions.
	1/26/2007	Jenny	8-3965	prepared draft letter
	1/29/2007	Jenny	8-3965	To Mark
	1/29/2007	Jenny	8-3965	To Alicia
	1/30/2007	Mark		TO Gary
	2/1/2007	Jan	8-2502	Edits & Back to Gary
	2/2/2007	Jan	8-2502	Holding Thompson letter until RK signs his - to RK
	2/9/2007	Jan	8-2502	Closed

#### CHECKLIST

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

<b>Programs:</b>	
ABD	(32)
Foster Children	(31,60)
General Hospital	(14)
HCBSWS	(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)



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

Mark Sanford  
Governor

Robert M. Kerr  
Director

February 2, 2007

Mr. James M. Thompson  
172 Midnite Lane  
Abbeville, South Carolina 29620

Dear Mr. Thompson:

Your daughter, Jennifer T. Hall, wrote a letter to Senator John Drummond on your behalf and he asked us to address your concerns regarding Medicaid eligibility. Ms. Jennifer Dabbs, of my staff has spoken with you regarding Medicaid eligibility and the application process.

Your Medicaid coverage under the Supplemental Security Income (SSI) program ended on December 1, 2006 because the Social Security Administration determined that your income exceeds the allowable limit. Medicaid benefits are available automatically to individuals who are SSI eligible, but when your SSI coverage ends, your Medicaid benefits end as well.

The Department of Health and Human Services (DHHS) administers the Medicaid program. To qualify for Medicaid benefits, an individual must meet certain financial and categorical requirements. Since you previously obtained your Medicaid benefits through SSI, it is necessary that the DHHS obtain an application to determine your eligibility for other programs. Enclosed is an overview of the Medicaid program along with contact information for the Abbeville County Medicaid Office, should you choose to apply.

Also enclosed is information on a number of healthcare and prescription programs for people without health insurance coverage. I hope this information proves helpful in meeting your healthcare needs. If you need additional assistance, please contact Ms. Jennifer Dabbs at (803) 898-3965.

Sincerely,

Gary Ries  
Deputy Director

GR/jod  
Enclosures





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

Mark Sanford  
Governor

Robert M. Kerr  
Director

The Honorable John Drummond  
President *Pro Tempore Emeritus*  
Member, South Carolina Senate  
PO Box 142  
Columbia, SC 29202

Dear Senator Drummond:

Thank you for bringing Ms. Jennifer T. Hall's concerns about the healthcare needs of her father, James M. Thompson, to my attention.

We have been in direct contact with Mr. Thompson to assist him with his questions about Medicaid eligibility and mailed him information on several healthcare programs that may be able to assist with his medical and prescription needs.

As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing medical information without the client's written consent. Enclosed is an Authorization to Disclose Health Information form if you would like more information than we are currently able to provide.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

Robert M. Kerr  
Director

RMK/rjod  
Enclosure

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

*This is a copy of the letter w/ log 0475.  
Same letter, Ravenel is just late getting it  
to us.*

January 8, 2007

Dear John Drummond,

I am writing to you in regards to my father James M. Thompson of Abbeville, South Carolina. My father has been diagnosed with Stage 4 tongue carcinoma, a non curable disease. He has had to have surgery along with chemotherapy and radiation. He is constantly in and out of the hospital with this disease. He has been receiving Medicaid, but as of Dec. 1, 2007 they ended his coverage because his disability check of 1066.00 monthly was too much. By the time my father pays his living expenses which are approximately 450.00 and his medicine 1125.00, he doesn't have any to help cover his medical bills. His medicine and his medical bills are real expensive especially without his Medicaid. He has had to cut his doctor's appointments in half because of the expense. Would there be any way that he could get approved for Medicaid again? I am a nurse and I see a lot of sick people everyday who really need Medicaid that aren't able to get it and my father is one of those people. I could understand it if he didn't need it but my father really needs this bad. We would greatly appreciate it if you could help us get his Medicaid approved again.

Sincerely,  
Jennifer T. Hall

*James M. Thompson  
172 Midnite Lane  
Abbeville, SC 29620*