

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE  <i>1-23-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  600475	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-30-07</i>
2. DATE SIGNED BY DIRECTOR  <i>Cleared 2/2/07 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 (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



**RECEIVED**

JAN 22 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

STATE OF SOUTH CAROLINA  
THE SENATE  
COLUMBIA

JOHN DRUMMOND  
PRESIDENT *PRO TEMPORE EMERITUS*

P. O. BOX 142  
COLUMBIA, SC 29202  
TELEPHONE: (803) 212-6455

January 19, 2007

Mr. Robert Kerr, Director  
S.C. Dept. of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

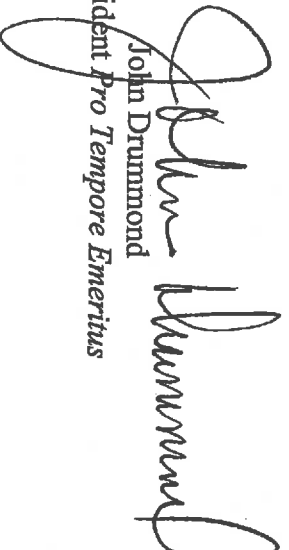
*Robbie's Sign*

Dear Robbie:

I am enclosing a copy of a letter I received from Jennifer Hall, regarding her father, James M. Thompson. I believe you will find her correspondence to be self-explanatory. Robbie, could you please have a member of your staff look into this request for me? I am sure Jennifer would appreciate any assistance, guidance, or suggestions you can offer to assist her father.

Thank you for your continued assistance with my many requests.

Sincerely,

  
John Drummond  
President *Pro Tempore Emeritus*

JD/dc

Enclosure

cc: Jennifer T. Hall

January 8, 2007

Dear John Drummond,

I am writing to you in regards to my father James M. Thompson of Abbeville, South Carolina. My father has been diagnosed with Stage 4 tongue carcinoma, a non curable disease. He has had to have surgery along with chemotherapy and radiation. He is constantly in and out of the hospital with this disease. He has been receiving Medicaid, but as of Dec. 1, 2007 they ended his coverage because his disability check of 1066.00 monthly was too much. By the time my father pays his living expenses which are approximately 450.00 and his medicine 1125.00, he doesn't have any to help cover his medical bills. His medicine and his medical bills are real expensive especially without his Medicaid. He has had to cut his doctor's appointments in half because of the expense. Would there be any way that he could get approved for Medicaid again? I am a nurse and I see a lot of sick people everyday who really need Medicaid that aren't able to get it and my father is one of those people. I could understand it if he didn't need it but my father really needs this bad. We would greatly appreciate it if you could help us get his Medicaid approved again.

Sincerely,  
Jennifer T. Hall

James M. Thompson  
172 Midnite Lane  
Abbeville, SC 29620



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

February 2, 2007

Mr. James M. Thompson  
172 Midnite Lane  
Abbeville, South Carolina 29620

Dear Mr. Thompson:


Your daughter, Jennifer T. Hall, wrote a letter to Senator John Drummond on your behalf and he asked us to address your concerns regarding Medicaid eligibility. Ms. Jennifer Dabbs, of my staff has spoken with you regarding Medicaid eligibility and the application process.

Your Medicaid coverage under the Supplemental Security Income (SSI) program ended on December 1, 2006 because the Social Security Administration determined that your income exceeds the allowable limit. Medicaid benefits are available automatically to individuals who are SSI eligible, but when your SSI coverage ends, your Medicaid benefits end as well.

The Department of Health and Human Services (DHHS) administers the Medicaid program. To qualify for Medicaid benefits, an individual must meet certain financial and categorical requirements. Since you previously obtained your Medicaid benefits through SSI, it is necessary that the DHHS obtain an application to determine your eligibility for other programs. Enclosed is an overview of the Medicaid program along with contact information for the Abbeville County Medicaid Office, should you choose to apply.

Also enclosed is information on a number of healthcare and prescription programs for people without health insurance coverage. I hope this information proves helpful in meeting your healthcare needs. If you need additional assistance, please contact Ms. Jennifer Dabbs at (803) 898-3965.

Sincerely,

  
Gary Ries  
Deputy Director

GR/jod  
Enclosures

#475



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

February 9, 2007

The Honorable John Drummmond  
President *Pro Tempore Emeritus*  
Member, South Carolina Senate  
PO Box 142  
Columbia, SC 29202

Dear Senator Drummmond:

Thank you for bringing Ms. Jennifer T. Hall's concerns about the healthcare needs of her father, James M. Thompson, to my attention.

We have been in direct contact with Mr. Thompson to assist him with his questions about Medicaid eligibility and mailed him information on several healthcare programs that may be able to assist with his medical and prescription needs.

As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing medical information without the client's written consent. Enclosed is an Authorization to Disclose Health Information form if you would like more information than we are currently able to provide.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. Kerr", written over a horizontal line.

Robert M. Kerr  
Director

RMK/rjod  
Enclosure

Office of the Director  
P.O. Box 8206 • Columbia, South Carolina 29202-8206  
(803) 898-2504 • Fax (803) 255-8235



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State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

Mr. James M. Thompson  
172 Midnite Lane  
Abbeville, South Carolina 29620

Dear Mr. Thompson:

Your daughter, Jennifer T. Hall, wrote a letter to Senator John Drummond on your behalf and he asked us to address your concerns regarding Medicaid eligibility. Ms. Jennifer Dabbs, of my staff has spoken with you regarding Medicaid eligibility and the application process.

Your Medicaid coverage under the Supplemental Security Income (SSI) program ended on December 1, 2006 because the Social Security Administration determined that your income exceeds the allowable limit. Medicaid benefits are available automatically to individuals who are SSI eligible, but when your SSI coverage ends, your Medicaid benefits end as well.

(DHHS)

The Department of Health and Human Services administers the Medicaid program. To qualify for Medicaid benefits, an individual must meet certain financial and categorical requirements. Enclosed is an overview of the Medicaid program along with contact information for the Abbeville County Medicaid Office, should you choose to apply.

*Since you previously obtained your Medicaid benefits through SSI, it is necessary to determine your eligibility for other programs.*

Also enclosed is information on a number of healthcare and prescription programs for which the people without health insurance coverage. I hope this information proves helpful in meeting DHHS obtain your healthcare needs. If you need additional assistance, please contact Ms. Jennifer Dabbs at (803) 898-3965.

Sincerely,

Gary Ries  
Deputy Director

GR/jod  
Enclosures

<b>LEGISLATIVE LOG #</b>	0475
<b>LEGISLATOR/INQUIRER</b>	Senator John Drummond
<b>CONSTITUENT</b>	Jennifer Hall for father, James M. Thompson
<b>SSN</b>	
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	1/22/2007
<b>DATE DRAFT DUE GR</b>	1/29/2007
<b>LOG LETTER DUE DATE</b>	1/30/2007
<b>DATE REFERRED TO BC</b>	1/23/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Ms. Hall writes on father's behalf. No contact # or address for Ms. Hall. Was able to locate in MEDS due to the father's address. His SSI ended 12/1/06 because he began receiving a disability check.	1/23/2007	Jan	8-2502	Jacobs box.
	1/24/2007	Jenny	8-3965	I will handle. Researched MEDS.
	1/25/2007	Jenny	8-3965	I called the # in MEDS, and spoke to Mr. Thompson. Explained that his daughter had sent us a letter. I answered all of his questions. When talking about the income guidelines I asked if he was single or married and he said he was married, but separated for 11 years. Double checked policy and this would be considered an "individual" budget. I let Mr. Thompson know this. I told him I would send our resource packet and Medicaid overview. Only program would be HCBS, if he met the level of care. Mr. Thompson said he would let his daughter know that I assisted him, as she works until 7:00 most nights. He has my number should he think of any questions.
	1/26/2007	Jenny	8-3965	prepared draft letter
	1/29/2007	Jenny	8-3965	To Mark.
	1/29/2007	Jenny	8-3965	To Alicia.

### CHECKLIST

Family Size	
Income/Resources	
<b>Other Resources:</b>	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	

### Programs:

ABD (32)	
Foster Children (31,60)	
General Hospital (14)	
HCBS (15)	
LIF (59)	
MBCCP (71)	
Nursing Home (10)	
OSS (85,86)	
PHC (88)	
Pregnant Women & Infants (12,87)	

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/24/07  
 MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: THOMPSON JAMES M ACTION TYPE: MAINTENANCE  
 HH NUMBER: 101091361 APL STATUS: ACTION DATE: 11/28/05  
 APPL EFFECTIVE DATE: 11/22/2005 WORKER: SUSAG SUZANNE GREENE  
 MAIL IN(Y/N): Y  
 APPLICANT'S COUNTY: 01 ABBEVILLE WORKER'S COUNTY: 01 ABBEVILLE  
 COURTESY APPLICATION(Y/N): N  
 MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH  
 172 MIDNITE LANE REASON FOR APPLICATION:

ABBEVILLE SC 29620-4015 ADULT WITH CHILDREN(Y/N): N  
 RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): N  
 172 MIDNITE LANE INFANTS UNDER AGE 1(Y/N): N  
 PREGNANT(Y/N): N  
 BLIND/DISABLED(Y/N): Y  
 AGED(Y/N): N

ABBEVILLE SC 29620- LIMITED DATA COLLECTION: 00 NONE  
 PHONE: H: 864-446-8012 W: - - FIRST SIGNATURE OBTAINED(Y/N): Y  
 UPDATED: USER ID: SUSAG DATE: 11/28/05 SYSTEM ID: SDX1000 DATE: 10/06/06  
 ME900049 HOUSEHOLD RECORD FOUND WITHDRAW APPLICATION(W/C/N): N

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES  
 PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

1/25: Spoke to Mr. Thompson & explained the income limit for ABD. He says he's separated for 11 years. I checked policy & he would still be considered an individual in the BG. I mentioned the HGBs to him, but that would require level of care, which he most likely won't meet. He says his daughter, who wrote the letter would be off until 7:00, but he said he would let her know I spoke w/him. He has my #, should they have additional ?'s.



AEDIEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/24/07  
MEDSPROD BENDEX INFORMATION

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

SSA SSN: 247-33-1577 SSA NAME: JAMES M THOMPSON  
SSN: 247-33-1577 NAME: JAMES M THOMPSON

RCP NUM: 6780535225 HH NUM: 101091361 COUNTY: 01 ELIGIBILITY STATUS: I

SSA INFORMATION  
PAYMENT INFORMATION

INDIVIDUAL DATA:

SSA SSN: 247-33-1577 PAYMENT STATUS CODE: CP GROSS AMOUNT PAYABLE (MBA): 1066.70

SSA NAME: JAMES M THOMPSON EFFECTIVE DATE: 12/06

SSCN: 247331577A NET MONTHLY BNFTS AMT (MBC): 1066.00

SSA DOB: 12/04/1960 INITIAL ENTITLEMENT DATE: 05/06

PROOF OF DOB: P CURRENT ENTITLEMENT DATE: 05/06

SEX: M MONTHLY BENEFITS PAYABLE: 1066.00

VALIDATED BOSSN: 247-33-1577 RETRO PAYMENT AMOUNT: 0.00

CATEGORY OF ASSISTANCE: J MONTHLY OP DEDUCTION AMT: 0.00

STATE AND COUNTY CODE: 42000 ENDING DATE FOR OP DEDUCTION:

ALTERNATE SSN: 247-33-1577 GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR:

PAYMENT CYCLING INDICATOR: 1

UPDATED: SYSTEM ID: IEV7012 DATE: 2007-01-13-23.15.54.349118

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

AEDIEV04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/24/07  
 MEDSPROD BENDEX HISTORY SUMMARY

\*\*\*\*\* CONFIDENTIAL - FOR INTERNAL USE ONLY \*\*\*\*\*

SSA SSN: 247-33-1577 SSA NAME: JAMES M THOMPSON  
 SSN: 247-33-1577 NAME: JAMES M THOMPSON  
 RCP NUM: 6780535225 HH NUM: 101091361 COUNTY: 01 ELIGIBILITY STATUS: I

SSCN	RR CLAIM NUMBER	PSC	GROSS AMT (MBA)	EFF DATE	NET MTHLY BNFT AMT (MBC)	SMT PREM PAYER
247331577A		CP	1032.70	11/24/2006	1032.00	
247331577A		ND	0.00	11/19/2006	0.00	
247331577A		ND	0.00	03/12/2006	0.00	
247331577A		ND	0.00	12/10/2005	0.00	
247331577A		ND	0.00	12/10/2005	0.00	
247331577A		ND	0.00	03/01/1995	0.00	

PAGE: 0001

UPDATED: SYSTEM ID: IEV7012 DATE: 2006-11-24-09.24.21.175325  
 ME905004 BENDEX MASTER RECORD FOUND  
 PF1->HELP PF5->RECIPIENT INFO PF7->PAGE UP PF8->PAGE DOWN PF10->PREV MENU  
 PF11->BENDEX AUDIT PF12->BENDEX ACTION PF14->SDX PF16->BENDEX INPUT

EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/24/07  
 MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 11/06/2006 END:

NAME: THOMPSON JAMES M HH NAME: THOMPSON JAMES M  
 NUMBER: 6780535225 HH NUMBER: 101091361 ACTION TYPE: MAINTENANCE  
 SSN: 247-33-1577 STATUS: ACTION DATE: 11/28/2005

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA  
 ADDRESS

DATE APPLIED FOR: 10/06/2006  
 END DATE:

PHONE: - - - PAGE: 0001

GROSS AMT	DTE	RECD	FREQUENCY
0.00			
1,066.00	01/03/2007		MONTHLY
1,066.00	01/01/2007		MONTHLY
1,032.00	11/03/2006		MONTHLY
1,032.00	11/01/2006		MONTHLY

UPDATED: USER ID: DATE: SYSTEM ID: SDX1000 DATE: 10/06/06  
 INCOME RECORD FOUND  
 PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT  
 PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

AEDELID01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/24/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 HH NAME: JAMES M THOMPSON DATES-FROM: 10 / 2006 THRU: / PAGE: 2 OF 3  
 BG NUMBER: 09388745 CATEGORY: ABD HH NUMBER: 101091361  
 BG: C BGP: C WKR: SUSAG SUZANNE GREENE ACTION TYPE: MAINTENANCE  
 ACTION DATE: 10/06/06  
 COUNTABLE BG MEMBERS: 1  
 COUNTABLE INCOME: 817.00 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): - ACT ON DECISION COMPLETE? (Y/N): Y  
 MEETS INCOME? (Y/N): - DECISION ACCEPTED DATE: 10/06/06  
 MEETS RESOURCES? (Y/N): - NEXT REVIEW DATE:   
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:   
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:

S99 You will continue to be eligible in another coverage group.  
 ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -  
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -  
 UPDATED: USER ID: DATE: SYSTEM ID: SDX1000 DATE: 10/06/06  
 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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/24/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 11 / 2006 THRU: /

PAGE: 2 OF 3

HH NAME: JAMES M THOMPSON

HH NUMBER: 101091361

BG NUMBER: 09388759

CATEGORY: SSI

ACTION TYPE: MAINTENANCE

BG: C BGP: C

WKR: CUWKR CENTRAL WORKER

ACTION DATE: 11/06/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME:

603.00

COUNTABLE RESOURCES:

0.00

INCOME LIMIT:

603.00

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): -

ACT ON DECISION COMPLETE?

(Y/N): Y

MEETS INCOME?

(Y/N): -

DECISION ACCEPTED DATE:

11/06/06

MEETS RESOURCES?

(Y/N): -

NEXT REVIEW DATE:

11/06/06

MEETS OTHER CONDITIONS? (Y/N): Y

ANTICIPATED CLOSURE DATE:

11/06/06

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

S93 Your Medicaid eligibility period has ended.

ELIGIBILITY DECISION APPEALED? (Y/N) -

CONTINUE BENEFITS?

(Y/N): -

APPEAL REQUEST DATE:

COUNTY DECISION UPHELD? (Y/N): -

UPDATED: USER ID:

DATE:

SYSTEM ID: ELD4000 DATE: 11/06/06

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

MESDSX01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/24/07  
 MEDSPROD SDX CLIENT INQUIRY INDIVIDUAL DATA

PAGE: 1 OF 6

SDX SSN: 247-33-1577 NAME: JAMES M THOMPSON  
 MEDS SSN: 247-33-1577 NAME: JAMES M THOMPSON  
 RCP NUM: 6780535225 HH NUM: 101091361

-----VITALS-----

AKA: PHONE: 864-446-8012 APPL: 05/20/05 SSI ELIG:  
 SEX: M RACE: U MRTL: 3 DOB: 12/04/1960 PSC: N01 ZEB: FED ELIG: N  
 DOD: DEATH SOURCE: 0 ESTMNT: 06/07/05 RDETRM: 09/2006  
 INST DETERM CD: RCP TYP: DI HHH IND: N RIC: I DENIAL CD: DATE:  
 -----MEDICAID-----  
 UNPD EXPN: N MEDICAID EFF: 11/01/06  
 MEC: R

-----SSI-----

MTHLY ASST: DIR DEP:  
 BANK ACCOUNT NUM:  
 BANK ROUTING NUM: 000000000000

-----BENEFIT DATA-----

MEDICARE SSCN : 247331577A

-----DISABILITY-----  
 PMT CD: F ROLLBCK: ONSET: 12/01/05

ENTITLEMENT: N RRB:

-----APPEALS AND MISC-----

-----ALIEN-----  
 IND: Q RES: COUNTRY:

FLAG: APP CODE: H DATE: 03/17/06  
 DEC CODE: DATE: ELIG CODE: 0 SPONSOR STATUS CODE:  
 TP INS IND: N QMB: SYSTEM ID: UPDATED: SDX1015 DATE: 12/02/06

ME908001 SDX RECORD FOUND

PF1-> HELP PF3-> NEXT SCR PF5-> RECIP PF10-> PREV MENU  
 PF11-> SDX TRANS PF12-> BENDEX PF14-> BUY PF21-> HIST- PF22-> HIST+

### 303.01.02 Individual vs. Couple Cases

(Eff. 10/01/05)

ABD income and resource limits differ for "individual" versus "couple" cases. It is important to determine which limits to apply. Generally, an individual case is one for a single individual or one who is separated from his spouse. Similarly, a case is considered a couple case if both spouses reside together, even if only one is applying. However, under special circumstances, there are exceptions. See below for guidelines.

#### Procedures for Determining "Individual" vs. "Couple" Cases:

##### Treat the applicant/beneficiary as an "Individual", if:

- The applicant/beneficiary has never married, is divorced, or is widowed.
- The applicant/beneficiary is separated from his spouse. This would apply to either type of separation:
  - Marriage breakup
  - Separation due to illness:
    - Spouse resides in a Nursing Facility or Residential Care Facility.
    - Spouse resides with a child who is providing care for him or both.
- The spouse is in the home but is an SSI recipient.
- The applicant/beneficiary is a minor child who is not married.

**Note:** A man and woman who are legally divorced from one another, but reside together are considered "individuals" in the ABD determination. Following the month of separation, an applicant/beneficiary is treated as an individual.

##### Treat the Applicant(s) as a "Couple" Case, if:

- The applicant(s) is a married couple (legal or common law) and are:
  - Residing together AND
  - Neither is a SSI recipient.

**Note:** If one applicant is applying for ABD and the other applicant receives Home and Community Based Services, they are still considered a couple for ABD purposes. However, only the Aged, Blind, or Disabled spouse receives Medicaid coverage under ABD.