


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>9-13-07</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000147</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-20-07</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared on 9/24/07, 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.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

To desk ✓

ACTION REFERRAL

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DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR _____	<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. <i>Danell Cury</i>	<i>9/20/07</i>		
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

September 11, 2007

RECEIVED

SEP 13 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206


Dear Mr. Kerr,

I am writing to refer a matter involving my constituent, Ms. Mary Smith, and her request for assistance on behalf of her sister. Enclosed is a copy of her letter for your review.

I would greatly appreciate your responding directly to Ms. Smith about this issue. I have informed Ms. Smith that I would refer her 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

Logi Nichols
Dir. Signs



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

August 22, 2007

Congressman Jim DeMint
504 Cannon House Office Building
Washington, DC 20515

Dear Congressman DeMint:

I am writing you in an attempt to get some help with my problem as I know you are very involved in assisting the elderly.

My sister has been told by her doctor that she definitely needs to be in assisted living. I have called about 8-10 places in the area that offer assisted living. Most of them are strictly private pay. The others accept Medicare or Medicaid as partial payment.

Most of the ones I called have monthly rates from \$2500 to 3500.00. My sister only has her Social Security check and is now living in subsidized housing. She has no assets, i.e., savings, cd's etc.

I am in the process of applying for Medicaid for her. They should take into account her social security as well as age and health issues. (Attached is a statement from her primary care physician)

I have tried different agencies and I keep hitting brick walls. I guess I do not know my way around the system as I know there are some in assisted living who certainly cannot pay the rates.

What I am asking from your office is help or advice in solving this problem of getting her approved for Medicaid and getting her into assisted living.

Hopefully, I am



Mary Smith
4 Venus Court
Greenville, SC 29609
864/244-7531 or E-mail: marysmith@lanzone.com

CAROLINA INTERNAL MEDICINE P.A.

1208 Augusta Street

Greenville. South Carolina 29605

Ph No: (864) 271 3930

Fax: (864) 232 2384

Letter

PATIENT: Martha Turley

A/C#: 5764

DATE: 07/27/07

To Whom It May Concern:

SUBJECTIVE: Ms Turley has a significant problem with rheumatoid arthritis and also had DJD, diabetes, hypertension and she has been advised to stay in assisted living facility.

Thank you

Sincerely,

Sudhir Patel, M.D.



Medicaid Programs / Other Resources Check List

Log # 0147

Legislator/Inquirer: Sen. De Muir

Constituent: Maatha A. Turley
Mary Smith, sister

SS#: 748-46-0724

PROBLEM / ISSUE		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Sister seeking Medicaid for Ms. Turley		1	\$9	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON:		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Linnic		HCBS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP			LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>
9/14	Recess file/e-mail CW, Carol Goldsmith responds with case data			MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>
9/14	Leave 2 calls for Ms. Smith and one for Ms. Turley			MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
9/14	Contact Ms. Turley, update her on status; get her HIPAA okay to discuss w/sister			Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
9/17	Speak at length with Mrs. Smith, worries (she has spoken with CW and knows we are doing all possible to expedite case. Ask CW whenever the not only once extended living facility can be found.			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>
9/17	Both Ms. Turley + Ms. Smith were very pleased with Ms. Campbell, just frustrated with time + cost of all the assisted living facilities they had contacted. Both have my number for follow up calls			Pregnant Women/Infants	<input type="checkbox"/>		
				SILVERxCARD	<input type="checkbox"/>		
				SLMB	<input type="checkbox"/>		
9/19	Reviewed status, still pending auditing slot, sent drafted response, sent to Shasta-Lynn for review			SSI	<input type="checkbox"/>		
				TEFRA	<input type="checkbox"/>		
				Working Disabled	<input type="checkbox"/>		

EDIT



Constituent ID

980

Closed? ☐

Date Closed

SSN

248-46-0724

MEDICAID ID

4780169239

First Name

MI

Last Name

Martha

Turley

Constituent Phone(s)

(864) 834-1042

Constituent Phone Extension

Authorized Rep

Rep Phone

Relationship

Source

Blue Log

Log No.

0147

Due Date

9/20/2007

HIPAA Authorization

Reason for Referral

Pending Medicaid

Staff ID

Staff First Name

Staff Last Name

2

Jennifer

Dabbs

Point of Contact

Sister-Mary Smith 864-244-7531

Legislator/ Other

Jim Demint

Entry Date

9/14/2007

Last Update

9/14/2007

Last Update User

LIMINGR

Apply

Cancel

Close

Constituent# 980

Notes ID	Entry Date	Last Update	Notes
1409	9/20/2007	9/20/2007	Edits and to Garnell for review. LYNCHJEN 9/20/2007 9:05:09 AM
1311	9/14/2007	9/14/2007	Msg. to Vicki Campbell in GV: I believe you are the CW for this member and you are now reviewing her application for NH or OSS. We have received a referral on her case from Senator DeMint's Office and I would appreciate it if you could give me an up to date determination of the status of her case and when we can expect a decision. From the last income amounts I saw it would appear she would now qualify for ABD, but I understand her health may require a NH. Can you please provide me with some backgrounds on the case and when we expect a decision? Thank you so much for looking into this for us. LIMINGR 9/14/2007 10:46:02 AM

From: Vicki Campbell
To: Robert G Liming
Date: 9/17/2007 10:04 AM
Subject: Re: Status of Pending Application for Ms. Martha A. Turley SS # 248-46-0724

will do!

>>> Robert G Liming 9/17/2007 9:51 am >>>
Greet, had not been able to contact the AR and wanted to be sure before I responded to Senator DeMint. Didn't have income data so wanted to check ABD, and it's good to know the OSS is well in process, as soon as we have final word on a facility and approval can you please let us know. Much appreciated.

>>> Vicki Campbell 9/17/2007 9:15 AM >>>
I met with Mary Smith, Ms. Turley's AR, on Friday (or it may have been Thursday) and she gave me a list of preferences for OSS facilities. I am submitting the list to CLTC and as soon as I get the notification back from them that a slot is available, I will be able to approve her OSS as soon as she enters. In regard to ABD medicald, her gross SSA is \$913.00 which puts her over the limit for that program.

If you need more information, please let me know.

>>> Robert G Liming 9/14/2007 10:40 am >>>
I believe you are the CW for this member and you are now reviewing her application for NH or OSS. We have received a referral on her case from Senator DeMint's Office and I would appreciate it if you could give me an up to date determination of the status of her case and when we can expect a decision. From the last income amounts I saw it would appear she would now qualify for ABD, but I understand her health may require a NH. Can you please provide me with some backgrounds on the case and when we expect a decision? Thank you so much for looking into this for us.

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

From: Carol Goldsmith
To: Robert G Liming
Date: 9/14/2007 1:44 PM
Subject: Re: Status of Pending Application for Ms. Martha A. Turley SS # 248-46-0724

CC: Gail Suddeth

Originally it was submitted 08/10/07 but it wasn't signed. I don't know when the signed application and the other requested information came in. She is currently on the SLMB program. She makes too much to be ABD eligible. I will fax the CLTC Request for Level of Care today.

Carol Goldsmith
Human Services Coordinator I
Phone: (864) 467-7902
Fax: (864) 467-5665
E-mail: goldsmith@dhhs.state.sc.us

>>> Robert G Liming 9/14/2007 1:04 pm >>>
Thanks so much for the update, can you tell when the application was submitted, it appears to be September 4? If the only thing we are waiting on is the 1253 bank release form, once we have it and can determine the financial would we then turn it over for the CLTC assessment?

>>> Carol Goldsmith 9/14/2007 11:31 AM >>>
Good Morning.

Here is what I know from looking at the file.
Ms Turley is pending for CLTC and OSS. Mrs. Vicki Campbell (caseworker) sent a check list to Ms. Mary Smith requesting May, June, and July bank statements; copies of life insurance policy; 1253 bank investigation form ; and complete & sign two pages of application. We have everything except for the signed 1253 bank form. We need this to do our 3 year look back for CLTC and Nursing Home.

Carol Goldsmith
Human Services Coordinator I
Phone: (864) 467-7902
Fax: (864) 467-5665
E-mail: goldsmith@dhhs.state.sc.us

>>> Robert G Liming 9/14/2007 10:49 am >>>
Gail: Thanks for moving on this in Vicki's absence. look forward to learning what Carol can find out.

>>> Gail Suddeth 9/14/2007 10:46 AM >>>
Robert,
Vicki is traveling out of state today. I am requesting Carol Goldsmith check this out and let us know.
gail

Carol,
Please pull this case and let us know the specifics.
g

>>> Robert G Liming 9/14/2007 10:40 am >>>
I believe you are the CW for this member and you are now reviewing her application for NH or OSS. We have received a referral on her case from Senator Dewint's Office and I would appreciate it if you could give me an up to date determination of the status of her case and when we can expect a decision. From the last income amounts I saw it would appear she would now qualify for ABD, but I understand her health may require a NH. Can you please provide me with some backgrounds on the case and when we expect a decision? Thank you so much for looking into this for us.

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

4EDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/14/07
MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001

HH NAME: TURLEY MARTHA A

ACTION TYPE: MAINTENANCE

HH NUMBER: 100842620

APL STATUS:

ACTION DATE: 08/10/07

RCP/SSN/BG: 4780109239

LAST APL: 08/10/07

HH COUNTY: 23 GREENVILLE

RES ADDR

HOME PHONE: 864-834-1042

MAIL ADDR

WORK PHONE: -

250 LITTLE TEXAS ROAD #101

SC

-

TRAVELERS REST

SC 29690-

S RCP NUMBER PI NAME

SSN

LATEST ELG PERIOD AGE

- 4780109239 * MARTHA A TURLEY

248-46-0724 07/01/06 -

73

WRKR ID: VCAMP

NAME: CAMPBELL VICKI

SPNSR:

BG: 69283139 CNTY: 23

ME900049 HOUSEHOLD RECORD FOUND

PF2->PI

PF5->HH MBR DTL

PF7->PREV

PF8->NEXT

PF9->HH APLS

PF11->HH MBRS

PF12->HH BGS

PF14->RCP INFO

PF17->ELD00

PF18->HH MBR BGS

PF19->REPL CARD

*Spoke w/ Mrs Turley
and she gave HSPAH
every to speak with
Ms. Smith.*

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/14/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 02 / 2007 THRU: / PAGE: 2 OF 3

HH NAME: MARTHA A TURLEY HH NUMBER: 100842620

BGN: 69283139 PCAT: SIMB SPN: ACT TYPE: MAINTENANCE

BG: A BGP: A WKR: VCAMP VICKI CAMPBELL ACT DATE: 02/17/07

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 893.00 COUNTABLE RESOURCES: 202.87

INCOME LIMIT: 1021.00 RESOURCE LIMIT: 4000.00

POV-LVL: +1.04 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 02/17/07

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 11/21/07

MEETS OTHER CONDITIONS? (Y/N): Y 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: DATE: SYSTEM ID: ELD4000 DATE: 02/17/07

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: 09/14/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 08/10/07 END: PAGE: 0001

NAME: TURLEY MARTHA A HH NAME: TURLEY MARTHA A
RCP NUMBER: 4780109239 HH NUMBER: 100842620 ACTION TYPE: MAINTENANCE
SSN: 248-46-0724 VC: V APL STATUS: ACTION DATE: 08/10/07
PRIMARY INDIVIDUAL: APL CO: 23
250 LITTLE TEXAS ROAD #101

WORKER ID: VCAMP LOCATION: 001
SSCN: 248460724A RRN:
RACE: 01 SEX: F MARITAL STATUS: W
TPL INSURANCE: N RELATION: SELF
DOB: 06/03/1934 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER: CLTC

TRAVELERS REST SC 29690-
CORRECT RCP NUMBER: _____
BEG END
BG ELIG ELIG PCAT QCAT TYPE IND IND LEVEL SPONSOR
S NUMBER
- 69283139 07/01/2006 52 10 LIMITED N N 1.04
- 58044782 06/01/2003 07/01/2006 52 10 LIMITED N N 1.07

UPDATED: USER ID: HSTRO DATE: 02/20/03 SYSTEM ID: BUY1000 DATE: 07/04/06
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

Called Ms. Smith 11 9/14
" " 1 9/17
left msg

also called

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/14/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 08 / 2007 THRU: __ / __ PAGE: 2 OF 3
 HH NAME: MARTHA A TURLEY HH NUMBER: 100842620
 BGN: 49733180 PCAT: MAOWV SPN: 2300 GVILLE Cty Elig ACT TYPE: MAINTENANCE
 BG: P BGP: P WKR: VCAMP VICKI CAMPBELL ACT DATE: 08/13/07
 COUNTABLE BG MEMBERS: __
 COUNTABLE INCOME: __ COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 0.00 RESOURCE LIMIT: 0.00
 POV-LVL: +.00 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 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: _____
 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: VCAMP DATE: 08/13/07 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

4EDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/14/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 09 / 2007 THRU: _ / _ PAGE: 2 OF 3

HH NAME: MARTHA A TURLEY HH NUMBER: 100842620

BGN: 69760734 PCAT: OSS SPN: 2300 GVILLE Cty Elig ACT TYPE: MAINTENANCE

BG: P BGP: P WKR: VCAMP VICKI CAMPBELL ACT DATE: 09/04/07

COUNTABLE BG MEMBERS: _

COUNTABLE INCOME: _ COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 0.00 RESOURCE LIMIT: 0.00

POV-LVL: +.00 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 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: _

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: VCAMP DATE: 09/04/07 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

4EDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/14/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 11 / 2005 THRU: ____ / ____ PAGE: 2 OF 3

HH NAME: MARTHA A TURLEY HH NUMBER: 100842620

BGN: 79027414 PCAT: ABD SPN: ____ ACT TYPE: MAINTENANCE

BG: D BGP: D WKR: DWATS DAVID WATSON ACT DATE: 11/16/05

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 800.00 COUNTABLE RESOURCES: 130.94

INCOME LIMIT: 798.00 RESOURCE LIMIT: 4000.00

POV-LVL: +1.00 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 11/16/05

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 11/16/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: ____

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _

APPEAL REQUEST DATE: ____ COUNTY DECISION UPHELD? (Y/N): _

UPDATED: USER ID: DWATS DATE: 11/16/05 SYSTEM ID: ELD3000 DATE: 11/16/05

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

4EDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: NINA T KACKENMEISTER PAGE: 2 OF 3
 BGN: 79493599 PCAT: INFANT SPN: HH NUMBER: 101131034
 BG: A BGP: A WKR: SBART ACT TYPE: MAINTENANCE
 COUNTABLE BG MEMBERS: 5 SHIRLEY BARTELLE ACT DATE: 01/12/07
 COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 3608.00 RESOURCE LIMIT: 0.00
 POV-LVL: +.00 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
 MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 01/12/07
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE:
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: 01/13/08
 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: SBART DATE: 01/12/07 SYSTEM ID: ELD3000 DATE: 01/12/07
 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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fokner
Director

September 24, 2007

Ms. Martha A. Turley
250 Little Texas Road #101
Travelers Rest, South Carolina 29690

Dear Ms. Turley:

At the request of your sister, Ms. Mary Smith, Senator Jim DeMint asked our agency to respond to your questions about Medicaid eligibility.

We are currently processing your application to determine your eligibility under the Optional State Supplementation (OSS) program or Medicaid's Nursing Home Program. The OSS program is for individuals who are aged, blind or disabled and reside in a community residential care facility and the Nursing Home program is for individuals needing a higher level of care. Your case worker, Ms. Vicki Campbell, has been in contact with you and will do all possible to expedite your eligibility determination, should you have any questions please call her at (864) 467-7902.

Our records indicate you receive Medicare Parts A and B to assist with your medical bills and Medicaid currently pays your Part B premium through the Specified Low Income Medicare Beneficiaries Program. In addition, you receive Part D prescription assistance through Medicare's low income extra help program.

It is the recipient's responsibility, if eligible for Medicaid coverage, to locate a nursing facility. The most up-to-date listing of nursing facilities that accept Medicaid patients can be found at www.Promissor.com. (Click on "nurse aide," and then scroll down to "South Carolina" and select Medicaid Certified Nursing Facilities.) Each facility maintains its own waiting list. In addition, due to the great demand for home care, most of our Medicaid home and community-based waivers have waiting lists.

If you have any further questions about the Medicaid program, please call Bob Liming at (803) 898-2621 and he will be glad to assist you.

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/cdl



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 24, 2007

The Honorable Jim DeMint
United States Senate
105 North Spring Street
Suite 109
Greenville, South Carolina 29601

Dear Senator DeMint:

Thank you for referring Ms. Mary Smith to our agency regarding her questions about Medicaid eligibility and the healthcare needs of her sister, Ms. Martha A. Turley.

A member of our staff has been in direct contact with Ms. Smith and Ms. Turley, and we were pleased to address their questions and concerns regarding the Medicaid Program and the application process.

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 do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, reading "Emma Forkner".

Emma Forkner
Director

EF/jcdl