

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Fies</i>	DATE  <i>3-20-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>660599</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-27-07</i>
2. DATE SIGNED BY DIRECTOR  <i>Cleand 3/27/07, 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.			

**From:** Bryan Kost  
**To:** Linda Malone  
**Date:** 3/20/2007 10:00:46 AM  
**Subject:** new log - Medicaid Alice P Cain

Hi:  
please log - this is from Sen. David Thomas' office.

Bryan Kost  
DHHS Public Information  
803.898.2865  
cell- 429.3201  
kostbr@scdhs.gov

>>> "DAVID THOMAS" <DT@scsenate.org> 3/19/2007 10:09 PM >>>  
Can you check into this and let us know what's going on? Thanks.

Mary

*Log - Riser*  
*"Hedley's Sign"*

**RECEIVED**

MAR 21 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**From:** Bryan Kost  
**To:** Linda Malone  
**Date:** 3/20/2007 10:10:37 AM  
**Subject:** Fwd: re: new log - Medicaid Alice P Cain

Hi:  
this is the cell phone of the guy who sent the e-mail - this is who we may need to call -  
864.423.2885

Bryan Kost  
DHHS Public Information  
803.898.2865  
cell- 429.3201  
kostbr@scdhhs.gov

>>> "DAVID THOMAS" <DT@scsenate.org> 3/19/2007 10:09 PM >>>  
Can you check into this and let us know what's going on? Thanks.

Mary

**From:** "William Cain" <rcain11@charter.net>  
**To:** <dt@scsenate.org>  
**Date:** 3/19/2007 9:15:09 PM  
**Subject:** Medicaid Alice P Cain

Senator Thomas, listed below as we discussed Monday night is a bullet history of the difficulty I have been having getting my mother Alice P Cain approved for Medicaid:

- \* In mid December of 2006 I Applied for Medicaid for my mother Alice P Cain in the Greenville Office, and was told everything looked OK and it would take about a month to get approval. They were just waiting of the approval form. We were told however that she would have to actually be placed in the nursing home to get the approval letter.
- \* On January the 11th she was placed in Fountain Inn Nursing Home pending Medicaid approval.
- \* On the 8th of February I was told that she made too much money including my dad's VA and it would have to be a Trust account to be handled out of the Columbia office.
- \* On February the 13th I mailed the required trust information.
- \* We have been waiting on approval since then.
- \* Several calls from the Nursing Home and letters from me have been sent inquiring on the status.
- \* Last Wednesday I was called back and told that the Medicaid Office is running behind and that they would call the nursing home.
- \* No call as of today.
- \* It has been sixty days since she was admitted to the Nursing Home and they are starting to want private pay.
- \* One note, it seems there is a catch 22 with VA benefits when they put a person over the maximum dollar amount for normal Medicaid. There has to be a trust set up until the VA reduces the pension amount to 90 dollars. This sends the account to the Columbia Office. This seems to be an unnecessary step because after the VA amount is reduced, based on Medicaid approval, then the account goes back to the County.

Any help you could provide in expediting the approval would be appreciated.

Sincerely,

William R. Cain for Alice P. Cain File No. 101163067

Home: 862-2309

Cell: 423-2885

Email: rcain11@charter.net

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/20/07

MEDSPROD MEMBER PERIOD START: 12/06/06 END: ACTION: PAGE: 0001

NAME: CAIN ALICE P HH NAME: CAIN ALICE P

RCP NUMBER: 5780678458 HH NUMBER: 101163067 ACTION TYPE: MAINTENANCE

SSN: 250-26-6148 VC: V APL STATUS: ACTION DATE: 12/06/06

PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: ZWARS LOCATION: 001

FOUNTAIN INN NH SSCN: 250266148A RRN:

501 GULLIVER STREET RACE: 01 SEX: F MARITAL STATUS: W

TPL INSURANCE: Y RELATION: SELF

FOUNTAIN INN SC 29644- DOB: 06/02/1922 DOD:

CORRECT RCP NUMBER: LIV ARRANGEMENT: NFCL INCOME TRUST:

PROVIDER: FOUNTAIN INN

BG BEG END PCAT QCAT TYPE IND IND LEVEL NUMBER

S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND LEVEL NUMBER

UPDATED: USER ID: ZWARS DATE: 12/06/06 SYSTEM ID: IEV7115 DATE: 02/18/07  
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



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

March 27, 2007

Mr. William R. Cain  
308 Putman Road  
Fountain Inn, South Carolina 29644

Dear Mr. Cain:


Senator David Thomas asked our agency to respond to your concerns regarding healthcare needs and Medicaid eligibility for your mother, Mrs. Alice P. Cain.

We are pleased to inform you that your mother's application for Medicaid under the Nursing Home program has been approved effective January 1, 2007. A member of our staff has been in contact with you to assist with any questions you had concerning Medicaid eligibility and coverage.

Good customer service is important to us, and we regret any inconvenience you or your mother experienced during the application process.

If you have additional questions regarding your mother's Medicaid, please contact Ms. Torri Dawson at (803) 898-3091, as she will be happy to assist you.

Sincerely,

  
Gary Ries  
Deputy Director

GR/jold



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

April 5, 2007

The Honorable David L. Thomas  
Member, South Carolina Senate  
PO Box 142  
Columbia, SC 29202

Dear Senator Thomas:

Thank you for referring Mr. William R. Cain to our agency with his questions and concerns about Medicaid eligibility and healthcare needs of his mother, Mrs. Alice P. Cain.

We are pleased to inform you that Mrs. Cain's application for Medicaid under our Nursing Home program has been approved. A member of our staff has been in direct contact with Mr. Cain to discuss his mother's healthcare needs and answer any questions or concerns about her Medicaid coverage.

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 "R. M. Kerr", written over the printed name of the Director.

Robert M. Kerr  
Director

RMK/rjop





# Medicaid Programs / Other Resources Check List

Log # 0599

Legislator/Inquirer: Sen. David Thomas

Constituent: Alice P. Cain  
Son, William Cain

SS#: 250-26-6148

PROBLEM/ISSUE		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Son concerned about Medicaid for mother now in NH, needs to pay NH		1	\$1,675.27	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"/>
3/21/07	Get file from Jenny, review e-mail and place call to Mr. Cain (AR for his mother)		MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>	
3/22/07	Got AR verbal permission to share data w/Sen Thomas + his staff		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
3/22/07	Verified NH has been approved retro to 1/1/07 and the Nursing Home has been notified		Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
3/22/07	Mr Cain very happy and appreciative.		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"/>			

EDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/22/07  
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: CAIN ALICE P ACTION TYPE: MAINTENANCE  
HH NUMBER: 101163067 APL STATUS: ACTION DATE: 12/06/06

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:  
NAME: WILLIAM CAIN

ADDRESS: RELATIONSHIP: C1 CHILD  
308 PUTMAN RD.

LEGAL RELATIONSHIP:  
FOUNTIAN INN SC 29644- COMMITTEE/CONSERVATOR  
HOME PHONE: 864-862-2309 GUARDIAN  
WORK PHONE: - - X POWER OF ATTORNEY  
E-MAIL: -

UPDATED: USER ID: ZWARS DATE: 01/25/07 SYSTEM ID: HMS5000 DATE: 12/06/06  
ME900049 HOUSEHOLD RECORD FOUND  
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU  
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

**From:** Robert G Liming  
**To:** Dawson, Torri; Day, Donna  
**Date:** 3/22/2007 12:26 PM  
**Subject:** Re: Fwd: Status on Mrs. Alice P. Cain SS # 250-26-6148

**CC:** Dabbs, Jennifer

Thanks, just wanted to be sure the provider could bill us.

>>> Donna Day 3/22/2007 12:23 PM >>>

Yes, she has been approved effective 01/01/07. I spoke with her AR on Tuesday regarding this. I also notified Bryan Kost and Linda Malone via email. The forms are on the way to the Nursing Home.

>>> Torri Dawson 3/22/2007 12:18 pm >>>

Donna,

Is this correct? I want to make sure before I respond. Thanks.

>>> Robert G Liming 3/22/2007 12:15 pm >>>

I believe you are the case worker for this lady. I am handling a legislative referral on this case and just wanted to be sure that there is no issue open. MEDS shows NH coverage back to 1/1/07, so would I be correct to assume that provider is eligible to bill for service provided since that date? Thanks so much for your help with this one

Robert G. Liming  
Special Project Manager, Office of Constituent Services  
South Carolina Department of Health and Human Services  
Room 310  
1801 Main Street  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: [limingr@scdhhs.gov](mailto:limingr@scdhhs.gov)

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

MEHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/22/07  
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: CAIN ALICE P ACTION TYPE: MAINTENANCE  
HH NUMBER: 101163067 APL STATUS: ACTION DATE: 12/06/06

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST	BG
	19454905	MAONH	TDAWS	47	065	03/20/2008		STATUS
								ACTIVE

UPDATED: USER ID: ZWARS DATE: 01/25/07 SYSTEM ID: HMS5000 DATE: 12/06/06  
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION  
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

AEDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/21/07  
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: CAIN ALICE P ACTION TYPE: MAINTENANCE  
HH NUMBER: 101163067 APL STATUS: ACTION DATE: 12/06/06

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:  
NAME: WILLIAM CAIN

ADDRESS: RELATIONSHIP: C1 CHILD  
308 PUTMAN RD.

LEGAL RELATIONSHIP:  
FOUNTIAN INN SC 29644- COMMITTEE/CONSERVATOR  
HOME PHONE: 864-862-2309 GUARDIAN  
WORK PHONE: - - X POWER OF ATTORNEY  
E-MAIL: -

UPDATED: USER ID: ZWARS DATE: 01/25/07 SYSTEM ID: HMS5000 DATE: 12/06/06  
ME900049 HOUSEHOLD RECORD FOUND  
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU  
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

MEDELDD00 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/21/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
HH NAME: ALICE P CAIN DATES-FROM: 03 / 2007 THRU: \_\_\_\_ / \_\_\_\_ PAGE: 1 OF 3  
BG NUMBER: 19454905 CATEGORY: MAONH QCAT: 10 HH NUMBER: 101163067  
BG: A BGP: P WKR: TDAMS TORRI DAWSON ACTION TYPE: MAINTENANCE  
ACTION DATE: 03/20/07

REQUIREMENTS  
APPLYING: ALICE C  
CITIZENSHIP: A  
RESIDENCY: P  
SSN: P  
PREGNANCY: N/A  
AGE: P  
RELATIONSHIP: N/A  
IDENTITY: P  
DISABLED/BLIND: P  
ASSIGNMENT OF RIGHTS: P  
REFERRAL TO OTHER BENEFITS: P  
LIVING ARRANGEMENTS: P  
UPDATED: USER ID: COM2000 DATE: 03/20/07 SYSTEM ID: \_\_\_\_ DATE: \_\_\_\_  
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND  
PF1->HELP PF3->NEXT SCR PF5->HH MBR DTL PF6->RETURN PF10->MENU PF13->FIELD HELP  
PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST+

ADELDD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/21/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 HH NAME: ALICE P CAIN DATES-FROM: 03 / 2007 THRU: / PAGE: 2 OF 3  
 BG NUMBER: 19454905 CATEGORY: MAONH HH NUMBER: 101163067  
 BG: A BGP: P WKR: TDAWS TORRI DAWSON ACTION TYPE: MAINTENANCE  
 ACTION DATE: 03/20/07  
 COUNTABLE BG MEMBERS: 1  
 COUNTABLE INCOME: 1675.27 COUNTABLE RESOURCES: 826.00  
 INCOME LIMIT: 1869.00 RESOURCE LIMIT: 2000.00  
 POV-LVL: +1.96 % HLTH INS PREM: 0.00  
 RECURRING INC: 1496.27 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
 MEETS NON-FINANCIAL? (Y/N): - ACT ON DECISION COMPLETE? (Y/N): -  
 MEETS INCOME? (Y/N): - DECISION ACCEPTED DATE: 03/20/08  
 MEETS RESOURCES? (Y/N): - NEXT REVIEW DATE:  
 MEETS OTHER CONDITIONS? (Y/N): - ANTICIPATED CLOSURE DATE:  
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -  
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -  
 UPDATED: USER ID: COM2000 DATE: 03/20/07 SYSTEM ID: DATE:  
 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

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/21/07  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 03/20/07 END: PAGE: 0001

NAME: CAIN ALICE P HH NAME: CAIN ALICE P

RCP NUMBER: 5780678458 HH NUMBER: 101163067 ACTION TYPE: MAINTENANCE

SSN: 250-26-6148 VC: V APL STATUS: ACTION DATE: 12/06/06

PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: ZWARS LOCATION: 001

FOUNTAIN INN NH SSCN: 250266148A RRN:

501 GULLIVER STREET

RACE: 01 SEX: F MARITAL STATUS: W

TPL INSURANCE: Y RELATION: SELF

DOB: 06/02/1922 DOD:

FOUNTAIN INN SC 29644- LIV ARRANGEMENT: NFCL INCOME TRUST:

CORRECT RCP NUMBER:

PROVIDER: FOUNTAIN INN

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
19454905	01/01/2007		10	10	FULL	N	Y	1.96		

UPDATED: USER ID: ZWARS DATE: 12/06/06 SYSTEM ID: BUY1000 DATE: 03/21/07  
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