

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

**ACTION REFERRAL**

TO <i>Roberts</i>	DATE <i>4-7-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center"><b>000352</b></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/24/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-16-14</i>
	<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.			

**RECEIVED**

APR 07 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Law Office of  
**H. JEFF McLEOD**

212 East Shockley Ferry Road  
Anderson SC 29624

Phone 864.226.3330 ■ Toll-Free 800.698.1786  
Fax 864.226.9912

March 14, 2014

Mr. Anthony Kech  
Director  
SC Department of Health and Human  
Services  
PO Box 206  
Columbia SC 29202

Mr. Byron R. Roberts  
General Counsel  
SC Department of Health and Human  
Services  
1801 Main Street  
Columbia SC 29201

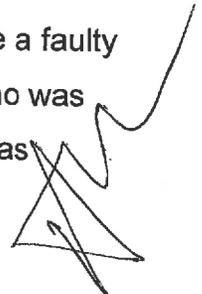
Horry County DHHS  
PO Box 100101  
Columbia SC 29202-0000

Re: Inadequate Notice of  
Denial for Medical Assistance  
Request for Fair Hearing/Appeal of Denial  
Tyrone Blocker, SSN 248-77-7436

Gentlemen:

Attached is a Notice of Denial for Medical Assistance for, it appears, Henry McLeod (myself). I am informed it is for my Disability client, Mr. Tyrone Blocker (SSN 248-77-7436). While the notice is misleading, this is Mr. Blocker's request for a Fair Hearing/Appeal of the Denial.

The Notice never mentions my client, Mr. Blocker, by his name nor his SSN. For all the world, it appeared to be regarding myself, "Henry McLeod". My staff made numerous calls to HHS and could **not** even leave messages, apparently, due a faulty answering device. Eventually, the operator had to refer us to a supervisor who was able to inform us that the Denial was related to Mr. Blocker; that the system was

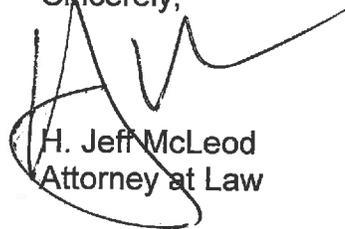


experiencing delays and "not to worry" that everyone was getting blanket denials until the actual applications could be processed. --- As a lawyer, I have to take these Denials seriously and, yes, I worry. In any event the Denial is misleading and does not approach "fair notice" as required by Due Process.

Fundamental requisite of "due process" is the opportunity to be heard, to be aware that a matter is pending, to make an informed choice whether to acquiesce or contest, and to assert before the appropriate decision making body the reasons for such choice. Aside from all else, "due process" means **fundamental fairness**<sup>1</sup>.

If all this legal folderol is meant to mean anything, please process future Notices of Denial that will, at least, fully identify the applicant. Please acknowledge this "Fair Hearing" request.

Sincerely,



H. Jeff McLeod  
Attorney at Law

HJM/rd

cc: Mr. Tyrone J. Blocker

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<sup>1</sup> Black's Law Dictionary, p449 (5th ed., 1979).

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

**Notice of Denial for Medical Assistance**

FROM: Horry County DHHS  
P.O. BOX 100101  
COLUMBIA SC 29202-0000

Date: 02/17/2014

Worker:  
KAREN C PAPP

Telephone: 843 381-8260

TO: HENRY MCLEOD  
212 EAST SCHOCKLEY FERRY RD.

HH#: 101143688

ANDERSON SC 29624

Your application of 02/05/2014 has been denied.

Reason for denial: **Failure to complete the application**

Manual/policy reference supporting this action: 1.13

I. If you feel your case has been denied in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services. To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker. You can hire an attorney to help you or you can have someone come to the hearing and speak for you. If you request a fair hearing within 10 days of the date on this letter, you can ask in your request that your coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any benefits you received while your case was being reviewed.

II. You may reapply at any time.

April 24, 2014

Via First Class & Certified Mail

9171 9690 0935 0031 8902 19

H. Jeff McLeod, Esq.  
Law Office of H. Jeff McLeod  
212 East Shockley Ferry Road  
Anderson, SC 29624

RE: Fair Hearing of Tyrone Blocker v. SCDHHS  
Appeals' Case # 14-0232 [Eligibility]

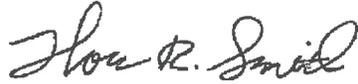
Dear Mr. McLeod:

I received a copy of your letter dated March 14, 2014 requesting a fair hearing for your client, Tyrone Blocker. The Notice of Denial dated February 17, 2014 was issued in error due to a computer glitch. On Mr. Blocker's Medicaid application it indicated he was applying for the Optional State Supplementation (OSS) program. Subsequently, in a telephone conversation with Medicaid worker, Karen Papp, Mr. Blocker stated he was applying for the Aged, Blind, and Disabled (ABD) program. As of today, the decision on Mr. Blocker's eligibility for that program has not been determined. Mr. Blocker retains his appeal rights for the pending ABD determination.

As such, there appears to be no reason to hold an evidentiary hearing. I am enclosing an intent form so you can indicate your client's intentions with regard to your requested appeal. Please have the attached intent form completed and returned to me. If you do not contact me or return the completed intent form by May 9, 2014, the appeal will be considered abandoned and result in a dismissal.

I can be contacted at 803-898-2600 if you have any questions or concerns. Thank you.

Sincerely,



Thomas R. Smith, Esq., Hearing Officer  
SCDHHS Division of Appeals and Hearings

Enclosure

cc: Sheryl Jones, Region Administrator, SCDHHS (via e-mail)  
Renee Johnson, Appeals Coordinator, SCDHHS (via e-mail)  
Karen C. Papp, LEP, SCDHHS (via e-mail)  
Byron R. Roberts, General Counsel, SCDHHS (via e-mail)

**TO:** Thomas R. Smith, Esq., Hearing Officer  
SCDHHS Division of Appeals and Hearings  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
Email: thomas.smith@scdhhs.gov  
Fax #: 1-803-255-8206

**FROM:** H. Jeff McLeod, Esq.  
Law Office of H. Jeff McLeod  
212 East Shockley Ferry Road  
Anderson, SC 29624

**RE:** Fair Hearing of Tyrone Blocker v. SCDHHS  
Appeals' Case # 14-0232 [Eligibility]

**I DO NOT** wish to continue the Appeal process.  
\_\_\_\_\_ I request that my Appeal be dismissed.

**I DO** wish to continue the Appeal process.  
\_\_\_\_\_ I request that my Appeal continue and a hearing be set.  
(\*Please include a written statement of the cause of action or issue that you are appealing.)

\_\_\_\_\_  
Tyrone Blocker

\_\_\_\_\_  
Date

**NOTE:** Check the above, sign, date, and return in the enclosed envelope.

Constance

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J:\Clients\BlockerTyrone\Tr to DSS, re app for Med assistance in Horry.frm; 3/14/2014@12:12 PM

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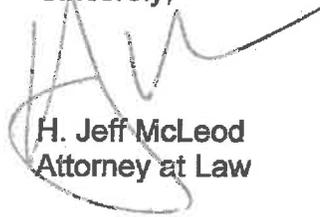
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