

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>1-16-07</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000452	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleaved 1/24/07 letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-25-07</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.			

LINDSEY O. GRAHAM  
SOUTH CAROLINA250 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5872UNITED STATES SENATE  
Fax Transmittal Sheet

RECEIVED

JAN 12 2007

TO: Robert KenDepartment of Health & Human Services  
OFFICE OF THE DIRECTORFROM: Emily McCurdyDATE: 1/12/07

COMMENTS:

Ros. Rios  
"Approved. Sign"Re: Teresa Prosser2 PAGE(S) TO FOLLOWIF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE  
CALL (803) 933-0112.

**Confidentiality:** This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service. Thank you.

506 HAMPTON STREET  
SUITE 102  
COLUMBIA, SC 29201  
(803) 883-0112401 WEST EVANS STREET  
SUITE 2268  
FLOWERS, SC 29501  
(843) 689-1905101 EAST WASHINGTON STREET  
SUITE 220  
GREENVILLE, SC 29601  
(864) 280-4417530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 649-5887140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 366-9228135 EASTLEY MART DRIVE  
SUITE B  
SPARTANBURG, SC 29576  
(864) 686-6220

01/12/2007 04:03PM

LINDSEY O. GRAHAM  
SOUTH CAROLINA



290 Russell Senate Office Building  
Washington, DC 20510  
(202) 224-5972

## UNITED STATES SENATE

January 12, 2007

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

Dear Mr. Kerr:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, 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,

A handwritten signature in dark ink, appearing to read "L. Graham".

Lindsey O. Graham  
United States Senator

LOG/ecm

Enclosures

508 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 953-0112

401 WHEAT EVANS STREET  
SUITE 200B  
FLORENCE, SC 29501  
(843) 668-1505

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

630 JENNIFER DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 849-3887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 266-3228

135 EAGLE NEAR DRIVE  
SUITE B  
SEVENA, SC 29578  
(804) 888-0280

01/12/2007 04:03PM

January 3, 2007

The Honorable Lindsey Graham  
United States Senator  
Post Office Box 1801  
Columbia, South Carolina 29202

Dear Senator Graham:

First, may I take this opportunity to congratulate you on your victorious win and to thank you for running a very positive and statesman like campaign, where all South Carolinians can appreciate you as their United States Senator.

Also, to offer my continuum support in any of your endeavors in making this state and country a great place to live.

Secondly, I am writing to you on behalf of the South Carolina Department of Health and Human Services regarding the Age, Blind & Disabled (ABD) program. I solicit your help in being fairly and equally being reviewed for Disability under the Medicaid program.

I have encounter a problem with the South Carolina Department of Health and Human Services, regarding being approved for the Age, Blind & Disabled (ABD) program I solicit your help in being fairly and equally being reviewed for Disability under the Medicaid program.

I may be reached for further information regarding this matter by mail at 1003 Pope Street, Columbia, South Carolina 29201

Again, thanks for being elected our United States Senator. And if I can be of help or service to your Administration please feel free to contact me at addresses mention above.

Sincerely,

Teresa Pressley



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

Ms. Teresa Pressley

January 26, 2007

1003 Pope Street  
Columbia, South Carolina 29201

Dear Ms. Pressley:

Senator Lindsey Graham asked our agency to respond to your questions about Medicaid eligibility and your healthcare concerns.

We attempted to contact you by telephone at (803) 786-0502 and (803) 414-8472, but were unable to leave a message. If you will contact Jennifer Dabbs at (803) 898-3965, she will be happy to be of assistance.

Your May 15, 2006 application for Medicaid's Aged, Blind or Disabled (ABD) program was approved in error and you were granted coverage for May 2006 through November 2006. You are not responsible for bills Medicaid covered during this time because the error was on our behalf. We apologize for any inconvenience this may have caused you. Your case was closed because we must adopt the Social Security Administration's (SSA) disability decision. Please call the Columbia SSA Office of Adjudication and Review at (803) 799-7771 to appeal their decision.

You recently reapplied for ABD and will be notified once a decision is reached. It is important that you contact SSA as we suggested because, unless SSA has made a different disability decision, we will deny this application as well.

We have enclosed information on a number of healthcare and prescription programs for people without health insurance coverage and hope this information is helpful in meeting your healthcare needs.

Sincerely,

  
Gary Ries  
Deputy Director

GR/jod

452

<b>LEGISLATIVE LOG #</b>	0452
<b>LEGISLATOR/INQUIRER</b>	US Senator Lindsey O. Graham
<b>CONSTITUENT</b>	Teresa Pressley
<b>SSN</b>	
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	1/12/2007
<b>DATE DRAFT DUE GR</b>	1/24/2007
<b>LOG LETTER DUE DATE</b>	1/25/2007
<b>DATE REFERRED TO BC</b>	1/17/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Letter states concerns for fair and equal treatment for her ABD application review. Pending application for ABD received on 11/27/06. Also see a closed ABD case where coverage was given 5/1/06 through 11/1/06. However, our disability tracking system shows that we adopted SSAs denial and a decision was sent to the worker on 9/19/06.	1/17/2007	Jan	8-2502	Jacobs box.
	1/18/2007	Jill	8-3936	Gave to Jenny to distribute (9:30am)
	1/18/2007	Jenny	8-3965	I will handle. Researched MEDS. Emailed worker/sup. for background on closed and pending case.
	1/19/2007	Jenny	8-3965	Found number in MEDS-however, was unable to reach. No answering machine.
	1/22/2006	Jenny	8-3965	See email from worker. The case was incorrectly approved, then closed when we received SSA decision.
	1/24/2007	Jenny	8-3965	Drafted letter and to Mark.
	1/24/2007	Jenny	8-3965	To Alicia (2:00)

#### CHECKLIST

Family Size	
Income/Resources	
<b>Other Resources:</b>	
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)	

Please send copy of  
 next page to Ruby.  
 1/19/07  
 GPR-1

From: Myra Shivers  
To: LYNCHJEN@scdhhs.gov  
Date: 1/22/2007 8:25 AM  
Subject: Re: Fwd: Teresa Pressley 101124656

Good Morning Ms.Dabbs,

I will look into getting the answers for the questions. Her first ABD case was incorrectly approved when I was trying to use the denial code for SSI adopted decision. She then applied again for ABD and I received a letter from the Disability Determination department stating that they have adopted the SSA decision on her case. I don't know what documentation you will need but you can contact me 253-5920.

Thank you

Myra

>>> Jennifer Dabbs 01/19/07 2:49 PM >>>  
Hello!

I wasn't sure if you've had a chance to check on this or not, but I'm anxious to get an answer to Ms. Pressley and I also have to respond in writing to Senator Graham by 1/24.

Thanks again for looking into this. I appreciate any information you can provide!!

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@scdhhs.gov

>>> Jennifer Dabbs 1/18/2007 10:29 AM >>>  
Good morning all!

We received a letter from Senator Graham's office regarding the above constituent's ABD application.

She is currently pending for ABD, however, I see where she had ABD coverage from 5/1/06 through 11/1/06 but it was closed for "not meeting the eligibility rules". Our disability tracking system shows a disability denial decision was sent to the worker on 9/19/06. I'm just trying to find out why the case was ever approved.

Also, I would like the status of the pending ABD application before I contact Ms. Pressley.

Thanks so much for looking into this. I look forward to hearing from you!

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@scdhhs.gov

1/23: let v.m. for worker/sup.  
to contact me & let me know  
what info. is needed from  
MS. Pressley. will be  
1/24: this app. will be  
denied as well.

*Rud Please explain how this happens.  
Was policy not clear in this instance?*

**South Carolina Department of Health and Human Services**  
**Medical Disability Tracking System**  
**Disability Applicant Event Listing**

**Applicant Name:** Pressley, Teresa  
**Social Security #:** 249044086

Applicant ID	Ordlist	Event ID	Event Description	Date
27665	5	12	File sent to imaging	12/06/2006
27665	4	11	Letter to eligibility worker re:disability decision	09/19/2006
27665	3	23	Decision Received from VR	09/14/2006
27665	2	21	Package forwarded to VR	08/08/2006
27665	1	1	Initial package received from eligibility worker	08/03/2006

*Adopting disallowance*

**Report Date:** 1/18/2007  
**Report Time:** 10:17 AM



4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/18/07  
 MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: PRESSLEY TERESA

HH NUMBER: 101124656

APPL EFFECTIVE DATE: 11/27/2006

ACTION TYPE: MAINTENANCE  
 ACTION DATE: 11/28/06

MAIL IN(Y/N): N

WORKER: MSHIV MYRA J SHIVERS

APPLICANT'S COUNTY: 40 RICHLAND

WORKER'S COUNTY: 40 RICHLAND

COURTESY APPLICATION(Y/N): N

MAILING ADDRESS:

1003 POPE STREET

PRIMARY LANGUAGE: E ENGLISH

REASON FOR APPLICATION:

COLUMBIA SC 29201-  
 RESIDENCE ADDRESS:

ADULT WITH CHILDREN(Y/N): N  
 CHILDREN 1 AND OVER(Y/N): N  
 INFANTS UNDER AGE 1(Y/N): N  
 PREGNANT(Y/N): N  
 BLIND/DISABLED(Y/N): Y  
 AGED(Y/N): N

LIMITED DATA COLLECTION: 00 NONE  
 FIRST SIGNATURE OBTAINED(Y/N): Y

PHONE: H: 803-786-0502 W: 803-414-8472

WITHDRAW APPLICATION(W/C/N): N

UPDATED: USER ID: MSHIV

DATE: 11/28/06 SYSTEM ID: HMS5000 DATE: 11/28/06

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+

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/18/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
HH NAME: TERESA PRESSLEY HH NUMBER: 101124656  
BG NUMBER: 79231503 CATEGORY: ABD ACTION TYPE: MAINTENANCE  
BG: C BGP: C WKR: MSHIV MYRA SHIVERS ACTION DATE: 10/16/06  
COUNTABLE BG MEMBERS: 1  
COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00  
INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00  
POV-LVL: +.00 % HLTH INS PREM: 0.00  
RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y  
MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 10/16/06  
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 10/11/07  
MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:  
REASON(S) FOR DENIAL/CLOSURE/CHANGE:  
054 You have not met eligibility rules.

ELIGIBILITY DECISION APPEALED? (Y/N) \_ CONTINUE BENEFITS? (Y/N): \_  
APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): \_  
UPDATED: USER ID: MSHIV DATE: 10/16/06 SYSTEM ID: ELD3000 DATE: 10/16/06  
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND  
PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

**ACTION:**

PAGE: 3 OF 3

HH NUMBER: 101124656

ACTION TYPE: MAINTENANCE

ACTION DATE: 10/16/06

RCP NUMBER: 2780600453

CORRECT RCP NUMBER:

IT:            PING-PONG:            RETRO: N EXPARTE: N QMB: N PROT PER DATE:           

PROT PER DATE:

--MEDICAID+QMB DATES--

REASON REASON

BEGIN END

CODE 1	CODE 2
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

054

100

100

1

100

1

100



1000

1

100

100

DATE: 10/16/06 SY

ID: ELD3000 DATE: 10/16/06

ND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF11-HH MBRs PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST-  
PF22-HIST+ PF24-AOD

AEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/18/07  
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 11/27/06 END:

NAME: PRESSLEY TERESA HH NAME: PRESSLEY TERESA

RCP NUMBER: 2780600453 HH NUMBER: 101124656 ACTION TYPE: MAINTENANCE

SSN: 249-04-4086 VC: V APL STATUS: ACTION DATE: 11/28/06

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 10/17/1956 AGE: 50 SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: MEDICARE COVERAGE(Y/N): N

SEX: F FEMALE RACE: 02 AFRICAN AMER SS CLAIM NUMBER(Y/N): Y 249044086A

REL: SFI SELF RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: D DIVORCED PROVIDER NAME:

STUDENT STATUS: GRADE: ADMISSION DATE:

PREGNANT(Y/N): N EDC: # : DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: E

US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: MSHIV DATE: 11/28/06 SYSTEM ID: DATE:

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS