

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Rien</i>	DATE <i>4-16-07</i>
-------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000647		<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>Cleaveland 4/20/07, letter attached</i>		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-20-07</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.			

Case Management Department
4070 Hwy 17 bypass
P.O. Drawer 3350
Murrells Inlet, SC 29576

843-652-1000

Vaccannaw Community Hospital

To: Randy Lee

Fax # 803-772-7943

From: Case Management 843-652-1761 fax Date: 4-2-07

Pages: 2 pages

RE: Mrs. Schnuellein

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply

Kim R. Smith RN, ACM, Director of Case Management 843-652-1262 ☒

Susan Smith RN 843-652-1648 ☐

Sandra Johnson RN, BSN, CCM 843-652-1954 ☐

Agnes Edwards LMSW - 843-652-1911 ☐

NOTE:

The information contained in this message may be privileged, confidential and protected from disclosure.

If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient,

you are hereby notified 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 replying to this message.

Thank you.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

April 26, 2007

Ms. Dorothy Schuellein, Room 270
Waccamaw Community Hospital
Post Office Drawer 3350
Murrells Inlet, South Carolina 29576

Dear Ms. Schuellein:

Our agency has received correspondence from Mr. Randy Lee, President of the SC Health Care Association regarding your situation that was forwarded by Ms. Kim Rankin at Waccamaw Community Hospital after you wrote your Medicaid worker about your concerns over Medicaid eligibility.

Your application for Nursing Home Medicaid benefits was denied because your resources were over the allowable limit of \$2,000 at the time of application. You were also ineligible for any vendor payment to a facility due to the penalty incurred when money was transferred to your two daughters and neighbor.

You have requested to appeal this decision and the hearing officer, Mr. Robert French, has mailed you a letter asking for you to state in writing the error you feel the Department of Health and Human Services made in its decision to deny your Medicaid application. You have 14 days from the receipt of his letter to respond or your appeal will be dismissed. If you have questions regarding the appeal process, please call Mr. French at (803) 898-2714, as he will be happy to assist you.

You may be eligible for Medicaid benefits in the future should your resources fall below the allowable limit of \$2,000. If you choose to reapply in the future, please contact your Medicaid eligibility worker, Ms. Sherri Satterfield, at (843) 381-8260. We apologize for any inconvenience this process may have caused you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary Ries", is written over a horizontal line.

Gary Ries
Deputy Director

GR/jod

647



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

April 26, 2007

Mr. Randy Lee, President
South Carolina Health Care Association
176 Laurelhurst Avenue
Columbia, South Carolina 29210

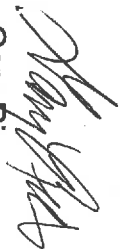
Dear Mr. Lee:

Thank you for forwarding the correspondence relating to healthcare assistance and Medicaid eligibility concerns of Ms. Dorothy Schuellein.

A member of my staff has been in contact with Ms. Kim Rankin, Director of Case Management at Waccamaw Community Hospital, to discuss Medicaid policy and eligibility requirements. As indicated in her letter, she is appealing the denial of Medicaid coverage. We have been in contact with Ms. Schuellein to obtain the required information and provided the appeal office's contact information. Once we obtain the necessary information, we will issue an appeal decision.

Thank you for expressing your concern for Ms. Schuellein and for all you and your organization does to improve the health and quality of life for our citizens. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,


Gary Ries
Deputy Director

GR/jod

c: Kim Rankin, RN, ACM, Director of Case Management, Waccamaw Community Hospital

LEGISLATIVE LOG #	0647
LEGISLATOR/INQUIRER	Randy Lee, President, SC Health Care Association
CONSTITUENT	Dorothy Schuellein
SSN	
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	4/10/2007
DATE DRAFT DUE GR	4/19/2007
LOG LETTER DUE DATE	4/20/2007
DATE REFERRED TO BC	4/17/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Nursing home benefits denied due to resources and transfer of assets. She currently resides in Waccamaw Community Hospital. Letter is requesting an appeal (past the 30 days).	4/17/2007	Jenny	8-3965	I will handle.
	4/18/2007	Jenny	8-3965	Called the hospital to try and speak with Ms. Schuellein. Her room # is 270 and phone is 843-652-1270. No answer when I call. I also left a message for Kim Rankin to call me as she is the Director of Case Management with the hospital who forwarded to Randy Lee.
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	4/18/2007	Jenny	8-3965	Vastine emailed me back. They are going through with the appeal request, but must have in writing within 14 days of receipt why the applicant feels DHHS made an error in her case. They have not received certified card for date of delivery yet.
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	4/19/2007	Jenny	8-3965	To Alicia at 4:50.
	4/25/2007	Jenny	8-3965	To Jan

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)
SILVERCARD (92)
SLMB (48,52)
SSI (80)
TEFRA (57)
Transitional (11)
Working Disabled (40)

Instructions:

Jan creates new worksheet for each log by copying temp'ate into workbook & changing name of worksheet to proper log #.
Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)
If question about current status of a log letter, contact previous user.
Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.
Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker

From: Jennifer Dabbs
To: demincey@dds.state
Date: 4/25/2007 9:22 AM
Subject: Dorothy Schuellein

→ County director for APS

I am writing to report possible exploitation of Ms. Dorothy Schuellein. She currently resides in the Waccamaw Community Hospital. It has been brought to my attention and I feel like it is something that should be reported.

Thank your for looking into this matter.

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



Programs and Services

Contact Information

South Carolina Department of Social Services
Kathleen M. Hayes, Ph.D., State Director

Forms and Brochures

Search

Adult Protective Services

Programs and Services

- Adoption
- Adult Protective Services
- After-school Snack Program
- Child and Adult Care Food Program
- Child Care Services
- Child Protective Services
- Child Support Enforcement
- Daniel's Law
- Domestic Violence
- EBT (for clients)
- EBT (for retailers)
- Emergency Shelters Food Program
- Faith-Based and Community Initiatives
- Family Independence (TANF)
- Family Nutrition Programs
- Foster Care Services
- Foster Home and Group Home Licensing
- Food Stamps
- Healthy Helpings
- Independent Living
- Interstate Compact on the Placement of Children
- Out-of-Home Abuse and Neglect Investigations
- Summer Food Service Program
- More Programs and Services ...



Overview

The Division of Adult Protective Services protects the health and welfare of elderly and disabled adults. Adult Protective Services are provided to individuals who are 18 years of age or older and are victims of actual or potential abuse, neglect, or exploitation. This mistreatment may be caused by others or self-inflicted. DSS is authorized, by the Omnibus Adult Protection Act of the South Carolina Code of Laws, to investigate all reports and provide services. Services are provided to meet the adults' basic needs and to ensure their safety.

If you have reason to believe that a vulnerable adult in the community is being abused, neglected, or exploited, contact Adult Protective Services at the county DSS in the county where the adult lives.

Vulnerable adults are age 18 and older who have physical or mental conditions which impair them from adequately providing for their own care and protection.

Some people are required to report by the nature of their profession. People in the following professions are required to make a report if they have reason to believe a vulnerable adult has been or is likely to be abused, neglected, or exploited: physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or mental retardation specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or of a facility, or law enforcement officer. Also, any person who has actual knowledge of the abuse, neglect, or exploitation of a vulnerable adult must report the incident.

South Carolina Department of Social Services
P.O. Box 1520 • Columbia, SC 29202-1520
Disclaimer | Privacy Policies

Contact:
Tim Cash, MSW
Division Director
Mailing Address:
South Carolina
Department of Soc
P.O. Box 1520
Columbia, SC 2921
Telephone:
803-896-7318

Program Information
Overview & Featur
Adult Protection La

Resources

Forms and Brochu
News
Notices
Reports

See also ...
Domestic Violence



Programs and Services

Contact Information

South Carolina Department of Social Services
Kathleen M. Hayes, Ph.D., State Director

Forms and Brochures

Search

Horry County DSS

Programs and Services

- Adoption
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Mr. David E Mincey
County Director

Travel Directions

From Columbia, take I-20 toward Florence. At Florence, take I-95 North to Marion - Myrtle Beach Exit. Follow signs to US 76. Proceed on US 76 to US 501. Proceed on US 501 to US 22 Exit. Continue on US 22 to the Hwy 701 Exit (will be the second exit after getting on US 22). Turn right at the exit and continue for approximately 3 miles, (you will see the Horry County DSS sign on your right). Turn right on to Industrial Park Road and DSS office will be on the right.

Address:
Horry County DSS
1951 Industrial Park
Conway, SC 29526

Telephone:
(843) 915-4700 Dir
(843) 915-4700 Hu

E-Mail:
demincey@dss.siz

Resources

Forms and Brochures
News
Notices
Reports

See also ...
County Offices and Service Areas

South Carolina Department of Social Services
P.O. Box 1520 • Columbia, SC 29202-1520
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LEGISLATIVE LOG #	0647
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CONSTITUENT	Dorothy Schuellein
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From: Sheri Satterfield
To: Dabbs, Jennifer
Date: 4/19/2007 10:07 AM
Subject: Re: Dorothy Schuellein 100290692

CC: Richardson, Yolanda "Veronica"

I cannot take her check book and write a check to the hospital or the funeral home, I also cannot tell the client what to do by policy I can only make suggestions of ideas of things that could be done to become eligible.

There should be no reason to declare undue hardship (section 304.08.03) because she willingly gave the money away, (there was no exploitation of the clients money) until the letter that Kim Rankin (Case Management at the hospital) wrote there was nothing was ever said that the money was given to the daughters to come and get her. At the time of application when I was talking to Jennifer Brady with Case Management I told her that if the neighbor wanted to write a letter and state that her 17,000.00 was given to her for home improvements and that Ms. Schuellein was living with her and have the letter notarized that we could see if we could excluded the 17,000.00. But the neighbor never did that because she told me before that Ms. Schuellein gave her that money because she wanted her to have it. That if she was to die her daughters would come in and take everything that was left and she wanted her to have something. The Neighbor has talked to me and Amy (medicaid worker @ Waccamaw Hospital) she stated that Ms. Schuellein did not live with her that she would go over to the house and take care of her, clean her house and scrub her floors. So I do not see how she could receive the money for home repairs for a house that the client did not live in.

Furthermore there is no AR for the case.
Her penalty was 12.74 months.

sherl

>>> Jennifer Dabbs 4/19/2007 8:43 am >>>
Is there a reason a pre-need burial contract wasn't established to make her Medicaid eligible and deny vendor payment only and then sent to Columbia for review of undue hardship? How many months was the transfer penalty for? Thanks again for all of your help!!

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
jnrdtjen@scdhhs.gov

>>> Sheri Satterfield 4/18/2007 4:07 PM >>>
Her name is Amy her phone number is (843) 652-1671.
Sherl

>>> Jennifer Dabbs 4/18/2007 3:56 pm >>>
Thanks! Do you have the caseworker at the hospital's name/phone number?

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
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>>> Sheri Satterfield 4/18/2007 3:54 PM >>>
Chamberlin Edmonds is taking the application on her. she is still in Waccamaw Hospital so the application is taken by Chamberlin Edmonds. I have spoken to the healthcare rep for Chamberlin Edmonds and the medicaid caseworker at the hospital. Mr. French in appeals has the packet because he has been in contact with the caseworker just the other day. the applicant is still over the resources and it is up to her to spend some of the money to bring her down to the resource level, we have suggested a pre-need burial or paying on some of her hospital bill.
sherl

>>> Jennifer Dabbs 4/18/2007 2:58 pm >>>
So, you are working on ABD? Can you let me know the status? I just didn't see anything pending in MEDS. Thanks!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
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>>> Sheri Sattenfield 4/18/2007 2:54 PM >>>
thats what we are already working on. but yes that is her only income.
sherl

>>> Jennifer Dabbs 4/18/2007 11:58 am >>>
One other question, is her only reported income the \$682 SSA? I may refer her to ABD if she spends down her resources. Thanks!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
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>>> Sheri Sattenfield 4/17/2007 2:55 PM >>>
Her bank account put her over the resource limit, but the transfers is what is making her ineligible for vendor payment. In August of 2006 she gave \$57,000.00 away (20,000.00 to each of her daughters (2) and 17,000.00 to the neighbor. I sent in the appeal packet on April the 2nd. I also asked for a denial of the appeal because it was not requested in a timely manner, it was way over 30 days from denial. Denial was 01/31/2007 they did not request an appeal until 03/29/2007. If you have any other questions please let me know.
thank you
sherl

>>> Jennifer Dabbs 4/17/2007 2:19 pm >>>
Good afternoon. Our office was forwarded a letter that Ms. Schuellein sent to you March 14, 2007 requesting an appeal for her NH Medicaid application. The hospital faxed a copy to the SC Health Care Asc. and they sent it to our office. We must respond to her in writing and I just would like some background information on the case. What resources does she have that put her over the limit? Also, when was the appeal packet sent to Columbia?

Thanks for any information you are able to 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

From: Vastine Crouch
To: Jennifer Dabbs
Date: 4/19/2007 11:57 AM
Subject: Re: Appeal for Dorothy Schuellein

Yeah, i think the hearing officer discussed undue hardship with the worker too. Both he and i told them about ABD, too. Based on the budget sheet they sent us, she was a couple hundred dollars over the ABD limit back in Jan. We figured she had probably spent that much by now, but then the hearing officer looked at the bank statement they sent and realized her low balance for the month was under \$4K. She may be over that now though, since i think the hospital worker indicated her monthly income is accumulating in the account, since there's no one to access the account and pay bills. She needs a court appointed conservator. We can't take any of the actions you mentioned. She probably won't answer the letter either, and the appeal will be dismissed.

>>> Jennifer Dabbs 4/19/2007 11:13 AM >>>
After talking with Carolyn, just thought I would point out that if a pre-need contract were established she would have been under the resource limit and only the vendor payment would have been denied. Then they may have been able to look into undue hardship. Also, she is not really getting any care from the hospital. In other words, the Director of Case Management said they are just giving her a place to stay and feeding her because she has nowhere else to go. Just thought I would run this by you. Thanks for all of your help on this and would you let me know when/if Ms. S responds regarding the error that she feels DHHS made?

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
jncdjen@scdhs.gov

>>> Vastine Crouch 4/18/2007 12:57 PM >>>
I don't know how I keep doing this, but I do. I just noticed I said the county DIDN'T request dismissal due to timeliness, but I meant to say they DID. That's why the hearing officer questioned the client concerning timeliness.

>>> Jennifer Dabbs 4/18/2007 11:54 AM >>>
Just let me know if you hear anything else. Thanks so much!!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
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(803) 255-8350 FAX
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>>> Vastine Crouch 4/18/2007 11:49 AM >>>
This is a difficult situation. We did receive the appeal request and set it up. The county didn't request dismissal due to being untimely. The reason for denial was excess resources. The hearing officer wrote to Ms. S and asked her to state in writing the error in DHHS' decision that she was over the resource limit. He also asked her if she could state a cause for being untimely. She has 14 days from her receipt of the letter to reply or be dismissed. the letter is dated 4/16, we don't have the certified card for date of delivery yet.
There is also a problem with this case in that she transferred quite a bit of money to her daughters and neighbor. So there would be a transfer penalty against vendor even if she becomes medicaid eligible. The
Hearing officer also spoke with the hospital sponsored medicaid worker about this case. we pointed out to them that she appeared to be ABD eligible from the info. in our file, and there's no transfer penalty for ABD. They said they would check into that. We also pointed out that someone should investigate exploitation since she said in her appeal letter that she gave this money so her daughters would come and take care of her, but they won't. Hospital worker said the Ombudsman said it was Medicaid's responsibility to hire an attorney and pursue the exploitation, which it isn't. According to the hospital worker, this woman is non-compos and apparently needs a representative. She said the woman had to be coerced with chocolates to get her to sign any documents. (I think this is a potential problem for Medicaid as well.)
If there's anything else, let us know.

>>> Jennifer Dabbs 4/18/2007 11:15 AM >>>
We received a log letter regarding Ms. Schuellein's Medicaid denial. The worker indicated that an appeals packet was sent to your area on April 2nd, even though the client did not request within the 30 day time frame. Could you let me know if this appeal is

being granted or denied for not appealing in a timely manner? Her ssn# is 175-22-9920. Thanks for your help!!

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
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EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/18/07
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: SCHUELLEIN DOROTHY M ACTION TYPE: MAINTENANCE
HH NUMBER: 100290692 APL STATUS: ACTION DATE: 12/12/06
APPL EFFECTIVE DATE: 12/11/2006 WORKER: SSATT SHERI SATTERFIELD
MAIL IN(Y/N): N WORKER'S COUNTY: 26 Horry
APPLICANT'S COUNTY: 26 Horry
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS:
1220 HORNE ST

PRIMARY LANGUAGE: E ENGLISH

REASON FOR APPLICATION:

MYRTLE BEACH SC 29577- ADULT WITH CHILDREN(Y/N): N
CHILDREN 1 AND OVER(Y/N): N
RESIDENCE ADDRESS: INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): N
AGED(Y/N): Y

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

WITHDRAW APPLICATION(W/C/N): N

PHONE: H: 843-448-6490 W: - - DATE: 12/12/06 SYSTEM ID: HMS5000 DATE: 12/12/06
UPDATED: USER ID: SSATT

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+

4/18: left message for Ms. Rankin (case mnd) at the hospital.

Her room # is 270 and phone 652-1270, but don't think I will call her per Vashine's email.

- Ms. Rankin calls me back - leaves message. Been in hospital for 175 days, mentions undue hardship.

4/19: left message for Amy (medicaid worker at hospital)

MEDEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/18/0

MEDSPROD

BENDEX INFORMATION

***** CONFIDENTIAL - FOR INTERNAL USE ONLY ***** ROW: 1 OF 1

SSA SSN: 175-22-9920 SSA NAME: DOROTHY M SCHUELLEIN

SSN: 175-22-9920 NAME: DOROTHY M SCHUELLEIN

RCP NUM: 6267337601 HH NUM: 100290692 COUNTY: 26 ELIGIBILITY STATUS: I

SSA INFORMATION

PAYMENT INFORMATION

INDIVIDUAL DATA:

PAYMENT STATUS CODE: CP

SSA SSN: 175-22-9920

GROSS AMOUNT PAYABLE (MBA): 682.50

SSA NAME: DOROTHY M SCHUELLEIN

EFFECTIVE DATE: 12/06

SSCN: 175229920A

NET MONTHLY BNFTS AMT (MBC): 682.50

SSA DOB: 02/03/1928

INITIAL ENTITLEMENT DATE: 03/90

PROOF OF DOB: P

CURRENT ENTITLEMENT DATE: 03/90

SEX: F

MONTHLY BENEFITS PAYABLE: 589.00

VALIDATED BOSSN: 175-22-9920

RETRO PAYMENT AMOUNT: 0.00

CATEGORY OF ASSISTANCE: N

MONTHLY OP DEDUCTION AMT: 0.00

STATE AND COUNTY CODE: 42250

ENDING DATE FOR OP DEDUCTION:

ALTERNATE SSN: 175-22-9920

GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR: C

PAYMENT CYCLING INDICATOR: 1

UPDATED: SYSTEM ID: IEV7012 DATE: 2007-02-18-04.48.35.545645

ME905004 BENDEX MASTER RECORD FOUND

PF1->HELP PF2->BENDEX HIST PF3->NEXT PF5->RECIP PF10->PREV MENU

PF11->BDX AUDIT PF12->BDX ACTION PF14->SDX PF16->BDX INPUT PF17->BUY-IN

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/17/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
HH NAME: DOROTHY M SCHUELLEIN HH NUMBER: 100290692
BG NUMBER: 19461093 CATEGORY: MAONH ACTION TYPE: MAINTENANC
BG: D BGP: D WKR: SSATT SHERI SATTERFIELD ACTION DATE: 01/31/07
COUNTABLE BG MEMBERS: 1
COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 4226.48
INCOME LIMIT: 1869.00 RESOURCE LIMIT: 2000.00
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: 01/31/07
MEETS RESOURCES? (Y/N): N NEXT REVIEW DATE: 02/01/08
MEETS OTHER CONDITIONS? (Y/N): N ANTICIPATED CLOSURE DATE: _____
REASON(S) FOR DENIAL/CLOSURE/CHANGE:
052 Your countable resources are more than policy allows.
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: SSATT DATE: 01/31/07 SYSTEM ID: ELD3000 DATE: 01/31/07
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

From: "Kim Rankin" <KRankin@gmhsc.com>
To: <LYNCHJEN@SCDHHS.GOV>
Date: 4/19/2007 1:50 PM
Subject: LONG TERM PATIENT

Hello Jenny,

Thank-you for talking to me today regarding Mrs. Schuellein, She did not tolerate or participate in physical therapy while here. I am attaching the last physical therapy note. :

Date: 12/13/06 08:34 Type: Physical Therapy Notes RECEIVED P.T.
CONSULT TO HAVE P.T. AMBULATE PT IF PT ABLE. PT HAS BEEN ON P.T.
CASELOAD; DEMO NO PROGRESS DUE TO COGNITION, LACK OF PARTICIPATION AND
MOTIVATION. PT NOT AN APPROPRIATE P.T. CANDIDATE PT ONLY TOL AMB 8'
W/RW MAX WHILE ON P.T. CASELOAD. RECOMMEND NSG CONT TO TRANSFER PT AND
DO ROM AS NSG MEASURE. LEFT NOTE ON CHART FOR MD AND NOTIFIED NURSE
YESTERDAY.

The nurses do get her up in the chair daily.

As I stated on the phone we are just housing her here because she is abandoned and has no place to live and no one to care for her. We here at Waccamaw Community Hospital appreciate anything DHHS can do to help this very nice lady to obtain a nursing home bed. She is homeless.

Sincerely,

Kim

Kim A. Rankin RN, ACM

Director, Case Management

4070 Hwy 17 Bypass, Murrells Inlet, SC 29576

843-652-1262

krankin@gmhsc.com

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Thank you.