

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Ries	7/25/06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER 000109	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 8/1/06
2. DATE SIGNED BY DIRECTOR <i>Cleaved 8/3/06 letter attached.</i>	<input checked="" 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.			



RECEIVED

JUL 25 2006

House of Representatives

State of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

July 18, 2006

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

519-B Blatt Building
Columbia, SC 29211

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Property Tax
Ways and Means Public Education and
Special Schools Sub-committee, Chairman
School Bus Privatization Committee
School Bus Specification Committee

Tel. (803) 734-3114

Mr. Robert M. Kerr, Director
SC Dept. of Health and Human Services
PO Box 100223
Columbia, SC 29202-3223

Re: Mr. Nathaniel Williams
Budget Group #19146505
HH #101110283
Medicaid #2780551633

Mrs. Lorraine E. Williams
Budget Group #87312608
HH #100367569
Medicaid #4531561302

Dear Mr. Kerr:

I am writing on behalf of Nathaniel and Lorraine E. Williams, PO Box 44, Gloverville, SC 29828-0044.

Mr. and Mrs. Williams are on SSI and receive Medicaid. They were recently informed that they would receive Social Security and, therefore, want to know if they will continue to qualify for Medicaid benefits and will they be eligible for Medicare because Mr. Williams is seriously ill. I have enclosed their information.

I would appreciate it if you could look into this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Roland Smith".

J. Roland Smith

JRS/tfc/2006jul18-1

Enclosure

cc: Mr. and Mrs. Nathaniel Williams, PO Box 441, Gloverville, SC 29828-0441



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 3, 2006

Mr. and Mrs. Nathaniel Williams
Post Office Box 441
Gloversville, South Carolina 29828-0441

Dear Mr. and Mrs. Williams:

Representative J. Ronald Smith asked our agency to assist you with your questions about your continued qualification for Medicaid.

You both currently receive Medicaid under the Supplemental Security Income (SSI) program. Unfortunately, your new combined monthly income exceeds the allowable limit to continue to qualify for SSI Medicaid coverage. However, you may qualify for Medicaid's Aged, Blind or Disabled (ABD) program. We mailed you application material so you and your husband can apply for ABD coverage. Please complete the application as soon as possible and return it to our Aiken County Medicaid Office. If you have any questions, please call Ms. Rebecca Smith at 803-642-3690.

Mrs. Williams currently receives Medicare, and Mr. Williams should become eligible for Medicare coverage in January 2008.

I hope this information is useful to you in meeting your healthcare needs.

Sincerely,

Gary Rles
Deputy Director

GR/jole



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 4, 2006

The Honorable J. Roland Smith
Member, South Carolina House of Representatives
183 Edgar Street
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for referring Mr. and Mrs. Nathaniel Williams to our agency with their concerns about healthcare and Medicaid eligibility.

Medicaid eligibility under the Medicaid Supplemental Security Income (SSI) program is determined by the Social Security Administration and ends when an individual no longer receives SSI payments. However, individuals may qualify for Medicaid's Aged, Blind or Disabled Program, but since the Department of Health and Human Services does not have current information, a new application is required. We mailed the Williams' appropriate application form and advised them how to complete and return it to our Aiken County Office.

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,

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

Robert M. Kerr
Director

RMK/rjl

Medicaid Programs / Other Resources Check List

Log # 0109

Legislator/Inquirer: Rep. Smith

Constituent: Rep. Smith 209-80-5042 10110383
~~Rep. Smith~~ Nathaniel Williams

SS#: _____

65-248-80-2475 Horraine Williams

RCP 100367569

PROBLEM / ISSUE:		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Want to know if they will lose Medicaid when disability check STARTS, both on SSI now, grandchild on PHC. Verified that SSA has notified then SSI will cease 8/1/06		3	\$996	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP:		LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	
7/26/06	Get from Denise, checked med discussed w/MARK late PM		MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>	
7/27/06	Spoke twice with Mrs Williams, she insists grandson not on PHC		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
7/28/06	Return e-mail says both will need to apply ABD if determined for SSI, sent 2 applications		Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
7/28/06	County office advises if SSI comes close they will need to reapply; also verifies grandson is PHC		PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>	
7/28/06	Sent apps, gave Arvin County contact info + drafted letter		Pregnant Women/Infants	<input type="checkbox"/>			
7/31/06	Spoke at length to Mrs. Williams, explained she needed to ABD app as soon as possible, gave Rebecca Smith telephone to follow up on application. Also told her grandson is covered. She was most appreciative. Couldn't talk with Mr. Williams since he is in hospital		SILVERxCARD	<input type="checkbox"/>			
	Mrs. Williams verified she now receives Medicare and her husband will receive Medicare in January 2008 since he was found eligible in January System shows both still Active, BUT SSA has sent written notification coverage will end 9/1/06		SLMB	<input type="checkbox"/>			
			SSI	<input type="checkbox"/>			
			TEFRA	<input type="checkbox"/>			
			Working Disabled	<input type="checkbox"/>			