

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

**ACTION REFERRAL**

<b>TO</b> <i>Ries</i>	<b>DATE</b> <i>4-19-07</i>
--------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000670</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 5/14/07</i> <i>attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-30-07</i> DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

JOHN M. "JAKE" KNOTTS, JR.  
SENATORIAL DISTRICT NO. 23  
LEXINGTON COUNTY



SENATE ADDRESS:  
POST OFFICE BOX 142  
303 GRESSETTE SENATE OFFICE BUILDING  
COLUMBIA, SOUTH CAROLINA 29202  
PHONE: (803) 212-6350  
FAX: (803) 212-6356  
E-MAIL: JMK@SCSENATE.ORG

April 13, 2007

*Log-Ries.  
"Approved Sign"*

SC Department of Health & Human Services  
Attention: Bryan G. Kost  
PO Box 8206  
1801 Main Street  
Columbia, SC 29202-8206

Re: Linda Jacobs

Dear Mr. Kost,

I have enclosed a letter sent to me requesting assistance from Linda Jacobs. Please review the enclosed letter and provide her with any possible help she can receive in her current situation. I would also like for you to follow up with my office so that they can relay to me if she can be assisted; however, please contact her directly also.

I thank you in advance for your efforts to assist Mrs. Jacobs and her family. In kind regards, I am

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Knotts, Jr.", written over a faint, larger version of the same signature.

Senator John M. "Jake" Knotts, Jr.  
Senate District 23  
Lexington County

Enclosure

cc: Linda Jacobs

JMK/lmc

March 01, 2005

The Honorable John M. "Jack" Kemmerly  
80 State Senate Legislative  
P.O. Box 142  
Colville, WA 99202-0142

Dear Mr. Kemmerly,

My name is Linda Jacobs. I am 64 years old. (I will be 65 on May 19<sup>th</sup>) I have a hereditary kidney disease. It is ~~all~~ Polycystic disease. It is a type of nephritis. I am presently on a strict kidney transplant list. I need some dental work done and cannot afford it. My husband and I both get Social Security only. I cannot get insurance because of kidney failure. We are a lot of medical bills and can't pay them.

I am now 65 years old and on dialysis because of the same kidney disease. He is presently on an artificial transplant list because he also needs to have some dental work done. He is on dialysis and only gets Social Security.

I have called several places to try to get help. No one will help us. We tried the National Kidney Foundation. The list of hope and the round-up

found with mild Carotena Electria.

I hope I can be able to get a transplant before I do, I would be his caregiver and then if and when I might get a transplant, Dennis would be my caregiver. We both drive. We would have to go to the medical University Hospital in Charleston, SC.

My husband is 68 years old and his health isn't good either. He is diabetic, has statins in his heart, he has only one eye, walks with a cane, has high blood pressure, and high cholesterol. He doesn't drive much.

Dennis has lost 55% of his hearing and wears hearing aids. Recently one hearing aid stopped working completely. It had to be sent back to the company that made it. The cost was \$170.00.

I've had to have a lot of tests done to clean me health-wise for the transplant. I've a bundle for these tests. We're getting letters from self-care agencies. Sales had to have surgery for a fistula which is used when on a fistula which

We need \$3,000.00 each for  
rejection mediations and various  
other things after the Transplant.  
If you have any suggestions  
or solutions for our situation,  
we would greatly appreciate them.  
Thank you kindly.

Sincerely,  
Sandra Vasquez  
114 Poble Road  
West Columbia, SC  
29170



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

May 4, 2007

Mr. Dennis Jacobs  
114 Poole Road  
West Columbia, South Carolina 29170

Dear Mr. Jacobs:

Your mother, Ms. Linda Jacobs, wrote Senator "Jake" Knotts regarding your family's medical needs.

Ms. Jacob's letter to Senator Knotts indicates that you are in need of a kidney transplant. Our records show that you have coverage through Medicare. Medicare has a program that may be able to provide you additional coverage related to your eventual kidney transplant and related prescription expenses. In a separate mailing, we provided your family with a Medicare booklet regarding kidney dialysis and kidney transplant services along with a listing of dialysis facilities in your area that may be helpful.

Since you have Medicaid coverage, you may be eligible to receive certain pre-authorized dental services. Your dentist should be able to assist you in determining if Medicaid will cover the dental work you require. You may also contact the Medicaid Dental Program at (803) 898-2568 for questions about covered services.

Enclosed is a listing of dental clinics in South Carolina that accept Medicaid along with materials on organizations that provide assistance to individuals who lack the financial resources needed to obtain medications and other health care services. You may also want to contact the American Kidney Fund to inquire about their financial assistance programs. They can be reached at 800-583-2236. We hope this information proves helpful in meeting your healthcare needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Ries".

Gary Ries  
Deputy Director

GR/jod  
Enclosures

6790 ✓



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

Mark Sanford  
Governor

Robert M. Kerr  
Director

May 4, 2007

Mrs. Linda Jacobs  
114 Poole Road  
West Columbia, South Carolina 29170

Dear Mrs. Jacobs:

Senator "Jake" Knotts contacted our agency to respond to your questions and concerns about your family's medical needs. We tried to contact you by phone but were unable to reach you. Please call Ms. Jennifer Dabbs at (803) 898-3965, as she will be happy to assist you.

You and your husband's combined monthly income currently exceed the allowable limit to qualify for full coverage Medicaid. However, you both receive limited coverage through Medicaid's Specified Low Income Medicare Beneficiary program that pays your monthly Medicare Part B premium.

Your letter to Senator Knotts indicates that you and your son, Mr. Dennis Jacobs, are in need of kidney transplants. Our records show that your family has coverage through Medicare. Medicare has a program that may be able to provide you additional coverage related to your eventual kidney transplant and related prescription expenses. In a separate mailing, we provided you with a Medicare booklet regarding kidney dialysis and kidney transplant services along with a listing of dialysis facilities in your area that may be helpful.

To be of further assistance, we wrote your son a letter providing him with this information, as well as, information on dental services that may be of assistance. You may also want to contact the American Kidney Fund to inquire about their financial assistance programs. They can be reached at 800-583-2236. We hope this information proves helpful in meeting your family's healthcare needs.

Sincerely,

  
Gary Ries  
Deputy Director

GR/jod



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

Mark Sanford  
Governor

Robert M. Kerr  
Director

May 4, 2007

The Honorable John M. "Jake" Knotts, Jr.  
Member, South Carolina Senate  
Post Office Box 8206  
Columbia, South Carolina 29202

Dear Senator Knotts:

Thank you for referring Ms. Linda Jacobs to our agency regarding her family's medical needs.

We were unable to reach Ms. Jacobs by phone, but mailed her information on Medicare and Medicaid coverage for individuals who have permanent kidney failure. We also provided her with contact information for the American Kidney Fund. Kidney patients can apply for financial assistance in dialysis and transplant facilities.

In addition, we mailed Ms. Jacobs materials on organizations that provide assistance to individuals who lack the financial resources needed to obtain medications and other health care services. Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Ries".

Gary Ries  
Deputy Director

GR/jod



State of South Carolina  
Department of Real Estate and Human Services

Mark Sanford  
Governor

Robert M. Karr  
Director

FAX COVER SHEET

“CONFIDENTIAL INFORMATION ENCLOSED”

DATE: 5/16/07

TO: Ms. Craig

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

FROM: Bryan West

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

COMMENTS:

As requested - Thanks!

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.

Director's Office

P. O. Box 8206 Columbia South Carolina 29202-8206  
803-898-2504 Fax 803-255-8235



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

Mrs. Linda Jacobs  
114 Poole Road  
West Columbia, South Carolina 29170

*If this is the son,  
we can't tell her  
this - she hasn't  
mentioned Medicaid  
eligibility letter so  
we can't tell her  
where info on an  
admt. We need to send  
him a separate letter*

↓

contacted our agency to respond to your questions and concerns about your  
We tried to contact you by phone but were unable to reach you. Please call  
303) 898-3965, as she will be happy to assist you.

combined monthly income currently exceed the allowable limit to qualify for  
However, you both receive limited coverage through Medicaid's Specified  
Beneficiary program that pays your monthly Medicare Part B premium.

Records indicates that you and your son, Mr. Dennis Jacobs, are in need of  
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prescription expenses. In a separate mailing, we provided you with a  
rding kidney dialysis and kidney transplant services along with a listing of  
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Since Mr. Dennis Jacobs has Medicaid coverage, he may be eligible to receive certain pre-authorized dental services. His dentist should be able to assist him in determining if Medicaid will cover the dental work he requires. He may also contact the Medicaid Dental Program at (803) 898-2568 for questions about covered services.

Enclosed is a listing of dental clinics in South Carolina that accept Medicaid along with materials on organizations that provide assistance to individuals who lack the financial resources needed to obtain medications and other health care services. You may also want to contact the American Kidney Fund to inquire about their financial assistance programs. They can be reached at 800-583-2236. We hope this information proves helpful in meeting your family's healthcare needs.

Sincerely,

Gary Ries  
Deputy Director

GR/jod  
Enclosures

<b>LEGISLATIVE LOG #</b>	0670
<b>LEGISLATOR/INQUIRER</b>	Senator John "Jake" Knotss, Jr.
<b>CONSTITUENT</b>	Linda Jacobs
<b>SSN</b>	
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	4/19/2007
<b>DATE DRAFT DUE GR</b>	4/27/2007
<b>LOG LETTER DUE DATE</b>	4/30/2007
<b>DATE REFERRED TO BC</b>	4/20/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Mother and son in need of kidney transplant. High cost medications and kidney dialysis. Husband has medical issue too.	4/20/2007	Jan	8-2502	To Jacobs
	4/23/2007	Jenny	8-3965	I will handle. Tried calling the number listed in MEDS. Do not get an answering machine.
	4/25/2007	Jenny	8-3965	Tried calling in AM and PM, do not get an answer.
	4/26/2007	Jenny	8-3965	To Mark.
	4/26/2007	Jenny	8-3965	To Alicia
	4/27/2007	Jennifer	8-3936	To Jan
	5/1/2007	Jan	8-2502	Reviewed - to Gary
	5/2/2007	Jan	8-2502	Back to AJ - Gary's concern: If this is the son, we can't tell her this - she has not mentioned Medicaid elig. in her letter so we are telling her new info on an adult. We need to send him a separate letter???
	5/2/2007	Jenny	8-3965	Back to Mark

**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)	

AEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: JACOBS JIMMY A

ACTION TYPE: MAINTENANCE

HH NUMBER: 100749179 APL STATUS:

ACTION DATE: 09/27/06

APPL EFFECTIVE DATE: 09/21/2006

WORKER: CJUMP CRYSTAL H JUMPER

MAIL IN(Y/N): Y

APPLICANT'S COUNTY: 32 LEXINGTON

WORKER'S COUNTY: 32 LEXINGTON

COURTESY APPLICATION(Y/N): N  
MAILING ADDRESS:  
114 POOLE RD

PRIMARY LANGUAGE: E ENGLISH

114 POOLE RD

REASON FOR APPLICATION:

ADULT WITH CHILDREN(Y/N): N

CHILDREN 1 AND OVER(Y/N): N

INFANTS UNDER AGE 1(Y/N): N

WEST COLUMBIA SC 29170-  
RESIDENCE ADDRESS:

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: 803-359-7529 W:

WITHDRAW APPLICATION(W/C/N): N

UPDATED: USER ID: CJUMP

DATE: 09/27/06 SYSTEM ID: HMS5000 DATE: 09/27/06

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+

*Mr. + Mrs. Jacobs both get Medicare + SLMR.  
They are over the income for ABD.*

ADDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
 MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: JACOBS JIMMY A ACTION TYPE: MAINTENANCE  
 HH NUMBER: 100749179 APL STATUS: \_\_\_\_\_ ACTION DATE: 09/27/06

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	REVIEW	STATUS
						NEXT	LAST	BG
	28891442	SLMB2	CJUMP	32	001	05/22/2007	05/22/2006	ACTIVE
	83292494	SLMB2	LSHEA	40	444	11/20/2004	11/28/2004	CLOSED
	03292493	SLMB2	LSHEA	40	444	07/31/2004	08/05/2004	CLOSED
	19375945	ABD	CJUMP	32	001	09/27/2007		DENIED
	18733300	SLMB2	JALFO	40	001	12/01/2005		DENIED

UPDATED: USER ID: CJUMP DATE: 09/27/06 SYSTEM ID: HMS5000 DATE: 09/27/06  
 ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1 ->HELP PF3 ->HH MEMBERS PF5 ->BG DETERMINATION  
 PF6 ->RETURN PF7 ->PREV PF8 ->NEXT PF10 ->PREV MENU PF17 ->ELDD00

AEDELDD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 09 / 2006 THRU: \_\_\_ / \_\_\_ PAGE: 2 OF 3

HH NAME: JIMMY A JACOBS HH NUMBER: 100749179

BG NUMBER: 19375945 CATEGORY: ABD ACTION TYPE: MAINTENANC

BG: D BGP: D WKR: CJUMP CRYSTAL JUMPER ACTION DATE: 09/27/06

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 1368.00 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 1100.00 RESOURCE LIMIT: 6000.00

POV-LVL: +1.24 % 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): N DECISION ACCEPTED DATE: 09/27/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 09/27/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_\_\_\_\_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) -

APPEAL REQUEST DATE: \_\_\_\_\_ COUNTY DECISION UPHELD? (Y/N) -

UPDATED: USER ID: CJUMP DATE: 09/27/06 SYSTEM ID: ELD3000 DATE: 09/27/06

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

EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/25/07  
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: JACOBS JIMMY A HH NAME: JACOBS JIMMY A  
RCP NUMBER: 8329249401 HH NUMBER: 100749179 ACTION TYPE: MAINTENANCE  
SSN: 248-58-4959 APL STATUS: ACTION DATE: 09/27/2006  
MCN: 248584959A VALIDATED BY: BUY IN ON: 03/31/2007

PART A - BEGINNING DATE: 12/01/1994 ENDING DATE: \_\_\_\_\_ BY: MMA

PART B - BEGINNING DATE: 12/01/1994 ENDING DATE: \_\_\_\_\_ BY: MMA

PART C - BEGINNING DATE: 03/01/2007 ENDING DATE: \_\_\_\_\_ BY: MMA

PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: \_\_\_\_\_ BY: MMA

LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2007 BY: MMA  
SUBSIDY

UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM ID: TTR1004 DATE: 04/02/07  
ME900063 RECIPIENT RECORD FOUND

PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP  
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

AEDIEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/25/0  
MED3PROD BENDEX INFORMATION

\*\*\*\*\* CONFIDENTIAL - FOR INTERNAL USE ONLY \*\*\*\*\* ROW: 1 OF 1  
SSA SSN: 248-58-4959 SSA NAME: JIMMY A JACOBS

RCP NUM: 8329249401 HH NUM: 100749179 COUNTY: 32 ELIGIBILITY STATUS: E  
SSA INFORMATION

INDIVIDUAL DATA:

SSA SSN: 248-58-4959 PAYMENT STATUS CODE: CP GROSS AMOUNT PAYABLE (MBA): 848.50

SSA NAME: JIMMY A JACOBS EFFECTIVE DATE: 12/03

SSCN: 248584959A NET MONTHLY BNFTS AMT (MBC): 848.00

SSA DOB: 11/21/1938 INITIAL ENTITLEMENT DATE: 12/92

PROOF OF DOB: P CURRENT ENTITLEMENT DATE: 12/92

SEX: M MONTHLY BENEFITS PAYABLE: 848.00

VALIDATED BOSSN: - - RETRO PAYMENT AMOUNT: 0.00

CATEGORY OF ASSISTANCE: N MONTHLY OP DEDUCTION AMT: 0.00

STATE AND COUNTY CODE: 42390 ENDING DATE FOR OP DEDUCTION:

ALTERNATE SSN: 248-58-4959 GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR: C

PAYMENT CYCLING INDICATOR: 1

UPDATED: SYSTEM ID: IEV7012 DATE: 2003-11-28-11.33.53.622335

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

AEDIEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/25/0

MED3PROD BENDEX INFORMATION

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

SSA SSN: 247-70-1584 SSA NAME: LINDA S JACOBS

SN: 247-70-1584 NAME: LINDA S JACOBS

RCP NUM: 0329249301 HH NUM: 100749179 COUNTY: 32 ELIGIBILITY STATUS: E

SSA INFORMATION PAYMENT INFORMATION

INDIVIDUAL DATA: PAYMENT STATUS CODE: CP 478.20

SSA SSN: 247-70-1584 GROSS AMOUNT PAYABLE (MBA): 478.20

SSA NAME: LINDA S JACOBS EFFECTIVE DATE: 12/03

SSCN: 247701584A NET MONTHLY BNFTS AMT (MBC): 478.00

SSA DOB: 05/19/1942 INITIAL ENTITLEMENT DATE: 03/93

PROOF OF DOB: P CURRENT ENTITLEMENT DATE: 03/93

SEX: F MONTHLY BENEFITS PAYABLE: 478.00

VALIDATED BOSSN: - - RETRO PAYMENT AMOUNT: 0.00

CATEGORY OF ASSISTANCE: N MONTHLY OP DEDUCTION AMT: 0.00

STATE AND COUNTY CODE: 42390 ENDING DATE FOR OP DEDUCTION:

ALTERNATE SSN: 247-70-1584 GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR: C

PAYMENT CYCLING INDICATOR: 1

UPDATED: SYSTEM ID: IEV7012 DATE: 2003-11-28-11.37.48.677946

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

AEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/25/07  
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: JACOBS LINDA S HH NAME: JACOBS JIMMY A  
RCP NUMBER: 0329249301 HH NUMBER: 100749179 ACTION TYPE: MAINTENANCE  
SSN: 247-70-1584 APL STATUS: ACTION DATE: 09/27/2006  
MCN: 247701584A VALIDATED BY: BUY IN ON: 03/31/2007

PART A - BEGINNING DATE: 03/01/1995 ENDING DATE: \_\_\_\_\_ BY: MMA

PART B - BEGINNING DATE: 03/01/1995 ENDING DATE: \_\_\_\_\_ BY: MMA

PART C - BEGINNING DATE: 03/01/2007 ENDING DATE: \_\_\_\_\_ BY: MMA

PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: \_\_\_\_\_ BY: MMA

LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2007 BY: MMA  
SUBSIDY

UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM ID: TTR1004 DATE: 04/05/07  
ME900063 RECIPIENT RECORD FOUND

PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP  
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

MEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/25/07  
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: JACOBS DENNIS A ACTION TYPE: MAINTENANCE  
HH NUMBER: 101009732 APL STATUS: ACTION DATE: 05/24/05  
APPL EFFECTIVE DATE: 05/23/2005 WORKER: TLEWI TOYA LEWIS  
MAIL IN(Y/N) : N WORKER'S COUNTY: 40 RICHLAND  
APPLICANT'S COUNTY: 32 LEXINGTON  
COURTESY APPLICATION(Y/N) : N  
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH  
114 POOLE ROAD REASON FOR APPLICATION:

WEST COLUMBIA SC 29170-3607 ADULT WITH CHILDREN(Y/N) : N  
RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N) : N  
114 POOLE ROAD INFANTS UNDER AGE 1(Y/N) : N  
PREGNANT(Y/N) : N  
BLIND/DISABLED(Y/N) : Y  
AGED(Y/N) : N

WEST COLUMBIA SC 29170- LIMITED DATA COLLECTION: 00 NONE  
PHONE: H: 803-359-7529 W: - - FIRST SIGNATURE OBTAINED(Y/N) : Y  
WITHDRAW APPLICATION(W/C/N) : N  
UPDATED: USER ID: TLEWI DATE: 05/24/05 SYSTEM ID: HMS5000 DATE: 05/24/05  
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+

*The son gets full coverage Medicare/Medicaid.*

AEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/25/07  
MED3PROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 02 / 2007 THRU: / / PAGE: 3 OF 3

HH NAME: DENNIS A JACOBS HH NUMBER: 101009732  
BG NUMBER: 78827423 CATEGORY: ABD ACTION TYPE: MAINTENANC

BG: A BGP: A WKR: CJUMP CRYSTAL JUMPER ACTION DATE: 02/17/97  
RCP NAME: DENNIS A JACOBS RCP NUMBER: 5780372410

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N QMB: Y PROT PER DATE:  
ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---		--MEDICAID+QMB DATES--		SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
05/01/2005	06/01/2005	06/01/2005				

UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 02/17/07  
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

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

AEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/25/07  
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: JACOBS DENNIS A HH NAME: JACOBS DENNIS A  
RCP NUMBER: 5780372410 HH NUMBER: 101009732 ACTION TYPE: MAINTENANCE  
SSN: 247-08-9904 APL STATUS: ACTION DATE: 05/24/2005  
MCN: 247089904A VALIDATED BY: BUY IN ON: 03/31/2007

PART A - BEGINNING DATE: 01/01/2005 ENDING DATE: \_\_\_\_\_ BY: MMA

PART B - BEGINNING DATE: 01/01/2005 ENDING DATE: \_\_\_\_\_ BY: MMA

PART C - BEGINNING DATE: 01/01/2006 ENDING DATE: \_\_\_\_\_ BY: MMA

PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: \_\_\_\_\_ BY: MMA

LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2007 BY: MMA  
SUBSIDY

UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM ID: TTR1004 DATE: 04/04/07  
ME900063 RECIPIENT RECORD FOUND

PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP  
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

**Patient Aid Programs**

The following direct financial assistance programs are offered by the American Kidney Fund to needy dialysis and kidney transplant patients nationwide. For further information about these and other programs please call the Patient Services Department toll-free at 1-800-638-8299 or contact the social worker at your dialysis center.

**Individual Grants Program**

The Individual Grants Program provides financial assistance to qualified dialysis patients who are referred by their physicians and social workers. Grants are provided for treatment-specific expenses such as transportation, over-the-counter medicines, medication co-payments, kidney donor expenses and other necessities such as dentures.

**Pharmacy Grant Program**

The Pharmacy Grant Program enables qualified renal patients to receive urgently needed medications, nutritional products, and durable medical supplies. The Kidney Fund has contracted with ECHO Pharmacy®, a mail order pharmacy, to provide medications and supplies at discount prices, thereby increasing the purchasing power of patients' grants.

**Disaster Relief Program**

Disaster Relief Program helps ESRD patients get back on their feet when catastrophic events strike their communities. This program provides funds to assist patients replace medications, food and household items and pay for other necessities lost because of natural disasters such as flooding, hurricanes, etc.

**Sherer Travel-Related Dialysis Program**

The Sherer Travel-Related Dialysis Program assists eligible dialysis patients to afford treatment while traveling. Patients or facilities may be reimbursed for the 20% of treatment costs not covered by Medicare or any other source for emergency transient dialysis. Grants are limited to travel necessitated by death or serious illness in the family or for the purpose of kidney transplant workup only. The Sherer Program is funded through a bequest from the Estate of Vera L. Sherer.

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