

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>3-20-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000599</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>Cleaud 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

*Log - Rives
 "Realty's Sign"*

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

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



MAR 21 2007

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

>>> "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: 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: rcain111@charter.net

MEMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/20/07
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 12/06/06 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 TPL INSURANCE: Y RACE: 01 SEX: F MARITAL STATUS: W
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	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	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

[Handwritten initials]

599

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,

[Handwritten signature of Gary Ries]
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 black ink, appearing to read "R. M. Kerr".

Robert M. Kerr
Director

RMK/rjop

LEGISLATIVE LOG #	0599
LEGISLATOR/INQUIRER	Sen. David Thomas
CONSTITUENT	Alice P. Cain
SSN	
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	3/20/2007
DATE DRAFT DUE GR	3/26/2007
LOG LETTER DUE DATE	3/27/2007
DATE REFERRED TO BC	3/20/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Complaints of NH application process taking too much time and the fact that an income trust was needed for eligibility	3/20/2007	Jan	8-2502	Alicia's box - Bryan sent this via email to Donna Day - may
	3/21/2007	Jenny	8-3965	To Bob to handle.
	3/22/2007	Jenny	8-3965	Add letters to shared folder and edited.
	3/22/2007	Jenny	8-3965	To Mark (4:00)

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
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)	

** Verbal okay to discuss w/ Sen. Thomas' office.
* William Cain is the AR.*

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #. Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.) If question about current status of a log letter, contact previous user.

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 11/07 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. _____

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

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

Website: www.scdhhs.gov

MEDHMS49 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	_____	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->ELDD00

EDHMS05 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:

DATES-FROM: 03 / 2007 THRU: ___ / ___ PAGE: 1 OF 3

HH NAME: ALICE P CAIN HH NUMBER: 101163067

BG NUMBER: 19454905 CATEGORY: MAONH QCAT: 10 ACTION TYPE: MAINTENANCE

BG: A BGP: P WKR: TDAMS TORRI DAWSON ACTION DATE: 03/20/07

REQUIREMENTS ALICE C

APPLYING: A

CITIZENSHIP: P

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+

AEDELDD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/21/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 03 / 2007 THRU: /

PAGE: 2 OF 3

HH NAME: ALICE P CAIN CATEGORY: MAONH HH NUMBER: 101163067

BG NUMBER: 19454905 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:

MEETS RESOURCES? (Y/N) : - NEXT REVIEW DATE: 03/20/08

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: -
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: 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

FOUNTAIN INN TPL INSURANCE: Y RELATION: SELF

CORRECT RCP NUMBER: SC 29644- DOB: 06/02/1922 DOD:

LIV ARRANGEMENT: NECL INCOME TRUST: PROVIDER: FOUNTAIN INN

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
S	NUMBER	ELIG	ELIG	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