

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------|---------------|
| TO | DATE |
| <i>Fries</i> | <i>4-3-07</i> |

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|--|
| 1. LOG NUMBER 000625 | <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>4-10-07</i> |
| 2. DATE SIGNED BY DIRECTOR <i>Cleared 4/10/07, 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. | | | |

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

March 27, 2007

RECEIVED

APR 02 2007

Mr. Robert Kerr
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Lois-Price
"Kathy's Sign"

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Ms Margaret Ruth Cassett, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to the individual.

Sincerely,

Lindsey O. Graham
United States Senator

LOG/tt

Enclosure

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANS STREET
SUITE 226B
FLORENCE, SC 29501
(843) 688-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2828

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 888-3330

RECEIVED

APR 02 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED
MAR 23 2007
MAR 19 2007

Honorable Senator:

3-15-07

Gindrey, O. Shakam.

80 Johnson St NW
Rt 1, S.E.

Senator Shakam.

L 29941

my name is Margaret Ruth Everett.
I'm writing to you on behalf of my
niece (Amy Ricklett Chad Ricklett)
they are having financial difficulties
they have four children 3 girls &
a baby boy 2 months old. Senator
the 3 girls have got bad teeth, they
have got to have surgery on their
mouth, one needs surgery by May-2007
the Dr's want 2,000 almost up front.
and Chad & Amy don't have the money
Amy put in for medicaid at DSS in
Cheatingfield and they are giving her the
runaround, the Dr's sent a statement
to DSS and they refused to send the Dr's
statement in with her application, Chad
Amy's husband has North Carolina insurance
but the Dr's are in S.C. and the insurance
Blue Cross & Blue Shield refused to pay.
Senator they really need help. These
children's mouth is in bad shape. Amy
has been out of work since December 2006
except for two weeks if you can help
me or point me in some direction for
help, we would be most grateful

Senator & Lina with Amy & Chad and
they are good parents. They just need
some help right now to get these
children's mouth straighten out, one of
the little girls has impaction in her
mouth. Kate has had it in. Please
try to help them.

Thank you.

Margaret R Covert
80 Johnson Sikes Rd.
Rexley S.C.

29741.

Phone # 843-634-5032.

Amy is home in the morning, and
I will be home from work after
4:30pm.

Thanks



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

April 10, 2007

Mr. and Mrs. Chad Ricketts
80 Johnson Sikes Road
Ruby, South Carolina 29741

Dear Mr. and Mrs. Ricketts:

Your aunt, Ms. Margaret Cassett, wrote a letter to Senator Lindsay Graham's office regarding your children's Medicaid application and healthcare needs.

We are pleased to inform you that Courtney, Destiny and Skylar have been approved for Medicaid coverage under the Partners for Healthy Children program effective March 1, 2007. We apologize for any inconvenience our application process may have caused your family.

Ms. Cassett's correspondence indicated that your children are in need of dental work. Dental services through Medicaid are defined as any covered diagnostic, preventive, therapeutic, rehabilitative or corrective procedure. If you have private insurance, it will be primary and Medicaid will be secondary. Your children's dentist should be able to assist you in determining if Medicaid will cover the dental work your children require. You may also contact the Medicaid Dental Program at (803) 898-2568 for questions about covered services.

Enclosed is a listing of dental clinics in South Carolina that accept Medicaid along with materials on organizations that provide assistance to individuals who lack the financial resources needed to obtain medications and other health care services. We hope this information proves helpful in dealing with your children's healthcare needs. Please contact Jennifer Dabbs at (803) 898-3965 if you have any questions about the Medicaid program.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary Ries", is written over the typed name.

Gary Ries
Deputy Director

GR/jod
Enclosures

#625
✓

| | |
|-----------------------------|---|
| LEGISLATIVE LOG # | 0625 |
| LEGISLATOR/INQUIRER | US Senator Lindsey O. Graham |
| CONSTITUENT | Margaret R. Cassett for Chad & Amy Ricketts |
| SSN | |
| BC ASSIGNED LOG | Jacobs |
| DATE REC'D BY AGENCY | 4/2/2007 |
| DATE DRAFT DUE GR | 4/9/2007 |
| LOG LETTER DUE DATE | 4/10/2007 |
| DATE REFERRED TO BC | 4/3/2007 |

| Brief Description of Issue/Problem | Date | Staff Person | Phone # | Action Taken |
|--|----------|--------------|---------|--|
| Problems with Medicaid application processing and children in need of dental work. | 4/3/2007 | Jan | 8-2502 | Jacobs box. |
| | 4/4/2007 | Jenny | 8-3965 | I will handle. |
| | 4/4/2007 | Jenny | 8-3965 | emailed worker/sup. for status on pending PHC case |
| | 4/5/2007 | Jenny | 8-3965 | left message for the Ricketts to call me back |
| | 4/5/2007 | Jenny | 8-3965 | I called dental services and spoke with Benita Jacobs and asked about prior authorization if is needed. She said the dentist would know if the particular services is covered by Medicaid by looking in the provider manual and how to submit for prior auth. if necessary. She said I should just let the client know to discuss it with the dentist and they will make the determination as to what to do with Medicaid. |
| | 4/6/2007 | Jenny | 8-3965 | Let Bob proof and to Mark for his review on Monday. |
| | 4/6/2007 | Jenny | 8-3965 | Ms. Ricketts called me back and I informed her of her children's approval. I also talked with her about dental clinics and dental services available through Medicaid. |
| | 4/9/2007 | Jenny | 8-3965 | To Alicia. |
| | | | | |
| | | | | |

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) |

From: Sharon Thomas
To: Jennifer Dabbs; Wanda Rivers
Date: 4/5/2007 3:06 PM
Subject: Re: Rickett 100403202

CC: BETSY FULLER; Susan Carter

This case has been approved on today after I received the additional requested information, which was a missing check stub. Her application date was on 3/9/07 and was approved within the 45 day period. This client's husband is also employed, has insurance on everyone and has \$4000.00 in their checking account. They were not without any means of having their health care needs met before this case was approved.
Can you please inform me as to why the Senator's office was contacted?

Sharon D. Thomas
Chesterfield County DHHS
202 N. Main Street
Chesterfield, SC 29709
ph: 843-623-5923
THOMASSH@scdhs.gov

>>> Jennifer Dabbs 4/4/2007 4:21 pm >>>
Good afternoon!

We received a letter from Senator Graham's office regarding the Rickett family and their children's need for medical and dental care. I see that they have a pending PHC case. Could you please let me know the status of this case? Any background/information you can provide will help in my written response. Thanks so much!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhs.gov

4EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/05/07
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: RICKETTS AMY L ACTION TYPE: MAINTENANCE
HH NUMBER: 100403202 APL STATUS: ACTION DATE: 03/09/07

| BG | S | NUMBER | CATEGORY | WORKER | CNTY | LOC | REVIEW | LAST | BG |
|----|---|----------|----------|--------|------|-----|------------|------------|--------|
| | | | | | | | | REVIEW | STATUS |
| - | | 29542666 | PHC | SSTHO | 13 | 001 | 04/06/2008 | | ACTIVE |
| - | | 89494016 | FP | TAKES | 47 | 055 | 01/13/2008 | | ACTIVE |
| - | | 89494002 | INFANT | DROGE | 13 | 001 | | | ACTIVE |
| - | | 69258869 | OCWIPW | DROGE | 13 | 001 | | | CLOSED |
| - | | 29121207 | FP | FHARR | 47 | 055 | 02/09/2007 | | CLOSED |
| - | | 01333045 | PHC | SMACK | 13 | 004 | 11/01/2003 | 11/06/2003 | CLOSED |
| - | | 25670816 | FP | SMACK | 13 | 004 | 07/20/2003 | 07/27/2003 | CLOSED |
| - | | 69258872 | PHC | PBUTL | 13 | 001 | 06/13/2007 | | DENIED |

UPDATED: USER ID: DROGE DATE: 03/09/07 SYSTEM ID: HMS5000 DATE: 03/09/07
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

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

IEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/04/07
 MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: RICKETTS AMY L ACTION TYPE: MAINTENANCE
 HH NUMBER: 100403202 APL STATUS: ACTION DATE: 03/09/07

| BG | | NEXT | | LAST | | BG |
|----|----------|----------|--------|------|-----|---------|
| S | NUMBER | CATEGORY | WORKER | CNTY | LOC | STATUS |
| - | 29542666 | PHC | SSTHO | 13 | 001 | PENDING |
| - | 89494016 | FP | TAKES | 47 | 055 | ACTIVE |
| - | 89494002 | INFANT | DROGE | 13 | 001 | ACTIVE |
| - | 69258869 | OCWIPW | DROGE | 13 | 001 | CLOSED |
| - | 29121207 | FP | FHARR | 47 | 055 | CLOSED |
| - | 01333045 | PHC | SMACK | 13 | 004 | CLOSED |
| - | 25670816 | FP | SMACK | 13 | 004 | CLOSED |
| - | 69258872 | PHC | PBUTL | 13 | 001 | DENIED |

UPDATED: USER ID: DROGE DATE: 03/09/07 SYSTEM ID: HMS5000 DATE: 03/09/07
 ME904675 HOUSEHOLD BUDGET GROUPS FOUND

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

MEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/04/07
 MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: RICKETTS AMY L ACTION TYPE: MAINTENANCE
 HH NUMBER: 100403202 APL STATUS: ACTION DATE: 03/09/07
 APL EFFECTIVE DATE: 03/09/2007 WORKER: DROGE DIANNE ROGERS
 MAIL IN(Y/N): N

APPLICANT'S COUNTY: 13 CHESTERFIELD WORKER'S COUNTY: 13 CHESTERFIELD
 COURTESY APPLICATION(Y/N): N
 MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
 80 JOHNSON SIKES RD REASON FOR APPLICATION:

RUBY SC 29741- ADULT WITH CHILDREN(Y/N): Y
 CHILDREN 1 AND OVER(Y/N): Y
 INFANTS UNDER AGE 1(Y/N): Y
 RESIDENCE ADDRESS: PREGNANT(Y/N): N
 BLIND/DISABLED(Y/N): N

AGED(Y/N): N
 LIMITED DATA COLLECTION: 00 NONE
 FIRST SIGNATURE OBTAINED(Y/N): Y
 WITHDRAW APPLICATION(W/C/N): N
 PHONE: H: 843-634-5032 W: - -
 UPDATED: USER ID: DROGE DATE: 03/09/07 SYSTEM ID: HMS5000 DATE: 03/09/07
 ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
 PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+



South Carolina Department of Health and Human Services
Mark Sanford, Governor
Robert M. Kar

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Dental Program Information

You may reach the Medicaid Dental Program during normal business hours at (803) 898-2568. The fax number for the program area is (803) 255-8221. All program personnel will be happy to answer any questions you may have on program policy, claims filing and related information.

What's Covered

Dental services are defined as any covered diagnostic, preventive, therapeutic, rehabilitative or corrective procedure. For a comprehensive listing of covered procedures and specific guidelines, go to Chapter 400 of the provider manual.

Adult dental services (beneficiaries over the age of 21) are limited to Emergency Dental Services only. Those services are defined as those necessary to:

- Repair traumatic injury
- Relieve acute severe pain
- Control an acute infectious process; or,
- Emergency services necessary due to a catastrophic medical condition (i.e. cancer, organ transplant, chemotherapy, etc)

Allowable emergency services are limited to those listed in the Medicaid Dental Provider Manual. Chapter 200 of manual.

Eligibility

Medicaid beneficiaries from birth through the month of their 21st birthday and Mentally Retarded/Related Disabilities (MR/RD) Waiver beneficiaries are eligible for covered dental services.

Beneficiaries with pay category 55 (Family Planning Waiver) or 92 (Silver Card) are not eligible for dental services. Chapter 200 of manual.

Waivers

Beneficiaries over the age of 21 years old who are enrolled in the MR/RD (Mentally Retarded/ Related Disabilities) Waiver program may receive the same covered dental services as those beneficiaries less than 21 years of age. To apply for this waiver, the beneficiary must contact the Department of Disabilities and Special Needs office in the county in which they reside. to the DDSN county office listings to find the appropriate county.

Broken/Cancelled/Missed Appointments

The Centers for Medicare and Medicaid Services (CMS) prohibit billing Medicaid beneficiaries for broken, missed or cancelled appointments. Medicaid programs are State designed and administered with Federal policies.

established by CMS. Federal requirements mandate that providers who participate in the Medicaid program must accept the payment of the agent as payment in full. Providers cannot bill for scheduling appointments or holding appointment blocks. According to the CMS Program Issuance transmittal Notice MCD-43-94, broken or missed appointments are considered part of the overall cost of doing business.

If a provider has a non-compliant Medicaid patient, particularly with BROKEN, MISSED OR CANCELLED APPOINTMENTS, they can contact the Family Support Services worker at their local health department. For more information about FSS, go to page 200-6 of the manual.

Orthodontics

Orthodontic Services are not a covered service by Medicaid. However, the Children's Rehabilitative Service (CRS), through DHEC, offers orthodontic services for Medicaid beneficiaries that have severe craniofacial anomalies such as cleft lip and cleft palate and syndrome's that affect dental and skeletal functional development. Referral to the program must come from physician, dentist or other dental specialist. All orthodontic referrals must made to the local county health department to the attention of the Children's Rehabilitative Service's (CRS) coordinator. For more information regarding the CRS program, call the dental program area at (803) 898-2568.

Links

- Fraud and Abuse:
Email: fraudres@scdhhs.gov
Hotline Phone Number (1-888-364-3224).
- DHEC Family Support Services (FSS)
Staff (Broken, cancelled or missed appointments):
Click on A to Z Subject Listing, Family Support Services.
- Department of Disabilities and Special Needs (MR/RD Waiver):
Website: www.state.sc.us/ddsn.
Telephone, fax and e-mail addresses in Appendix of manual.
- Family Connections of SC:
Phone Number: (803) 252-0914
Website: www.familyconnections.org.
- HIPAA Call Center for web-tool users:
Website: www.scm Medicaidprovider.org or call 1-888-289-0709
- Eligibility information for beneficiaries:
1-888-549-0820
- DHEC (Children's Rehabilitative Service):
Click on A to Z Subject Listing, Children's Services.
- South Carolina Dental Association:
Phone number: (803) 750-2277 Website: www.scdad.org. The website has a list of public assistance dental clinics.

- South Carolina State Board of Dentistry:
Phone Number: (803) 896-4599
The SC Department of Labor, and Licensing and Regulation website:
www.llr.state.sc.us.

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Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

The general phone number is (803) 898-2500

Fraud (888) 364-3224

Medicaid Beneficiaries (888) 549-0820

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email info@dhhs.state.sc.us.

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email webmaster@dhhs.state.sc.us.

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