

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

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>8/4/04</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000137</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8/11/04</i>
2. DATE SIGNED BY DIRECTOR <i>Cleaved on 8/28/04, 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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

THOMAS L. MOORE
SENATOR, AIKEN, EDGEFIELD,
MCCORMICK, AND SALUDA
COUNTIES
SENATORIAL DISTRICT NO. 25

HOME ADDRESS:
BOX 400
CLEARWATER, SC 29822
PHONE: (803) 593-4007
HOME: (803) 593-5756



COMMITTEES:
MEDICAL AFFAIRS
ETHICS
JUDICIARY
LABOR, COMMERCE AND INDUSTRY
FISH, GAME AND FORESTRY
RULES

STATE HOUSE ADDRESS:
SUITE 513
GRESSETTE SENATE OFFICE BLDG.
P. O. BOX 142
COLUMBIA, SC 29202
PHONE: 803-212-6156

August 3, 2006

Robert M. Kerr, Director
S.C. Department of Health and
Human Services
Post Office Box 8206
Columbia, S.C. 20202-8206

Dear Robbie:

I have recently been contacted by Mr. Eldred Mitchell in regard to his family's need to find affordable health insurance. Mr. Mitchell is 64 years old and receives a Social Security check near \$1250. His wife is 49 years old and is displaced from her former employment, and they have a 7-year-old child that receives a Social Security check near \$830. They currently have health insurance that continues to rise in costs such that they are not able to afford it.

Inasmuch as they are very concerned about keeping health insurance for their 7 year-old, I would appreciate any assistance you might can give on Medicaid programs for which they may qualify.

Anything at all that you can do that will be helpful to the Mitchells will be greatly appreciated.

Very truly yours,


Thomas L. Moore

TLM:awp

RECEIVED

AUG 04 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

cc: Mr. Eldred Mitchell, 470 Ascauga Lake Road, Graniteville,
S.C. 29829

Mitchell-8-csvdoi



State of South Carolina
Department of Health and Human Services

137



Mark Sanford
Governor

Robert M. Kerr
Director

August 28, 2006

Mr. Eldred Mitchell
470 Ascauga Lake Road
Graniteville, South Carolina 29829

Dear Mr. Mitchell:

Senator Thomas L. Moore asked our agency to respond to your questions about Medicaid eligibility and your family's healthcare needs.

Unfortunately, your total monthly income exceeds the allowable limit of \$2,075 to qualify for Medicaid's Partners for Healthy Children program.

If your family needs inpatient hospital care please contact the Medically Indigent Assistance Program (MIAP). This program pays hospital care for individuals who lack resources to pay for their care and whose income is below 200% of the federal poverty level. For more information on the MIAP in Aiken County, call Mr. David Watts at 803-642-2071.

Another healthcare option is a Community Health Center (CHC). These centers treat residents in their service area regardless of income or insurance status. Their charges for medical services will be based on your income. Your nearest CHC is Margaret J. Weston Community Health Center at 803-593-9283.

We hope this information is helpful.

Sincerely,


Gary Ries
Deputy Director

GR/oh

cc: Mr. David Watts, Aiken County MIAP



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 25, 2006

The Honorable Thomas L. Moore
Member, SC House of Representatives
P.O. Box 400
Clearwater, South Carolina 29822

Dear Senator Moore:

This is in response to your request for assistance for Mr. Eldred Michell in obtaining health care coverage for his family. You inquired specifically about coverage for a child.

The income limit for children's eligibility in the South Carolina Medicaid program is 150% of poverty. For a family of three, the limit is \$2,075 per month or \$24,900 per year. Some disregards can be allowed. The disregards are \$100 per month for each working parent and actual childcare cost up to a maximum of \$200 per month for children up to age 12 if the parents are working.

We reviewed the Michell's application and found that the original determination is correct.

We have sent Mr. Michell information about other health care programs that provide assistance to individuals who lack resources or insurance coverage to pay for their prescription medicines and other medical needs. We hope some of this information may provide some assistance to this family.

Please let me know if I can provide you with additional information or be of assistance in some other way.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. Kerr".

Robert M. Kerr
Director

RMK:lm

Robby -

This looks ok to me. They exceed the income limit by \$500/month or \$6000 per year.

As this patient is working and there is not disregard for that & no child care - \$100000 even if \$ disregards could be provided, they would still exceed the income limit.

I re-drafted the letter to ^{given}

Sen More. See if you like this one better.

Dear Senator Moore:

This is in response to your request for assistance for Mr. Eldred Michell in obtaining health care coverage for his family. You inquired specifically about coverage for a child.

~~The South Carolina Medicaid program for children is called Partners for Health Children.~~
Children in the South Carolina Medicaid program
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Please let me know if I can provide you with additional information or be of assistance in some other way.

Sinc RK

A handwritten signature in black ink, appearing to be 'Sinc RK', written over a horizontal line.

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/10/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

HH NAME: ELDRED A MITCHELL DATES-FROM: 02 / 2006 THRU: ___ / ___ PAGE: 2 OF 3
 BG NUMBER: 49124655 WKR: GBRON GLORIA BRONSON ACTION TYPE: MAINTENANCE
 ACTION DATE: 03/02/06

BG: D BGP: D WKR: GBRON CATEGORY: PHC
 COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME: 2575.00 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 2075.00 RESOURCE LIMIT: 0.00
 POV-LVL: +1.86 % 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: 03/02/06
 MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 03/03/07
 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: GBRON DATE: 03/02/06 SYSTEM ID: ELD3000 DATE: 03/02/06
 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

4EDHMS11 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/11/06
MEDSPROD EARNED INCOME DETAIL ACTION:

PERIOD START: 02/07/2006 END:

NAME: MITCHELL ELDRED A HH NAME: MITCHELL ELDRED A
RCP NUMBER: 2780565927 HH NUMBER: 101106195 ACTION TYPE: MAINTENANCE
SSN: 256-66-4567 STATUS: ACTION DATE: 02/13/2006

EMPLOYER: NAPIER FUNERAL HOME END DATE:
ADDRESS: SELF-EMPLOYED (Y/N): N

PHONE:	-	-	-	-	PAGE: 0001
GROSS WAGES	DATE	PAID	FREQUENCY	YEAR TO DATE	
300.00	01/30/2006		BI-MONTHLY		

UPDATED: USER ID: GBRON DATE: 02/13/2006 SYSTEM ID DATE

PF1->HELP PF2->ADD PF3->NEXT SCR PF4->REFH PF5->ESCO1 PF6->RETURN
PF10->PREV MENU PF13->FIELD HELP PF21->HIST-

EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/11/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

NAME: MITCHELL ELDRD A PERIOD START: 02/07/2006 END:

NUMBER: 2780565927 HH NAME: MITCHELL ELDRD A
SSN: 256-66-4567 HH NUMBER: 101106195 ACTION TYPE: MAINTENANCE
STATUS: ACTION DATE: 02/13/2006

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: _____
END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
1,253.00	04/03/2006	MONTHLY
1,253.00	02/03/2006	MONTHLY

UPDATED: USER ID: GBRON DATE: 03/02/2006 SYSTEM ID: DATE:
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

LEGISLATIVE LOG #	0137
LEGISLATOR/INQUIRER	Senator Thomas L. Moore
CONSTITUENT	Elred Mitchel
SSN	
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	8/4/2006
DATE DRAFT DUE GR	8/10/2006
LOG LETTER DUE DATE	8/11/2006
DATE REFERRED TO BC	8/4/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	8/4/2006	Jan	8-2502	Jacobs box
	8/4/2006	Jill	8-3936	To Mark for dissemination
	8/8/2006	Denise	8-2505	Valerie is handling
	8/9/2006	Valerie	8-3103	Checked MEDS. Household income is over the limit.
	8/10/2006	Mark		Prepared draft, gave to Equ for review.
	8/11/2006	Valerie		approved and sent to Valerie for fax # change
	8/11/2006	Denise	8-2505	To Alola
				To 11 today.

CHECKLIST

Family Size

Income/Resources

Other Resources:

Communicare

FQHCs

Free Medical Clinics

Medicare

MIAP

Prescription Drug Programs

Social Security

Together Rx

Programs:

ABD	(32)	<input type="text"/>
Foster Children	(31,60)	<input type="text"/>
General Hospital	(14)	<input type="text"/>
HCBWS	(15)	<input type="text"/>
LIF	(59)	<input type="text"/>
MBCCP	(71)	<input type="text"/>
Nursing Home	(10)	<input type="text"/>
OSS	(85,86)	<input type="text"/>
PHC	(88)	<input type="text"/>
Pregnant Women & Infants	(12,87)	<input type="text"/>
QMB	(90)	<input type="text"/>
SILVERxCARD	(92)	<input type="text"/>
SLMB	(48,52)	<input type="text"/>
SSI	(80)	<input type="text"/>
TEFRA	(57)	<input type="text"/>
Transitional	(11)	<input type="text"/>
Working Disabled	(40)	<input type="text"/>