

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

ACTION REFERRAL

TO <i>Miyers</i>	DATE <i>2-6-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000414</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claud 3/5/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-15-08</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.			

**Hall's Residential Care Facility
2860 New Cut Road
P. O. Box 5393
Spartanburg, SC 29304**

RECEIVED

FEB 06 2008

**Department of Health & Human Services
OFFICE OF THE DIRECTOR**

Susan B. Bowling
Bureau of Health Services
P. O. Box 8206
Columbia, SC 29202-8206

January 29, 2008

Dear Mrs. Bowling:

We have a resident at Hall's Residential Care, Kenneth Switzer, admitted in January 2006 and I applied for O.S.S. for Residential Care at Hall's Residential Care and have not received any funds from O.S.S. This is his Medicaid #: 7727850301, Date of Birth 1-9-1965, information has been faxed to the Columbia Office. No funds have been received yet.

Doris Hall, Administrator
Halls' Residential Care
2860 New Cut Road
Spartanburg, SC
(864) 439-7347



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 5, 2008

Ms. Doris Hall
Hall's Residential Care Facility (RC0384)
2860 New Cut Road
Post Office Box 5393
Spartanburg, South Carolina 29304-5393

Dear Ms. Hall:

This letter is in response to your inquiry concerning the Optional State Supplementation (OSS) funds for Kenneth Switzer (Medicaid # 7727850301) residing at Hall's Residential Care Facility (RC0384) in Spartanburg, South Carolina. According to your letter, he was admitted to the facility in January 2006.


After researching and obtaining the appropriate documentation from the eligibility office, a corrected payment will occur based on the following information:

1. The authorization to begin payment date is February 24, 2006 – and the countable income amount is \$603.00.
2. The months of April 2006 and May 2006 were paid by check dated August 04, 2006. The amounts were \$348.00 for April 2006 and \$347.82 for May 2006.
3. February 24, 2006 through March 31, 2006 will be processed for payment based on a countable income of \$603.00.
4. June 01, 2006 through December 31, 2006 will be processed for payment based on a countable income of \$603.00.
5. January 01, 2007 through December 31, 2007 will be processed for payment based on a countable income of \$623.00.
6. January 01, 2008 through January 31, 2008 will be processed for payment based on a countable income of \$637.00.

The claims for dates of service that are less than one year old should be processed and paid on check date March 07, 2008. The claims for dates of service that are over one year old will suspend and be processed for payment on a subsequent payment cycle.

If you have further questions, please feel free to contact Mr. Kevin Varn at 803-898-2590 or email at varn@scdhhs.gov. I look forward to assisting you in the future.

Sincerely,


Felicity Myers, Ph.D.
Deputy Director

FM/w/hvk

#414