

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|----------------------|------------------------|
| TO <i>Liggett</i> | DATE <i>2-27-14</i> |
|----------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|--|
| 1. LOG NUMBER <i>000299</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>Cleared 3/27/14, letters attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-11-14</i> |
| | <input type="checkbox"/> FOIA DATE DUE _____ |
| | <input type="checkbox"/> Necessary Action |

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|---|---------|--|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
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Ms. Betty A. Jones
1207 Wellington Rd
Barnwell, S.C. 29812
February 19, 2014

Dear Mr. Tony Keck:

My Name is Betty Jones. I am 59 years old and disabled due to Systemic Lupus. I am single receiving \$1902.00 monthly from Social Security. I have Medicaid AND Medicare.

I am writing because I need some help. I have had several surgeries over the years including both knee replacements. I have rheumatoid arthritis and would like to have my shoulder replaced soon. I would like to know if South Carolina Healthy Connections have any programs that would help make my bathroom handicapped accessible. I cannot afford to do it myself. I would appreciate any help I may qualify for.

Thank You,

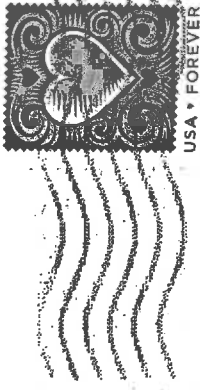
Betty Jones
(803) 671-3749

RECEIVED

FEB 27 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms Betty Ann Jones
1207 Wellington Rd
Barnwell, SC 29812



AUGUSTA GA 309

25 FEB 2014 PM 2 T

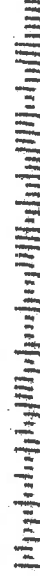
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Department of Health & Human Services
OFFICE OF THE DIRECTOR

MR. Tony Keck
South Carolina Department of Health And Human Services
P.O. Box 8206 Carolina 29202
Columbia, South

2920238206



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



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| 1. <i>[Signature]</i> 4/2/14 | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

HH - 100699097

SSN 251-04-7854

Betty A. Jones

Ms. Betty A. Jones
1207 Wellington Rd
Barnwell, S.C. 29812
February 19, 2014

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OFFICE OF THE DIRECTOR

MR. Tony Keck
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202



Annmarie McCanne

From: Annmarie McCanne
Sent: Thursday, March 27, 2014 2:54 PM
To: Chaini Demas
Cc: RHONDA FEASTER; TONY MATTHEWS
Subject: RE: log letter 299
Attachments: log letter 299.doc

Hi, Chaini – I just showed this letter to Pete. He would like for you (or the person who called and submitted the application) to sign the letter and cc him. Just get me a scanned copy once this is done.

Thanks,
Annie

Annmarie McCanne
Administrative Coordinator
MCCANNE@scdhhs.gov
803.898.0178
1801 Main Street
Columbia, South Carolina - 29201
www.scdhhs.gov



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From: Chaini Demas
Sent: Wednesday, March 26, 2014 4:28 PM
To: Annmarie McCanne
Cc: RHONDA FEASTER; TONY MATTHEWS
Subject: log letter 299

March 27, 2014

Ms. Betty A. Jones
1207 Wellington Road
Barnwell, South Carolina 29812

Dear Ms. Jones:

We received your letter inquiring about programs that would help with renovating your bathroom for handicapped accessibility. Community Long Term Care is a program that assists individuals who meet the level of care needed to be in a nursing home but wants to receive services at home. Per our telephone conversation on March 10, 2014, you meet the intake criteria for our program. Based on the information that was provided, I did enter an application for you for the Community Choices program. Although you currently receive Medicaid, additional information may be needed to establish Medicaid eligibility for our program. If you are determined eligible for our program, we may be able to assist you with the Home Modification service.

If you have any further question about your application, feel free to call the Aiken CLTC Regional Office at 803-641-7680.

Sincerely,

Peter Liggett, Ph.D.
Deputy Director

Chaini





Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 • Columbia, SC 29202

www.scdhhs.gov

March 26, 2014

Dear Ms. Jones,

We received your letter inquiring about programs that would help with renovating your bathroom for handicapped accessibility. Community Long Term Care is a program that assists individuals who meet the level of care needed to be in a nursing home but wants to receive services at home. Per our telephone conversation on March 10, 2014, you meet the intake criteria for our program. Based on the information that was provided, I did enter an application for you for the Community Choices program. Although you currently receive Medicaid, additional information may be needed to establish Medicaid eligibility for our program. If you are determined eligible for our program, we may be able to assist you with the Home Modification service.

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Sincerely,

Chaini C. Demas

Cc: Peter Liggett



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Subject: Log 299

Hey, Rhondalyn - I am not sure who (if anyone) can assist with this log? Can you please take a look and let me know if someone under Roy could maybe handle this for us?

-----Original Message-----

From: copier@scdhhs.gov [mailto:copier@scdhhs.gov]

Sent: Friday, March 07, 2014 6:53 AM

To: Annmarie McCanne

Subject: scan from copier

No reply. Any problems scanning contact Greg Mattison.

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/11/14
 MEDSPROD RECIPIENT INFORMATION ACTION:
 MEMBER PERIOD START: 12/02/13 END: PAGE: 0001
 NAME: JONES BETTY A HH NAME: JONES BETTY A
 RCP NUMBER: 4714162201 HH NUMBER: 100699097 ACTION TYPE: MAINTENANCE
 SSN: 251-04-7854 VC: V APL STATUS: ACTION DATE: 12/05/05
 PRIMARY INDIVIDUAL: APL CO: 06 WORKER ID: LOU17954 LOCATION: 001
 1207 WELLINGTON ROAD SSCN: 251047854A RRN:
 RACE: 02 SEX: F MARITAL STATUS: S
 TPL: Y RSP: 1 RELATION: SELF
 DOB: 07/12/1954 DOD:
 LIV ARRANGEMENT: HOME INCOME TRUST:
 PROVIDER:

BARNWELL

SC 29812-

CORRECT RCP NUMBER: _____

| BG | BEG | END | BENEFITS | | | | QMB | RETRO | % OF POV | |
|----|----------|------------|------------|------|------|------|-----|-------|----------|---------|
| S | NUMBER | ELIG | ELIG | PCAT | QCAT | TYPE | IND | IND | LEVEL | SPONSOR |
| — | 48603868 | 07/01/2005 | | 32 | 50 | FULL | Y | Y | .92 | |
| — | 48603868 | 10/01/2004 | 07/01/2005 | 32 | 50 | FULL | N | Y | .92 | |
| — | 70620123 | 06/01/1999 | 02/01/2002 | 32 | 50 | | Y | | .00 | |
| — | | 01/01/1999 | 06/01/1999 | 32 | | | Y | | .00 | |
| — | | 04/01/1996 | 01/01/1999 | 32 | | | Y | | .00 | |

UPDATED: USER ID: LPRIE DATE: 06/11/07 SYSTEM ID: BUY1000 DATE: 03/29/06

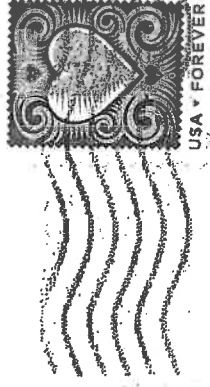
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
 PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

Ms Betty Ann Jones
1207 Wellington Rd
Barnwell, SC 29812



AUGUSTA GA 309

15 FEB 2014 PM 21



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FEB 27 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MR. Tony Keck
South Carolina Department of Health AND Human Services
P.O. Box 8306 Carolina 29202
Columbia, South

29202-8306



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Carolyn Roach

From: Cherlyn McCoy
Sent: Tuesday, March 11, 2014 3:44 PM
To: Carolyn Roach
Subject: FW: Log 299

Good afternoon Carolyn,

I responded to Ms. Pelzer below. Ms. Fuller asked me to forward my response to her to you.

Please let me know if I can assist further.

Thanks.

-----Original Message-----

From: Cherlyn McCoy
Sent: Tuesday, March 11, 2014 3:42 PM
To: Rhondalyn Pelzer
Cc: BETSY FULLER; Cherlyn McCoy
Subject: RE: Log 299

Good afternoon Rhondalyn,

This is a Medicaid recipient receiving benefits through the (Aged, Blind, Disabled) ABD waiver. From the letter it looks like she may have to contact CLTC to inquire about some of their programs. You may want to contact CLTC for them to advise you.

Please let me know if I can assist further.

Thanks.

-----Original Message-----

From: Rhondalyn Pelzer
Sent: Tuesday, March 11, 2014 10:57 AM
To: Cherlyn McCoy
Cc: BETSY FULLER
Subject: FW: Log 299

Good morning,

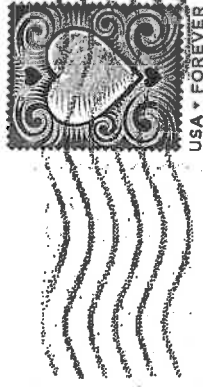
This participant does not appear to be enrolled in Medicaid. I was advised to forward this request to Eligibility Processing. If this was sent to you in error please let me know.

Thanks,
Rhondalyn

-----Original Message-----

From: Annmarie McCanne
Sent: Friday, March 07, 2014 1:13 PM
To: Rhondalyn Pelzer

Ms Betty Ann Jones
1207 Wellington Rd
Barnwell, SC 29812



AUGUSTA GA 309

15 FEB 2014 PM 3 T

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Log # 299

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HH-10069-9097

SSN 251-04-7854

Betty A. Jones

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1207 Wellington Rd
Barnwell, S.C. 29812
February 19, 2014

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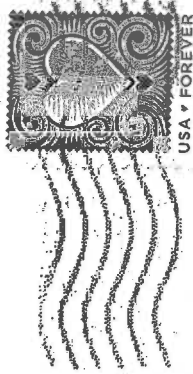
Betty Jones
(803) 671-3749

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AUGUSTA GA 308

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OFFICE OF THE DIRECTOR

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Columbia, South

2520238206



Annmarie McCanne

From: Annmarie McCanne
Sent: Thursday, March 27, 2014 2:54 PM
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Cc: RHONDA FEASTER; TONY MATTHEWS
Subject: RE: log letter 299
Attachments: log letter 299.doc

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Thanks,
Annie

Annmarie McCanne
Administrative Coordinator
MCCANNE@scdhhs.gov

803.898.0178

1801 Main Street

Columbia, South Carolina - 29201

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Anthony Keck DIRECTOR
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Deputy Director

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