

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>10-2-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC 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>Claud 10/11/06, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<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.			

**JIM DEMINT**  
SOUTH CAROLINA

COMMITTEES:  
COMMERCE, SCIENCE AND  
TRANSPORTATION

DEPUTY MAJORITY WHIP

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

## United States Senate

ENVIRONMENT AND PUBLIC WORKS  
SPECIAL COMMITTEE ON AGING  
JOINT ECONOMIC COMMITTEE

September 15, 2006

**RECEIVED**

OCT - 2 2006

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

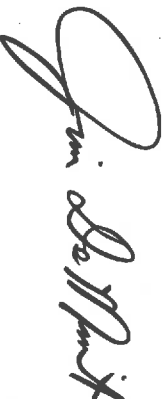
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

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SOUTH CAROLINA

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## United States Senate

### 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 Laywood, do hereby authorize Senator Jim DeMint and/or his staff to access the information necessary to assist me.

Signature:

Sara Laywood

Address:

16009 Edmund Hwy #5  
Washington, South Carolina

29073

Telephone:

home (803) 955-9332 or (803) 441-9166

Social Security Number:

250-92-2202

Brief explanation of situation:

*medicaid I'm too  
stupid to receive  
your help.*  
Jim 54 yrs and have Hep-c  
as well as cancer of the liver  
(I don't drink or do drugs) I applied  
for medicaid and until I can  
get done 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 ☒

If Yes, which Member?

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

GREENVILLE  
105 NORTH SPRING STREET  
SUITE 109  
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(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*

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.

282  
✓

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 dark ink, appearing to read "Gary Ries", is positioned above the printed name and title.

Gary Ries  
Deputy Director

GR/jol

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

# 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 other issues; told her of CHC, MiAP; also to contact Richland & Lexington hospitals, re checked cases. Also advised her to contact Dr and get names of drug companies to make direct appeal to them.			MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
10/5/06				Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
10/5/06	Given 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"/>		

4EDEL01 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

HH NUMBER: 101127479

BG NUMBER: 89250642

CATEGORY: ABD

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

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



4EDHMS49 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	NEXT REVIEW	LAST REVIEW	BG STATUS
-	89250642	ABD	TLEWI	40	444	09/05/2007		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->ELD00

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  
 APPLICANT'S COUNTY: 32 LEXINGTON WORKER'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  
 CHILDREN 1 AND OVER(Y/N): N  
 INFANTS UNDER AGE 1(Y/N): N  
 RESIDENCE ADDRESS: 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 WITHDRAW APPLICATION(W/C/N): N  
 ME900049 HOUSEHOLD RECORD FOUND SYSTEM ID: HMS5000 DATE: 06/01/06

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	05/22/2006	
S SARA CAYWOOD		
SARA CAYWOOD	05/22/2006	LOCKED

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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 HH NAME: SARA CAYWOOD PAGE: 2 OF 3  
 BG NUMBER: 89250642 DATES-FROM: 05 / 2006 THRU: \_\_\_\_ / \_\_\_\_ HH NUMBER: 101127479  
 BG: D BGP: D WKR: TLEWI CATEGORY: ABD ACTION TYPE: MAINTENANCE  
 COUNTABLE BG MEMBERS: 1 ACTION DATE: 09/05/06  
 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:

RACE: 01 SEX: F MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

DOB: 12/24/1951 DOD:

LIV ARRANGEMENT: HOME INCOME TRUST:  
CORRECT RCP NUMBER: SC 29053- PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	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*