

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

ACTION REFERRAL

TO <i>Rios</i>	DATE <i>10-2-06</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000282</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-9-06</i>
2. DATE SIGNED BY DIRECTOR <i>Claudia 10/11/06, after attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

JIM DEMINT
SOUTH CAROLINA

DEPUTY MAJORITY WHIP

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION

ENVIRONMENT AND PUBLIC WORKS
SPECIAL COMMITTEE ON AGING
JOINT ECONOMIC COMMITTEE

September 15, 2006

RECEIVED

OCT - 2 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Kerr,

I am writing to refer a matter involving my constituent, Sara Caywood, and her request for assistance obtaining Medicaid benefits. Enclosed is a copy of her letter for your review.

I would greatly appreciate your responding directly to Ms. Caywood about this issue. I have informed Ms. Caywood that I would refer her to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.
Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOMS HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

JIM DEMINT
SOUTH CAROLINA

DEPUTY MAJORITY WHIP

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION
ENVIRONMENT AND PUBLIC WORKS
SPECIAL COMMITTEE ON AGING
JOINT ECONOMIC COMMITTEE

Privacy Act Release Form

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, Sara Caywood, do hereby authorize Senator Jim DeMint and/or his staff to access the information necessary to assist me.

Signature: Sara Caywood

Address: 10009 Edmund Hwy #5
Rowlington, South Carolina

Telephone: home 29073
(803) 955-9332 or (803) 441-9166

Social Security Number: 250-92-2202

Brief explanation of situation: Jim 54yrs and have Hep-c
and will as excess of the liver
(I) don't drink or do drugs) I applied
for medicaid and until I can
get some it help I can't go to a dr.
for meds/treatments needed, I have been
informed by a specialist I need a complete
transplant

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes No

CHARLESTON
112 CUSTOMS HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6455



State of South Carolina
Department of Health and Human Services

282
✓

Mark Sanford
Governor

October 11, 2006

Robert M. Kerr
Director

Ms. Sara Caywood
6009 Edmund Highway
Lot 5
Lexington, South Carolina 29073

Dear Ms. Caywood:

Senator Jim DeMint asked our agency to respond to your questions about healthcare needs and Medicaid eligibility.

You applied for South Carolina Medicaid under the Aged, Blind or Disabled (ABD) program on June 1, 2006, and were denied because you do not meet the age or disability criteria for eligibility in this program.

You applied for disability with the Social Security Administration (SSA) and were also denied and are now appealing their decision. Medicaid uses the same criteria as SSA to determine eligibility for its ABD program. We contacted SSA and were advised that you, or your legal representative, can request an expedited appeal hearing date by writing them and referencing a "dire need" situation based on your current medical condition and lack of health insurance coverage. Please call the Columbia SSA Hearings and Appeals office at 803-799-7771.

If you need inpatient hospital care while awaiting your SSA appeal decision, please contact the Medically Indigent Assistance Program (MIAP). This program pays hospital care for individuals who lack financial resources to pay for their care and whose income is below 200% of the Federal Poverty Level. For more information on the MIAP in Lexington County, please call Ms. Mary Jane Oswald at 803-785-2975.

Another healthcare option is a Community Health Center (CHC). These centers treat residents in their service areas regardless of income or insurance status. Their charges for medical services will be based on your income. Your nearest CHCs are Eau Claire Cooperative Health Center at 803-733-5969 and Richland Community Health Care Association at 803-799-8407.

Ms. Sara Caywood

Page Two

We mailed you information on programs that may help you obtain your prescription medications. In addition, you may want to contact the pharmaceutical companies that manufacture your specific medications to see if they might have special programs to assist in getting your medications at reduced cost.

You may also want to contact the National Transplant Assistance Fund for information on fund raising. Their phone number is 1-800-642-8399.

I hope this information proves helpful to you in meeting your healthcare needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Ries".

Gary Ries
Deputy Director

GR/jol

LEGISLATIVE LOG #	0282
LEGISLATOR/INQUIRER	US Senator Jim DeMint
CONSTITUENT	Sara Caywood
SSN	250-92-2202
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	10/2/2006
DATE DRAFT DUE GR	10/9/2006
LOG LETTER DUE DATE	10/9/2006
DATE REFERRED TO BC	10/2/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	10/2/2006	Jan	8-2502	Jacobs box.
	10/2/2006	Mark	8-2749	Gave to Bob to handle.
	10/9/2006	Denise	8-2505	Edited letter & gave back to Bob for final approval. See Bob's hard copy tracker in folder for background info. Gave to Mark for approval.
	10/10/2006	Jenny	8-3965	To Alicia.

CHECKLIST

Family Size

Income/Resources

Other Resources:

Communicare

FQHCs

Free Medical Clinics

Medicare

MIAP

Prescription Drug Programs

Social Security

Together Rx

Programs:

ABD	(32)	<input type="text"/>
Foster Children	(31,60)	<input type="text"/>
General Hospital	(14)	<input type="text"/>
HCBS	(15)	<input type="text"/>
LIF	(59)	<input type="text"/>
MBCCP	(71)	<input type="text"/>
Nursing Home	(10)	<input type="text"/>
OSS	(85,86)	<input type="text"/>
PHC	(88)	<input type="text"/>
Pregnant Women & Infants	(12,87)	<input type="text"/>
QMB	(90)	<input type="text"/>
SILVERxCARD	(92)	<input type="text"/>
SLMB	(48,52)	<input type="text"/>
SSI	(80)	<input type="text"/>
TEFRA	(57)	<input type="text"/>
Transitional	(11)	<input type="text"/>
Working Disabled	(40)	<input type="text"/>

Medicaid Programs / Other Resources Check List

Log # 282

Legislator/Inquirer: Senator DeMint

Constituent: SARA Caywood

SS#: 250-92-2202

PROBLEM / ISSUE:		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Upset because she was denied ABD		1	\$ 852 Workers Comp	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBWS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP:		LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	
10/3/06	Get file from MARK		MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>	
10/5/06	Contact her, she has been turned down twice by SSA, has issues of liver, diabetes, hepatitis		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
10/5/06	other issues; told her of CHC, MiAP; also to contact Richland & Lexington hospitals, re charedy cases. Also advised her to contact Dr and get names of drug companies to make direct appeal to them.		Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
10/5/06	Gave her my number and told her to call me any time. Record shows she was denied ABD because not meet criteria		PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>	
			Pregnant Women/Infants	<input type="checkbox"/>			
			SILVERxCARD	<input type="checkbox"/>			
			SLMB	<input type="checkbox"/>			
			SSI	<input type="checkbox"/>			
			TEFRA	<input type="checkbox"/>			
			Working Disabled	<input type="checkbox"/>			

4EDELDD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

DATES-FROM: 05 / 2006 THRU: ___ / ___

HH NAME: SARA CAYWOOD CATEGORY: ABD HH NUMBER: 101127479

BG NUMBER: 89250642

BG: D BGP: D WKR: TLEWI TOYA LEWIS ACTION TYPE: MAINTENANCE ACTION DATE: 09/05/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00

POV-LVL: +.00 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): N ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 09/05/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 09/05/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

071 You do not meet policy rules of age or disability.

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _

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

UPDATED: USER ID: LELLI DATE: 09/05/06 SYSTEM ID: ELD3000 DATE: 09/05/06

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

EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: CAYWOOD SARA PAGE: 0001
HH NUMBER: 101127479 APL STATUS: _____ ACTION TYPE: MAINTENANCE
ACTION DATE: 06/01/06

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST	BG
	89250642	ABD	TLEWT	40	444	09/05/2007	REVIEW	STATUS
								DENIED

UPDATED: USER ID: LSHEA DATE: 06/01/06 SYSTEM ID: HMS5000 DATE: 06/01/06
ME904675 HOUSEHOLD BUDGET GROUPS FOUND
PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->EILD00

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: CAYWOOD SARA ACTION TYPE: MAINTENANCE
HH NUMBER: 101127479 APL STATUS: ACTION DATE: 06/01/06
APPL EFFECTIVE DATE: 05/22/2006 WORKER: LSHEA LESLIE M SHEALY
MAIL IN(Y/N): N WORKER'S COUNTY: 32 LEXINGTON
APPLICANT'S COUNTY: 32 LEXINGTON
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
6009 EDMUND HWY. #5 REASON FOR APPLICATION:

LEXINGTON SC 29053- 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): Y
AGED(Y/N): N

LIMITED DATA COLLECTION: 00 NONE
PHONE: H: 803-955-9332 W: SC - - FIRST SIGNATURE OBTAINED(Y/N): Y
UPDATED: USER ID: LSHEA DATE: 06/01/06 SYSTEM ID: HMS5000 DATE: 06/01/06
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+

4EDHMS47 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
MEDSPROD APPLICATIONS BY HOUSEHOLD

HH NAME: CAYWOOD SARA PAGE: 0001
HH NUMBER: 101127479 APL STATUS: _____ ACTION TYPE: MAINTENANCE
ACTION DATE: 06/01/06

	APPLICATION	APPLICATION
	EFFECTIVE DATE	STATUS
S	PRIMARY INDIVIDUAL	
S	SARA CAYWOOD	05/22/2006
-	SARA CAYWOOD	05/22/2006
		<u>LOCKED</u>

UPDATED: USER ID: LSHEA DATE: 06/01/06 SYSTEM ID: HMS5000 DATE: 06/01/06
ME904674 APPLICATION RECORDS FOUND
PF1->HELP PF2->PRIMARY INDIVIDUAL PF7->PREV PF8->NEXT
PF10->PREV MENU

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

DATES-FROM: 05 / 2006 THRU: ___ / ___

HH NAME: SARA CAYWOOD CATEGORY: ABD HH NUMBER: 101127479

BG NUMBER: 89250642 WKR: TLEWI TOYA LEWIS ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: TLEWI TOYA LEWIS ACTION DATE: 09/05/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00

POV-LVL: +.00 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): N ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 09/05/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 09/05/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

071 You do not meet policy rules of age or disability.

ELIGIBILITY DECISION APPEALED? (Y/N) _____ CONTINUE BENEFITS? (Y/N): _____

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

UPDATED: USER ID: LELLI DATE: 09/05/06 SYSTEM ID: ELD3000 DATE: 09/05/06

ME9000115 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

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 05/22/06 END: PAGE: 0001

NAME: CAYWOOD SARA HH NAME: CAYWOOD SARA
RCP NUMBER: 1780606787 HH NUMBER: 101127479 ACTION TYPE: MAINTENANCE
SSN: 250-92-2202 VC: V APL STATUS: ACTION DATE: 06/01/06
PRIMARY INDIVIDUAL: APL CO: 32 WORKER ID: LSHEA LOCATION: 001
6009 EDMUND HWY. #5 SSCN: 250922202A RRN:

LEXINGTON
CORRECT RCP NUMBER: SC 29053-
RACE: 01 SEX: F MARITAL STATUS: S
TPL INSURANCE: N RELATION: SELF
DOB: 12/24/1951 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG BEG END
S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND % OF POV CHIP
LEVEL NUMBER

UPDATED: USER ID: LSHEA DATE: 06/01/06 SYSTEM ID: IEV7115 DATE: 07/23/06
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

SSN
Done
Applied 5/22/06
9/5/06