

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 <b>000299</b>	<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

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

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 \$1900.00 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 handicap 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 21

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

**RECEIVED**

FEB 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



2920288206

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR



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

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,

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AUGUSTA GA 308

25 FEB 2014 PM 2 T

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

**RECEIVED**

FEB 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



## Annamarie 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

**Annamarie McCanne**  
*Administrative Coordinator*  
[MCCANNE@scdhhs.gov](mailto:MCCANNE@scdhhs.gov)  
803.898.0178  
1801 Main Street  
Columbia, South Carolina - 29201  
[www.scdhhs.gov](http://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](http://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.

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

Sincerely,



Chaini C. Demas

Cc: Peter Liggett



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

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3.			
4.			

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) [mailto:[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		SPONSOR
S	NUMBER	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL		
-	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 2 T

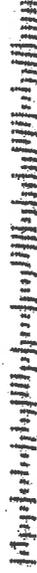
**RECEIVED**

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 Columbia 29202

292028306



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

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## Carolyn Roach

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**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,

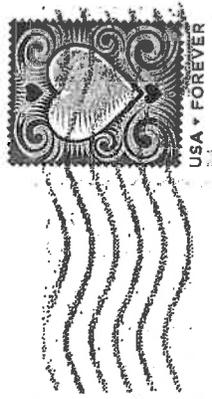
This participant does not appear to be enrolled in Medicaid. I was advised to forward this request to Eligibility Processing. If this was sent to you in error please let me know.

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

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

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OFFICE OF THE DIRECTOR



Log # 299

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HH-10069-9097

SSN 251-04-7854

Betty A. Jones

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

Dear Mr. Tony Keck:

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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 handicap accessible. I cannot afford to do it myself. I would appreciate any help I may qualify for.

Thank you,

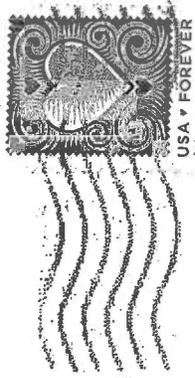
Betty Jones  
(803) 671-3749

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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms Betty Ann Jones  
1207 Wellington Rd  
Barnwell, SC 29812



AUGUSTA GA 308

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

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Department of Health & Human Services  
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## Annmarie McCanne

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**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

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Thanks,  
Annie

---

**Annmarie McCanne**  
*Administrative Coordinator*  
[MCCANNE@scdhhs.gov](mailto:MCCANNE@scdhhs.gov)

803.898.0178

1801 Main Street

Columbia, South Carolina - 29201

[www.scdhhs.gov](http://www.scdhhs.gov)



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**Cc:** RHONDA FEASTER; TONY MATTHEWS  
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Ms. Betty A. Jones  
1207 Wellington Road  
Barnwell, South Carolina 29812

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Sincerely,

~~Peter Liggett, Ph.D.  
Deputy Director~~

Chaini



March 26, 2014

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Chaini C. Demas

Cc: Peter Liggett