

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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>10-18-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000210</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 11/28/07 with Attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-29-07</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

JIM DEMINT
SOUTH CAROLINA

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION

CHAIRMAN, SENATE STEERING COMMITTEE

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

ENERGY AND NATURAL RESOURCES
FOREIGN RELATIONS
JOINT ECONOMIC

October 17, 2007

RECEIVED

OCT 18 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206

Log Wells
app. div

Dear Ms. Forkner,

I am writing to refer a matter involving my constituent, Mr. Donald Ray Timmons, and his request for assistance with his Medicaid appeal. Enclosed is a copy of his letter for your review.

I would greatly appreciate your responding directly to Mr. Timmons about this issue. I have informed Mr. Timmons that I would refer his to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards,
Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

I would like for this letter to get to some one who can help me.

To who it may concern

I Donald Ray Timmons am appealing my my denial for medical first I would like to give you a brief history of my self I have been working since I was the age of 4 or 5 yrs. old my daddy worked at j.p. stephens all his life he work third shift so he would sleep during the day an when I got home from school we would cut pulp wood until dark the old way which means with a measuring stick an carrying an loadind every stick by hand we had to do this to get by I did this until I was old enough to go to work at

J.P stephens myself I worked there an helped mom an daddy pay the bills an had a little money left over then I got married at the age of 17 an had a kid to raise I quit j.p.stephens an went to work for rentfrew bleachey for a short piod of time then I left there an went to work for zornelite company which soon became w.r. grace an worked there

for the last 30 years until the plant shut down I was one the lucky ones that got to stay a little longer to help take the plant apart during this time a guy I was working with dropped his end of a metal beam that we were carrying an caused me to ruputre a disk in my back but I kept working as long as I could an the doctors waited until the disk had hardened like a rock an crushed my static nurve in my left leg senice then I can't stand or sit for long periods an now I have had to have two heart attacks

an became a dibatic I have carparel tunnel synderm in both hands I cant hold on to anything long I have had an mri done an now I have artritis general all over my body I have acid reflux an also a reflux problem in my legs that causes my feet an legs to go to sleep at night I have high blood pressure an my eye sight is getting worse

due to blood pressure an dibettes an my memory is shot we had an mri run my head an found that I have had several small strokes an one large one an that is what is wrong with my memory I now have to take a call phone with me everwhere I go because sometimes I can't remeber where I am at sometimes or what I am doing I tell people things then don't rember what I told them an end up telling them the same story several times I have a 9 year old daughter that I am trying to send to school now both of my legs are starting to go numb but I can't afford to get them checked out I have no kind of medical insurance I was using the cobra insurance from work an it ran out now I can't get any medical insurance because of my preexzisting condutions I can't get a job because

no company policy will not cover me even if I was able to work. I am now 51 years old I have fiberagley the muscle tissue around my bones get inflamed an causes a great deal of pain I also have sleep abana and have to sleep with a pac machine at night I have applied for my disability an had to get a lawyer who is trying to help me with this I have worked all my life an paid into all of these services an now that I need them all I keep getting is

denials the reason for this denial says that I have more income than the policy allows I have worked every day of my life that I was able to work an if you check my work history you will see this I am a very proud man an now that I need the help that I have been paying for all these years I am told I can't get it I an not asking for anything free I worked an paid for these services an now all that I get is denials belike me if I was able an could work I would not be going through all this. Was I paying for something that was

not there I know people that have never worked a day in their life an they draw disability checks what is wrong with this system people in jail have more benefits than I

can get out here they feed you furnish you a place to sleep give you medical help an I have worked all my life an can't get any help an the pity of this is I have belifed in this system all these years an it looks like a poor man that is not in jail an can't afford his medication is gonna end up dying from simply being poor I only

want what I have worked an paid for. People from forgin countries have a better chance than I do. What is wrong with this??? I am sending a copy of my bills with this letter

Please don't keep giving me the run around someone take the time to help me that is all I ask. Thank you for your time. Donald R Timmons

104 Barks Road

Manhatta SC 29661

Medicaid Letter of Action

From: GREENVILLE COUNTY DHHS
P. O. Box 9399
Greenville SC 29604-9399

Date: 09/26/2007
Worker Name:
BERNICE WHITFIELD

To: TAMMY SUE GOFF
104 BATES RD
MARIETTA SC 29661

Telephone: 864 455-9217
BG #: 29784714
HH #: 100144675
23 BWHIT

Recipient Name:

DONALD R TIMMONS
TAMMY SUE GOFF

Recipient ID:
0790784398
4834213001

Your application has been denied for: **LOW INCOME FAMILIES**

Reason for denial:

Your income is more than policy allows.

Denied for the month(s) of: 09/2007

Manual/policy reference supporting this action: 205.04

X You may ask for a fair hearing before the Department of Health and Human Services if you believe an error was made in processing your application.

To Request A Hearing from the Department of Health and Human Service
• Ask your Medicaid worker in writing within 30 days of this letter. Attach a copy of this letter to your request.

To Get Help with Your Hearing

- You may hire an attorney to help you
- You may have someone you know come to the hearing and speak for you
- Contact your Medicaid worker in person or by phone to get help in asking for a hearing

Please detach and save this for your records. Not valid six months after issue date. For release return to:
Standard Insurance Company, Employee Benefits Dept., 900 SW Fifth Ave, Portland OR 97204-1235

MEMBER NAME: DONALD R. TIMMONS STATEMENT DATE: SEP 14, 2007
GROUP NAME: THE SCOTTS COMPANY MEMBER: *****
CLAIM: 00374735-019 GROUP: 10086091
OUR RECORDS SHOW THE TAXABLE % OF YOUR BENEFITS IS: 100.00% CONTRACT: 640916

BENEFIT CALCULATION FOR PERIOD FROM 08/24/2007 TO 09/23/2007 1 MONTH(S) 0 DAY

LONG TERM DISABILITY:

\$1,756.30

OFFSETS: WORKERS COMP. - PERMANENT
LESS TOTAL OFFSETS:

255.91

(255.91)
\$1,500.39

NET BENEFIT

ADJUSTED NET BENEFIT:

\$1,500.39

DEDUCTIONS: SOUTH CAROLINA INCOME TAX
FEDERAL INCOME TAX

40.00
90.00

LESS TOTAL DEDUCTIONS: 130.00)
PAYMENT AMOUNT: \$1,370.39

CHECK AMOUNT:

\$1,370.39

*This is our only
Income*

39-624605

WORK LIST

HIGHWAY 276

14141414 PHARMIE11H. SC 29661
Store LIC# - 2547
SURVE LIC# - HSI/4934W
Birth Date - 05/15/1956
Social Security# -

PHARMACIST - REID, MITCHE
Store PH # - 864-836-3771
Provider # - 4212623
Pat. Sex - M
Medical Record# -

DATE	RX#	DRUG (ITEM)	NAME	MFG#	D/S	DEA#	PRESCRIBER	PRICE	PR TYPE	GEN IND
08/09/07	06272690	REFILL	SYNTHROID 100mcg		30TAB	CADDELL, T.	11.26	COPAY		
			00074-6624-19 ABBOT		30DAYS	AC3198024			BRAND	
			Rx DAW Ind - Y2 Policv# 20000376071			ECS Auth # - A7076225520161				
08/09/07	06267390	REFILL	TRIAM/HC737.5/25		60CAP	CADDELL, T.	5.40	COPAY		
			00378-2537-10 MYLAN		30DAYS	AC3198024			GENERIC	
			Rx DAW Ind - N0 Policv# 2022837DRX			ECS Auth # - 402493570009338				
08/09/07	04061803	REFILL	HYDROCODONE 10/500		180TAB	CADDELL, T.	37.34	COPAY		
			00591-0540-05 WATSON		30DAYS	AC3198024			GENERIC	
			Rx DAW Ind - N0 Policv# 2022837DRX			ECS Auth # - 402472570090966				
08/09/07	06267333	REFILL	SIMVASTATIN 20 MG		30TAB	CADDELL, T.	9.00	COPAY		
			65862-0052-99 AUROB		30DAYS	AC3198024			GENERIC	
			Rx DAW Ind - N0 Policv# 2022537DRX			ECS Auth # - 402472207000918				
08/09/07	06267334	REFILL	NEXIUM 40 MG CAPSU		30CAP	CADDELL, T.	121.74	COPAY		
			00186-3040-31 ASTZE		30DAYS	AC3198024			BRAND	
			Rx DAW Ind - N0 Policv# 20000576071			ECS Auth # - A3076225518421				
08/09/07	06267333	REFILL	LOTINEL 5/40 MG CAP		30CAP	CADDELL, T.	77.73	COPAY		
			00078-0384-05 NVRTS		30DAYS	AC3198024			BRAND	
			Rx DAW Ind - N0 Policv# 20000576071			ECS Auth # - A4076210646571				
08/14/07	02018323	REFILL	OXYCONTIN 40MG TAB		240TAB	CADDELL, T.	1277.39	COPAY		
			59011-0105-10 PURU2		30DAYS	AC3198024			BRAND	
			Rx DAW Ind - Y1 Policv# 2022837DRX			ECS Auth # - 41770947081408				
08/22/07	04063307	REFILL	DIAZEPAM 10 MG TAB		120TAB	CADDELL, T.	6.63	COPAY		
			00603-3215-32 GUALT		30DAYS	AC3198024			GENERIC	
			Rx DAW Ind - N0 Policv# 2022837DRX			ECS Auth # - 44179717002249				
09/06/07	04063350	REFILL	HYDROCODONE 10/500		180TAB	CADDELL, T.	37.34	COPAY		
			00591-0540-05 WATSON		30DAYS	AC3198024			GENERIC	

Mixes Reil R. PH

Humalog Mix 75/25

021.00

Total 1,655.83
monthly

monthly expence

Grocery - \$ 600.⁰⁰ month
Power - \$ 250.⁰⁰ month
Phone - \$ 70.⁰⁰ month
Water - \$ 40.⁰⁰ month
House tax - \$ 66.⁰⁰ month
Car INS - \$ 51.66 month
School expence \$ 250.⁰⁰ month

Transportation expence \$ 300.⁰⁰ month
Dr. visit monthly \$ 125.00 per visit

This Does not
include Holi.days
or emergency expences!
Total mont
\$ 1,752.66

1,752.66 monthly expence
+ 1,655.83 monthly medicine expence
3,408.49

February 6, 2007

T. DAVID CADDELL, MD
907 N MAIN ST.
TRAVELERS REST, SC 29670

Re: The Scotts Company
Group No. 640916
Claim No. 00374735.....

Dear Dr. Caddell:

We are the long-term disability carrier for your patient, Donald R. Timmons. At this time, we find it necessary that we contact you directly to obtain additional medical documentation. Please answer the following questions:

1) What are your patient's current significant diagnoses?

- ① CVA, ② Type II DM, ③ ME X2, ④ DDD
⑤ Chronic back pain, ⑥ OA, ⑦ Hypertension
⑧ Memory loss, ⑨ Depression, ⑩ Anxiety, ⑪ Insomnia, ⑫ GERD, ⑬ OSA, ⑭ PTSD, ⑮ Anxiety
⑯ What are the patient's current symptoms?

Signs: Chronic back pain; insomnia; memory loss; depression; hypertension; dyspnea; depression; sexual dysfunction; edema; peripheral edema; and numbness of weakness; Hypertension.

Sugar - stop - any activities
What are the present objective findings?

CVA on X-rays. Elevated sugar of cholesterol.
Heart scan on ECG; ⊕ sleep study. DDD on MRI

4) What are the restrictions that you have placed on your patient's activities?

unable to work. Can't lift 2/10 lbs.
Can't get long stand or sit. Forgets.
Shows to get home. Declining vision.

5) If these restrictions are accommodated could your patient return to work?

NO

6) If the patient cannot work even with accommodations what specific symptoms and specific diagnoses are preventing a return to work?

See Above, unable to do even
simple tasks or repetition

7) Please provide your present treatment plan and prognosis including all prescription medications.

Medications:	Medications	Prescription
- Provacid 30mg T bid	Restriced diet	Humalog 7.5-25 u bid
- ASA 81mg qd	Medication X	Glucoral XL 10mg
- Loraz 1mg qd	Loraz 1 - if good pm	Zocor 10mg qd
- Dyaqr 200 mg bid	Exenatide 5mg tid	Andigal 100 mg
- Synthroid 0.1mg bid	Diaper 10mg bid	

8) Please forward copies of all office visit notes/testing from September 2006 through present.

See notes

We ask that you respond in a timely manner so that we can make a timely decision on his claim. Attached, please find an authorization allowing you to release this information to us. If you have any questions or concerns with regards to this letter, please do not hesitate to call us at



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

November 28, 2007

Emmie Parkner
Director

809 210 ✓

CERTIFIED MAIL

Donald and Tamy Sue Timmons
104 Bates Road
Marietta SC 29661

RE: Fair Hearing of Donald and Tamy Sue Timmons v. SCDHHS
Appeals' Case # 07-MAO-536 (LIF);
Log Letter #000210, William Wells

Dear Mr and Mrs. Timmons:

I have been assigned your request for a fair hearing regarding the denial of your Low Income Families (LIF) Medicaid application due to excess income. I do not have the power to set aside Agency policy or Federal law. The purpose of an appeal is to allow you to point out errors of fact or law that would result in a change of the Agency decision. Because your case was denied due to excess income (income above the limits for the program), you will need to make a more definite statement as to what the error of fact or law is that you are basing your appeal upon. In example: Is the income used to compute your eligibility in error in any way? The worker used \$1,756.30 in un-earned income (Worker's Compensation benefit) per month. For LIF benefits your income must be below the program limits for income for the family members counted in the household. When the worker disregarded 50% of your income (\$879.00) your income exceeded the \$691.00 limit (at that time) for a household of three. At the gross income level, \$1,756.00 exceeded the \$1,278.00 limit (at that time) for a household of three. Actually the worker erred to your benefit by counting your household as three people, because your child receives SSI benefits she should not have been counted in the group, and the limits for a household of two are even lower than for a household of three. I have attached a copy of the eligibility worker's case summary.

Before I set this matter for hearing, you will need to respond with a more definite written statement that tells me what you believe the error is that would result in changing the decision. I cannot consider your expenses, as there is no allowance at law for your expenses to be deducted from your countable income under the LIF provisions.

Donald and Tamy Sue Timmons

Page Two

November 28, 2007

You would have received a communication much sooner but for the fact that we received your request for an appeal through Senator DeMint's office, rather than through the usual appeals process.

If you still want a hearing, you will need to respond in writing within fourteen (14) days of your receipt of this letter (the date on which you sign the certified mail receipt, or if undated, the date on which I receive the receipt), or by December 17, 2008, whatever date is the latest. I am enclosing a pre-addressed, postage paid envelope for your convenience. If I do not hear from you in that time I will conclude that you no longer wish to pursue this appeal, and I will dismiss this appeal as abandoned.

If you have any questions, and you live in the Columbia area, I may be contacted by phone at (803) 898-2600, or at 1-800-763-9087 If you live outside Columbia.

Sincerely,



Barry W. Streeter, Hearing Officer
Division of Appeals and Hearings

BWS/hs

Enclosure

cc: William Wells, Deputy Director, SCDHHS

Department of Health and Human Services
Greenville County
Post Office Box 9399
Greenville, South Carolina

Division of Appeals and Hearing
Department of Health and Human Services
Post office Box 8206
Columbia, South Carolina 29202-8206

Case Summary

Petitioner: Donald Timmons
HH# 100144765 - Budget Group #68711972
Category of Assistance: 59 (Low Income family)
Application Date: September 18, 2007



Criteria Met: Dependent child living in the home with parents. Child Receives SSI, therefore she is not in this Budget group.
Identity and Citizenship verified

Denial Reason: Income is more than policy allow.
Mr. Goff receives Worker's Compensation @ \$1756.30 pr month.
LIF limits for BG of 3 is, Gross income limits \$1278 / Income Limits \$691.

No Retroactive coverage was requested.

No Disability was claimed.

Summary

Mrs. Goff applied for Medicaid for the entire family on September 18, 2007. All criteria were met for low income family Medicaid. Client provided a copy of bank statements and proof of benefits from workers compensation. The amount on the application was the same amount on the verification. A LIF budget sheet was done and client was ineligible for low-income family Medicaid. The child was approved for PHC Medicaid.