

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

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>10/24/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000327	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u><i>11/2/06</i></u>
2. DATE SIGNED BY DIRECTOR <i>Cleaud 10/31/06, 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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Alan D. Clemmons
District No. 107 - Horry County
610 18th Avenue North
Myrtle Beach, SC 29577



320-A Blatt Building
Columbia, SC 29211

Tel. (803) 734-2969

Committees:
Judiciary
Special Laws
Sub-Committee

House of Representatives
State of South Carolina

Freshman Caucus, Chairman
South Carolina I-73
Association,
Chairman

10/26/06

To: Ms. Linda Malone
803-255-8235

RECEIVED

OCT 26 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Linda,

Following is the correspondence I received today. Please assist these folks as best you can with their Medicaid application.

Thank you!

Alan Clemmons

843-995-1421

9:09 a.m.

Myrtle Beach, October 20 06

From: HOAI DINH NGUYEN, SSN 239 77 3892

NGOC AN T PHAM, SSN 239 77 3836

Address: 3544 Elderberry St

Myrtle Beach, SC 29577

To: The Honorable ALAN D CLEMMONS

House of Representatives State of South Carolina

518 A BLATT BUILDING

Columbia SC 29211

Dear Sir,

We are so proud and very happy to receive your correspondence informing that starting January 06 Medicare began providing partial drug coverage for people eligible for Medicare. We, my wife and I, respectfully thank you for that. At September 11 06 Social Security Administration of Southeastern (Program Service Center) enclosing the we are eligible for extra help with Medicare (Copy enclosed). Because our very poor english, we don't know how to do next for getting that benefit.

At October 12, we have to visit Social Security Administration of Conway and receive from the lady Assistant Social, the notice of application for medicoid card that help us to get Premium Part A and Part B free (paid by the state of South Carolina) Notice enclosed. The next day, we have to call 381 8260 for application, and now we are waiting for decision of Medicare Center.

Dear Sir, we believe that we are eligible for medicoid card, because:

I am age 80 and my wife age 71
Our monthly income are very tight (Copies enclosed)
HOAI DINH NGUYEN : 285 after medication deduction 177/H62
NGOC NU T PHAM : 273 after medicare deduction 974/370.
Our resource for a couple : 3000 (:)

Dear Sir,

On this occasion, we would like to express our situation with our monthly medicare deduction (Part A and Part B) that cause much difficulty in our cost of living. We are writing to implore you, Dear Sir, to help us to find out if we qualify for medicare card because we cannot contact with Medicare Center (we are deaf for ear).

Because of our old age, we think we can no longer benefit our position, so please, Dear Sir, to help us to enjoy with other little deduction (many of our friend are qualifies for only \$3.00 deductible) that give us, in the future, some satisfactory offset on our monthly amount.

Thank you, Dear Sir, for your fine service, and your prompt attention to this matter.

Respectfully,

HOAI DINH NGUYEN

NGOC NU T PHAM

~~HOAI DINH NGUYEN~~

~~Ngoc nu~~

239-77-3892

Page 3 of 5

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will provide you with a hearing by telephone or a case review. We will look at any new information you have. The person who will conduct the hearing or case review had no prior involvement in the first decision. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

If you want this appeal, either by a hearing or a case review, you may request it by calling toll-free 1-800-772-1213.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you get this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days.
- You can call to request an appeal. You can also obtain a copy of the form SSA-1021, "Request for Appeal of Determination for Help with Medicare Prescription Drug Plan Costs" from www.socialsecurity.gov. Contact us if you need help.

If You Want Help With Your Appeal

You can have a lawyer, friend, or someone else help you. Your local Social Security office has a list of groups that can help you with your appeal. These groups can find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal.

Information About Medicare Savings Programs

You may be able to get help with your Medicare health care costs through programs run by your State. The additional help from these Medicare Savings Programs can be worth more than \$900 a year. To get this extra help, please call your State's medical assistance (Medicaid) office or your social service office and ask about the Medicare Savings Programs. You can get the local phone number for these offices by calling MEDICARE toll-free at 1-800-MEDICARE (1-800-633-4227). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.



239-77-3892

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SOCIAL SECURITY ADMINISTRATION

**How We Counted Your And Your Spouse's Income
To Determine Your Subsidy**

For August 2006 and continuing

Social Security	\$9,988.80
In-Kind Support and Maintenance	3,600.00
(General Income Exclusion)	(240.00)
Subtotal of Your Income We Count	\$13,348.80
Total Income We Count	\$13,348.80
Income Limit For Subsidy Eligibility	\$19,800.00

DO YOU NEED A MEDICAID CARD:

PLEASE CALL 381-8260 TO APPLY FOR A MEDICAID CARD OR APPLY TO HAVE YOUR MEDICARE PREMIUMS PAID BY THE STATE OF SOUTH CAROLINA.

THE STATE OF SOUTH CAROLINA IS OFFERING MEDICAID COVERAGE TO INDIVIDUALS WHO ARE AGE 65 OR OLDER, BLIND, OR DISABLED WITH INCOME AND RESOURCES BELOW CERTAIN LIMITS.

YOU MAY BE ELIGIBLE IF THE FOLLOWING CONDITIONS APPLY:

- (1) YOU ARE AGE 65 OR OLDER, BLIND OR PERMANENTLY DISABLED, AND
- (2) EFFECTIVE 4/1/05, IF YOU HAVE MONTHLY INCOME BELOW \$848.00 FOR AN INDIVIDUAL OR \$1119.00 FOR A COUPLE AND
- (3) YOU HAVE RESOURCES BELOW \$4,000 FOR AN INDIVIDUAL OR \$6,000 FOR A COUPLE

IF YOU CANNOT QUALIFY FOR A MEDICAID CARD USING THE ABOVE CRITERIA, YOU MAY QUALIFY TO HAVE YOUR MEDICARE PREMIUMS PAID BY THE STATE IF YOUR MONTHLY INCOME AS AN INDIVIDUAL IS BELOW \$1097.00 OR AS A COUPLE IS BELOW \$1,483.00 PER MONTH.

PLEASE CALL 381-8260 TO FIND OUT IF YOU QUALIFY. AN EMPLOYEE OF THE STATE OF SOUTH CAROLINA WILL ASSIST YOU OVER THE TELEPHONE.

80 years old	HOAI - DINH - NGUYEN	SSN	239-77-3892
71 years old	NGOC NU - T. PHAM	SSN	239-77-3836

Monthly income:

HOAI	—	285	after deduction for medicare (177)
NGOC NU	—	273	after deduction for medicare (97.40)

Resource for a couple: 3,000-

IMPORTANT INFORMATION

What If I Worked In 2005?

If you were "full" retirement age (age 65 and 6 months in 2005) or older, you may keep all of your benefits no matter how much you earn. But if you were younger than full retirement age at any time during the year, there is a limit to how much you can earn before your benefits are reduced.

- If you were under full retirement age all year in 2005, the earnings limit was \$12,000. We must deduct \$1 from your benefits for each \$2 you earned over \$12,000.

Your New Benefit Amount

319277

BENEFICIARY'S NAME:

NGOCNUT PHAM

Your Social Security benefits will increase by 4.1 percent in 2006, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is \$370.40
- The amount we are deducting for Medicare is \$97.40
(If you did not have Medicare as of Nov. 20, 2005, or if someone else pays your premium, we show \$0.00.)
- The amount we are deducting for voluntary federal tax withholding is \$0.00
(If you did not elect voluntary federal tax withholding as of Nov. 20, 2005, we show \$0.00.)
- After taking any other deductions, we will deposit \$273.00
into your bank account on Jan. 3, 2006.

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

What If I Have Questions?

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. You also can call us at 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m. on business days. If you have a touch-tone phone, recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month so, if your business can wait, it is best to call at other times. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your full nine-digit Social Security claim number available when you call or visit and include it on any letter you send to the Social Security Administration. If you are inside the United States, you also can visit your local office.

1316 THIRD AVE
CONWAY SC

BNC#: 05B1877J46045

Over >

IMPORTANT INFORMATION

What If I Worked In 2005?

If you were "full" retirement age (age 65 and 6 months in 2005) or older, you may keep all of your benefits no matter how much you earn. But if you were younger than full retirement age at any time during the year, there is a limit to how much you can earn before your benefits are reduced.

- If you were under full retirement age all year in 2005, the earnings limit was \$12,000. We must deduct \$1 from your benefits for each \$2 you earned over \$12,000.

Your New Benefit Amount

319126

BENEFICIARY'S NAME:

HOAI D NGUYEN

Your Social Security benefits will increase by 4.1 percent in 2006, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is \$462.00
- The amount we are deducting for Medicare is \$177.00
(If you did not have Medicare as of Nov. 20, 2005, or if someone else pays your premium, we show \$0.00.)
- The amount we are deducting for voluntary federal tax withholding is \$0.00
(If you did not elect voluntary federal tax withholding as of Nov. 20, 2005, we show \$0.00.)
- After taking any other deductions, we will deposit \$285.00 into your bank account on Jan. 8, 2006.

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

What If I Have Questions?

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. You also can call us at 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m. on business days. If you have a touch-tone phone, recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month so, if your business can wait, it is best to call at other times. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your full nine-digit Social Security claim number available when you call or visit and include it on any letter you send to the Social Security Administration. If you are inside the United States, you also can visit your local office.

1316 THIRD AVE
CONWAY SC

BNC#: 05B1877J46001

Over ▶



State of South Carolina
Department of Health and Human Services

327



Mark Sanford
Governor

Robert M. Kerr
Director

October 31, 2006

Mr. Hoai Dinh Nguyen and Ms. NgocNu T. Pham
3544 Elderberry Street
Myrtle Beach, South Carolina 29577

Dear Mr. Nguyen and Ms. Pham:

Representative Alan Clemmons asked our agency to answer your questions about Medicaid eligibility and your Medicare premium payments.

To qualify for Medicaid benefits, individuals must meet certain financial and categorical requirements. You may qualify for our Aged, Blind or Disabled program if your combined income is below 100% of the federal poverty level, or our Qualified Medicare Beneficiaries program which can pay your Medicare Part B premium. The requirements for these two programs and an application are enclosed.

If you think you qualify, please mail your completed application and required documentation to: Horry County Medicaid Office, Post Office Box 290, Conway, SC 29528. If you have questions regarding Medicaid eligibility or the application process, please call 843-381-8260 or visit our office located at 1601 1st Avenue - 2nd Floor in Conway.

An agency that can assist seniors with their questions about Medicare coverage and other healthcare services is The Waccamaw Regional Council of Governments. Please contact Brenda Blackstock at 843-546-4231 or 1-888-302-7550 (toll-free) to see what assistance might be available. With specific questions about Medicare's new Part D *Extra Help* low-income drug program, please call Medicare at 1-800-633-4227 (toll-free) or visit your local Social Security Administration Office located at 1316 Third Avenue in Conway. Their telephone number is 843-248-4271.

Another agency in your area that can assist seniors is the Horry County Council on Aging located at 2213 N. Main Street in Conway. Please call 843-248-9818 or 1-800-922-6283 (toll-free) and let them know you have difficulty hearing.

Also enclosed are some listings of community health centers and free medical clinics. We hope this information is helpful. If we may be of further assistance, please call Jennifer Dabbs at 803-898-2965.

Sincerely,


Gary Res
Deputy Director

GR/jod
Enclosures

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

LEGISLATIVE LOG # 0327
LEGISLATOR/INQUIRER Representative Alan D. Clemmons
CONSTITUENT Hoai-Dinh-Nguyen & Ngoc-Nu.T.Pham
SSN 9773892/239773836
BC ASSIGNED LOG Jacobs
DATE REC'D BY AGENCY 10/26/2006
DATE DRAFT DUE GR 11/1/2006
LOG LETTER DUE DATE 11/2/2006
DATE REFERRED TO BC 10/26/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
They are seeking Medicaid benefits. Also ask for assistance with Medicare premiums. Will refer them to ABD/QMB.	10/26/2006	Jan	8-2502	Jacobs box - Rep. Clemmons spoke with Linda and said that
	10/26/2006	Jill	8-3936	Gave folder to Jenny to distribute (4:10pm)
	10/26/2006	Jenny	8-3965	Per notes from Jan- they are deaf, so we will not try to contact by phone - Checked MEDS to be sure they were not receiving any benefits and neither SSN came up.
	10/27/2006	Jenny	8-3965	Drafted letter, but unsure of which name was Mr/Mrs. - contacted the State Refugee Coordinator and faxed over the names. They called back and said Nguyen was male and Pham was female. Income stated in their letter appears they will qualify for ABD/QMB. Also referred them to Office on Aging for additional resources.
	10/27/2006	Jenny	8-3965	Letter to Mark.
	10/30/2006	Denise	8-2505	Edited letter & returned to Mark for his approval.

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)
 HCBWS (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)
 Working Disabled (40)

From: <adinh@dss.state.sc.us>
To: Ms. Jennifer Dabbs <LYNCHJEN@scdhhs.gov>
Date: 10/27/2006 3:18 PM
Subject: Re: Fw: Fax to Ann Dinh regarding help with Vietnamese names

CC: <pphomsavanh@dss.state.sc.us>
Ms. Dabbs,

Please be informed that after looking at the two Vietnamese names that Mr. Liming faxed to me this morning, it appears that

Hoai Dinh Nguyen could be a male or female.
Ngoc Nu T. Pham is a female.

However, if these two individuals are husband and wife, I am certain that Hoai Dinh Nguyen is a male.

If you have telephone number of these applicants, please give it to me so I can verify the gender for you, or you can give them my telephone numbers so they can call me (1-800-922-1548 or 803-898-0985).

Thank you.

Ann Dinh.

Phane Phomsavanh/USER/SCDSS
10/27/2006 11:25 AM

To
Ann Dinh/USER/SCDSS@SCDSS
cc
"Jennifer Dabbs" <LYNCHJEN@scdhhs.gov>
Subject
Fw: Fax to Ann Dinh regarding help with Vietnamese names

Ms. Dinh,

Please respond to this request. Thank you.

----- Forwarded by Phane Phomsavanh/USER/SCDSS on 10/27/2006 11:22 AM -----

"Jennifer Dabbs" <LYNCHJEN@scdhhs.gov>
10/27/2006 10:50 AM

To
<pphomsavanh@dss.state.sc.us>



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

FAX COVER SHEET

"CONFIDENTIAL INFORMATION ENCLOSED"

DATE: 10/27/08

TO: Ann Dinh

Telephone #: _____

Fax #: 898-7154

FROM: Jenny Dabbs

Total Number of Pages Transmitted: 2 (Including Cover Sheet)

COMMENTS:

*Mr. Phane Phomsavanh suggested we fax you these
names. I just need to know which is male/female.
He said he would respond to me through email.
Thanks for your help.*

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this in error, please notify us immediately and destroy the related message. Thank you.

Bureau Name

P. O. Box 8206 Columbia South Carolina 29202-8206
Enter Telephone Number Fax Enter Fax Number

Per Voicemail from Ann Dinh -

Hoai Dinh Nguyen

Male

NgocNu T Pham

female

Contacted the State Refugee Coordinator.