

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>5/20/08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000433	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u><i>3/5/08</i></u>	<input type="checkbox"/> Necessary Action DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Clarend Jacobs</i> <i>attached.</i>		<input type="checkbox"/> FOIA DATE DUE _____	

	APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.				
2.				
3.				
4.				

THE COLUMBIA MEDICAL GROUP, P.A.

EDGAR G. DESCHAMPS III, M.D.
EDWARD W. HASELDEN, M.D.
ROSA M. JIMENEZ, M.D.
RUBEN L. MAYER, M.D.

LORA KIM MEADOWS, M.D.
STACIE K. MOORE-BOWENS, M.D.
BRADLEY W. WORD, M.D.
JAMES C. OWENS, M.D. (RET.)

February 12, 2008

RE: Charles and Audrey Betsill

To Whom It May Concern:

Mr. Betsill has been a patient of my Internal Medicine practice for a number of years. He has suffered from a variety of medical problems, including coronary artery disease, osteoarthritis, significant reflux, Parkinson's disease, and diabetes. His wife has been quite ill with psychiatric conditions. Both need community assisted long-term care. He also needs his Medicaid privileges reinstated. It would be wonderful if he kept all of his benefits. He has worked hard to try to take care of his wife and I think this is only fitting that he should be given the benefits available to him.

Please call me for further information.

Sincerely,


Bradley W. Word, M.D.

BWW/emh

C. Reedy Betsill, Sr. & Audrey D. Betsill
2348 NORTHVIEW HILLS - #3F
ORANGEBURG, SC 29118
PRAISE THE LORD

COLUMBIA SC 292
19 FEB 2008 PM 3 L



Department of Health & Human Services
Medical Eligibility and Proficiency Services
P.O. Box 8306
Columbia, S.C. 29202-8306
Department of Health & Human Services



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



TO <i>Jacobs</i>	DATE <i>5/20/08</i>
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DIRECTOR'S USE ONLY 1. LOG NUMBER <i>000433</i> 2. DATE SIGNED BY DIRECTOR <i>Rec'd log 0222 from 10/25/07</i>	ACTION REQUESTED <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3/5/08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
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APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1. <i>MW Scy</i>	<i>2/29/08</i>		
2.			
3.			
4.			

EMT

Closed
 Date Closed: [] [] [] [] [] []
 Patient ID: [] [] [] [] [] []

SSN: 248-30-5876
 MEDICARD ID: 0388503002
 First Name: [] [] []
 Last Name: Betsill
 Reedy
 (Consumer phone) [] [] [] [] [] []
 Consumer Phone Extension: [] [] [] [] [] []

Authorized Rep: [] [] [] [] [] []
 Rep Phone: [] [] [] [] [] []
 Relationship: [] [] [] [] [] []

Source: Bug Log
 Log No: 0433
 Que Date: 3/ 5/2008

HIPAA Authorization: Verbal
 Reason for Referral: Weighed Closure

Staff ID: [] [] [] [] [] []
 Staff First Name: Jennifer
 Staff Last Name: Lynch
 Point of Contact: Jennifer Hightower

Legislator/Other: Congressman Wilson & Sen. Demint

Entry Date: 11/15/2007
 Last Update: 2/20/2008
 Last Update User: LYNCHJEN

Constituent# 1157

Notes ID	Entry Date	Last Update	Notes
4279	2/27/2008	2/27/2008	Letters to Denise for proofing then to Mark. LYNCHJEN 2/27/2008 9:21:10 AM
4278	2/27/2008	2/27/2008	I called and notified Mr. Betsill of the decision, letting him know that he will receive notification shortly. He seemed to understand this information. LYNCHJEN 2/27/2008 9:20:44 AM
4276	2/27/2008	2/27/2008	>>> ANGIE GIBSON 2/26/2008 5:02 PM >>> Mr. Charles R. Betsill was evaluated for home and community based waiver assistance on 2/11/08. His level of care appeared questionable therefore we sent our physician's form to his medical doctor per policy. His level of care was pending the return of this form with a chart review also required by myself (Lead Team Nurse) and the area administrator to determine the participant's level of care. The physician's form was received on 2/19/08 and



*'' Bootleg ''
Carolyn is aware*

SOUTH CAROLINA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Orangeburg Medicaid Office
P.O. Box 1407
Orangeburg, SC 29116

Ms. Davis, Phone: 803-515-1797 and Fax: 803-515-1855

Mrs. Charlotte B. Nelson
117 Sea Pines Drive
St. Helena, SC 29920

AR

December 31, 2007

*Spoke w/ Carolyn's
Husband*

Re: Application for Community Based Services

Dear: Mrs. Charlotte B. Nelson:

YOUR APPLICATION FOR MEDICAID FILED ON BEHALF OF MR. C. REEDY BETSILL NOVEMBER 1, 2007 HAS BEEN DENIED, however, we have determined that he meets the financial criteria for the Community Based Waivered Services Program. Community Long Term Care must determine that he meets the level of care and begin the services before his case can be approved.

If he begins the services by FEBRUARY 13, 2008, you will not be required to reapply. If the services do not begin by this date it is your responsibility to contact the Medicaid office at 803-515-1797 to reapply.

If you have any questions regarding this notice please contact me.

Sincerely,

Ms. Davis
Ms. Davis

CC: CLTC

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fokner
Director

FAX COVER SHEET
"CONFIDENTIAL INFORMATION ENCLOSED"

DATE: February 20, 2008

TO: Jennifer Lynch

Telephone #: _____

Fax #: 803-255-8350

FROM: Jacqueline Davis

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

COMMENTS:

Re: Charles Reedy Still

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.

Medicaid Eligibility - Orangeburg County
Post Office Box 1407
Orangeburg, SC 29116-1407

Fax # 803-515-1785 and Telephone # 803-531-3101

From: ANGIE GIBSON
To: Jennifer Lynch; Jistine Sanders; Maria Patton
Date: 2/26/2008 5:02 PM
Subject: Re: C. Reedy Betsill-Orangeburg County

CC: Barbara Busby

Mr. Charles R. Betsill was evaluated for home and community based waiver assistance on 2/11/08. His level of care appeared questionable therefore we sent our physician's form to his medical doctor per policy. His level of care was pending the return of this form with a chart review also required by myself (Lead Team Nurse) and the area administrator to determine the participant's level of care. The physician's form was received on 2/19/08 and the case was reviewed by myself (Lead Team Nurse) on 2/20/08 as I was out of the office on the 19th for training in Columbia. The case was forwarded to Mrs. Carter (Area Administrator) for review per policy, but Mrs. Carter was not in the office due to training until 2/22/08 where she reviewed the case and agreed/approved a medically ineligible level of care. The participant's level of care was determined to be medically ineligible effective 2/22/08. The assigned nurse (Barbara Busby) will send notification to the participant and all other appropriate parties regarding this level of care decision. Should you have any additional questions please feel free to call me at (803) 536-0122.

Angie Gibson RN
Lead Team Nurse Consultant
Orangeburg CLTC

>>> Maria Patton 2/26/2008 4:20 PM >>>
By copy of this email, I am asking our Orangeburg office to check on this and let us know, thanks

>>> Jennifer Lynch 2/26/2008 4:18 PM >>>
Hi Maria. We received a referral from this patient's doctor. We've had multiple inquiries on his behalf in the past. He was closed out of the waiver due to no longer meeting level of care. Now, he's reapplied and his application was denied because the process went over the 90 days. If his LOC isn't established prior to 3/13/08, he will have to reapply again. I need to prepare a written response. What is the status of his level of care? Thanks so much!!

Jennifer Lynch
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjten@scdhs.gov

From: Patricia Reeves
To: Carolyn Roach; Jennifer Lynch
Date: 2/26/2008 5:00 PM
Subject: Fwd: Re: C. Reedy Betsill

CC: Joyce Hamilton; Patricia Reeves

If a waiver slot or nursing home bed becomes available within 45 days of the date on the denial notice, the same application may be used to determine eligibility. Since we failed to send an official denial notice to Mr. Betsill at the time his case was denied in the MEDS system and the case manager mailed a manual notice this morning, the actual 45th day is **4/10/08**, which is 45 days from today.

Two errors were made: the case was denied too soon, and no official denial notice was sent. If the policy had been correctly administered in both areas, then 3/13/08 would have been the 45th day.

FYI: I spoke with CLTC last week. They conducted the assessment for his Level of Care determination on 2/11/08. That determination is pending.

>>> Carolyn Roach 2/26/2008 4:14 PM >>>
Patricia: can you answer this question?

>>> Jennifer Lynch 2/26/2008 4:07 PM >>>
Thanks Carolyn. So the 3/13/08 date would be the 45th day?

Jennifer Lynch
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhs.gov

>>> Carolyn Roach 2/26/2008 4:00 PM >>>
Jennifer: This means, if the client gets a slot within 45 days another application is not needed. After 45 days, it is needed.

>>> Patricia Reeves 2/26/2008 3:28 PM >>>
A denial notice was not sent at the time of the denial, but the case manager has since sent one. The case manager has discontinued use of the "bootleg" form.

>>> Carolyn Roach 2/25/2008 9:27 AM >>>
Patricia: I am not sure if I understand your response. Please clarify, was a denial letter sent to the client? The "bootleg" form can not serve as a denial notice. Thanks.

Carolyn B. Roach, Director
Division of Medicaid Policy and Planning
Post Office Box 8206
1801 Main Street/J327
Columbia, SC 29202
roachca@scdhs.gov
Phone # 803-898-3967
Fax # 803-255-8350

>>> Patricia Reeves 2/22/2008 10:38 AM >>>
The case worker and I discussed this case this morning. If Mr. Reedy enters the waiver program before **3/13/08**, then a new application will not be necessary. The February date was incorrect.

>>> Jennifer Lynch 2/21/2008 10:48 AM >>>
Thanks Patricia. Carolyn Roach is looking into this because she's also thinking that a new application isn't necessary. Thanks for offering to contact the client, but I think we should wait until we determine where to go at this point. She's emailed Joyce about this particular case to get more details. Thanks so much!!

Jennifer Lynch

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

>>> Patricia Reeves 2/21/2008 10:28 AM >>>
I received your message about C. Reedy Betsill. A new application may not be necessary, but I have some questions about this case for the case manager who is out of the office today. She will return tomorrow and I will confer with her at that time. I would be glad to call the applicant or family member today if you could forward the name and telephone number of the person who made the inquiry.

Patricia Reeves
Human Services Coordinator I
LEP - Orangeburg
Post Office Box 1407
Orangeburg, SC 29116-1407
Phone (803) 515-1784
Fax (803) 515-1785 or 1786

From: Carolyn Roach
To: Joyce Hamilton
Date: 2/21/2008 10:30 AM
Subject: Reedy C Betsill

CC: Carolyn Roach; Cindy Carron; Jennifer Lynch
Reedy C Betsill - # 248-30-5876

Joyce: Jennifer Lynch (Constituent Services Supervisor) is trying to respond to a log letter and we need your help. The client sent us a copy of a bootleg form (I will give a copy to Cindy) that says the application was denied. MEDS indicates a reason code of "004", which means no notice was sent to the client. The client is writing because he does not know whether he needs to reapply. A bootleg form can not serve as a denial notice; therefore, I am not sure what the worker (Jackie Davis) was trying to do. It does not appear that she is following the policy as outlined in the MPPM. Can you help us be able to respond to the log letter? Thanks.

Carolyn B. Roach, Director
Division of Medicaid Policy and Planning
Post Office Box 8206
1801 Main Street/J327
Columbia, SC 29202
roachca@scdlhs.gov
Phone # 803-898-3967
Fax # 803-255-8350

Draft



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Mr. C. Reedy Betsill
2348 Northview Hills Drive
Apartment 3F
Orangeburg, South Carolina 29118

Dear Mr. Betsill:

Dr. Bradley Word contacted our office on your behalf in regards to Medicaid eligibility and your healthcare needs.

Your application for Medicaid's Home and Community Based waiver program was denied in error on December 31, 2007 because a level of care assessment had not been made. Since this denial, a level of care assessment has been made and, unfortunately, you do not meet the medical criteria at this time. You have met the financial portion of the application process; however, in order to receive services, you must also meet the medical level of care. You should receive notification regarding this denial shortly. Please contact your eligibility worker, Jacqueline Davis, at (803) 515-1797 if you have any questions about this decision.

You continue to receive Medicare coverage to help meet your healthcare needs, including participation in Medicare's Part D *Extra Help* low-income prescription drug program. This program covers the cost of your drug care premium, deductibles and leaves only a small co-pay per prescription.

We apologize for any confusion this process may have caused. If you have additional questions about the Medicaid program, please contact Jennifer Lynch at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

Alicia Jacobs
Interim Deputy Director

AJ/col

C: Ms. Charlotte B. Nelson, 117 Sea Pines Drive, St. Helena, SC 29920

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
4279	2/27/2008	2/27/2008	LYNCHJEN	Letters to Denise for proofing then to Mark III LYNCHJEN
4278	2/27/2008	2/27/2008	LYNCHJEN	I called and notified Mr. Betsill of the decision, letting him
4276	2/27/2008	2/27/2008	LYNCHJEN	>>> ANGLE GIBSON 2/26/2008 5:02 PM >>> Mr. Charl
4275	2/27/2008	2/27/2008	LYNCHJEN	>>> Patricia Reevank 2/26/2008 5:00 PM >>> Mr. a wriive

EDM

Case Notes ID

Notes

I called and notified Mr. Betsill of the decision, letting him know that he will receive notification shortly. He seemed to understand this information.
 LYNCHJEN 2/27/2008 9:20:44 AM

Constituent Data

Constituent ID:

SSN:

MEDICAID:

First Name:

Middle Initial:

Last Name:

Legislator / Other:

Staff Data

Staff ID:

Spell Check

Grammar Check

Print this Form

Entry Date:

Last Update:

Last Update User:

Record: 2/22

Navigation icons: Home, Back, Forward, Print, Refresh



State of South Carolina
Department of Health and Human Services

Log 0433

Mark Sanford
Governor

Emma Forkner
Director

February 28, 2008

Mr. C. Reedy Betsill
2348 Northview Hills Drive
Apartment 3F
Orangeburg, South Carolina 29118

Dear Mr. Betsill:

Dr. Bradley Word contacted our office on your behalf in regards to Medicaid eligibility and your healthcare needs.

Your application for Medicaid's Home and Community Based Services waiver program was denied on December 31, 2007 because a level of care assessment had not been made. Since this denial, a level of care assessment has been made and, unfortunately, you do not meet the medical criteria at this time. You should receive notification regarding this denial shortly. Please contact your eligibility worker, Jacqueline Davis, at (803) 515-1797 if you have any questions about this decision.

Fortunately, you continue to receive Medicare coverage to help meet your healthcare needs, including participation in Medicare's Part D *Extra Help* low-income prescription drug program. This program covers the cost of your drug care premium, deductibles and leaves only a small co-pay per prescription.

We apologize for any confusion this process may have caused you. If you have additional questions about the Medicaid program, please contact Jennifer Lynch at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/col

C: Ms. Charlotte B. Nelson, 117 Sea Pines Drive, St. Helena, SC 29920



Log 64333

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 28, 2008

The Columbia Medical Group, P.A.
Dr. Bradley W. Word, M.D.
4540 Trenchholm Road
Columbia, SC 29206

Dear Dr. Word:

Thank you for writing our agency in regards to your concerns over Charles and Audrey Betsill and their healthcare needs.

A member of our staff has been in direct contact with Mr. Betsill to answer his questions about Medicaid eligibility and the rules and regulations governing the program. We also responded in writing and provided him with a contact person to call should he have further questions regarding Medicaid eligibility.

Thank you for your concern and for all you do to improve the health and quality of life for many of our state's citizens.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/col

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



Aug 1983

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 28, 2008

Mr. C. Reedy Betsill
2348 Northview Hills Drive
Apartment 3F
Orangeburg, South Carolina 29118

Dear Mr. Betsill:

Dr. Bradley Word contacted our office on your behalf in regards to Medicaid eligibility and your healthcare needs.

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We apologize for any confusion this process may have caused you. If you have additional questions about the Medicaid program, please contact Jennifer Lynch at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Interim Deputy Director

AJ/col

C: Ms. Charlotte B. Nelson, 117 Sea Pines Drive, St. Helena, SC 29920