

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 000352	<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.

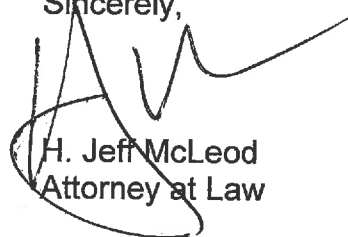
The Notice never mentions my client, Mr. Blocker, by his name nor his SSN. For all the world, it appeared to be regarding myself, "Henry McLeod". My staff made numerous calls to HHS and could **not** even leave messages, apparently, due a faulty answering device. Eventually, the operator had to refer 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**¹.

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

¹ 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]

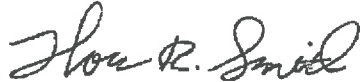
Dear Mr. McLeod:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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APR 08 2014

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SCDHHS
Office of General Counsel

TO <i>Roberts</i>	DATE <i>4-7-14</i>
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March 14, 2014

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Director
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Mr. Byron R. Roberts
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J:\Clients\BlockerTyrone\Ltr to DSS, re app for Med assistance in Horry.frm; 3/14/2014@12:12 PM

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APR 08 2014

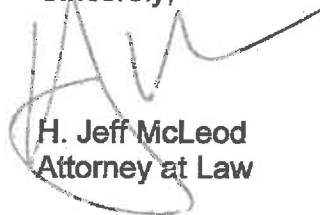
SCDHHS
Office of General Counsel

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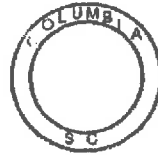
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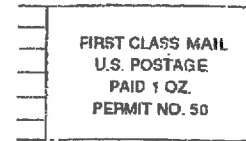
SODHHS
Office of General Counsel

Connections

Department of Health and Human Services
P.O. BOX 100101
COLUMBIA SC 29202-0100



4/19/14



Automated Presort

RETURN SERVICE REQUESTED

Important Information About Health Care Coverage

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE. OPEN NOW!



HENRY MCLEOD
212 E SHOCKLEY FERRY RD
ANDERSON SC 29624-3738

003141

South Carolina Department
of Health and Human Services



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Department of Health & Human Services
OFFICE OF THE DIRECTOR

LAW OFFICE OF

H. JEFF McLEOD

212 EAST SHOCKLEY FERRY RD.
ANDERSON, SOUTH CAROLINA 29624

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Kech

Director

SC Department of Health and Human Services

PO Box 206

Columbia SC 29202

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