

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>7-17-07</i>
----------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000032	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>* Prepare for Alicia Jacobs</i> <i>Cleared for [Signature], letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-26-07</i> <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.			



The House of Representatives

STATE OF SOUTH CAROLINA
STATE HOUSE
P. O. BOX 11867
Columbia 29211

Log: Jacobs
purpose - AS's dir
thru.

TED MARTIN VICK
AGRICULTURE, NATURAL RESOURCES
AND ENVIRONMENTAL AFFAIRS
COMMITTEE
CHESTERFIELD COUNTY DELEGATION,
CHAIRMAN

MINORITY WHIP
333-A BLATT BUILDING
COLUMBIA, SC 29211
TEL. (803) 734-2999
(943) 623-5001

July 9, 2007

Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

RECEIVED
JUL 17 2007

RE: Sue Morrison - 616 Tower Avenue, Hartsville, SC

Department of Health & Human Services
OFFICE OF THE DIRECTOR

To Whom It May Concern:

I am writing in hopes that you might be able to help Ms. Sue Morrison of 616 Tower Avenue, Hartsville, SC and her family. Ms. Morrison is in great need of Nursing Home Care and is being denied this service.

She is on an Insulin Sliding Scale, has short-term memory loss, can't bathe herself, dress herself, and has no control of her bladder; to name a few. Ms. Morrison is in the hospital now, due to a fall that occurred July 4th. This is not the first fall; she has fallen many times and injured herself within the past year or so and had to be hospitalized.

As you will see in her records, I believe Ms. Morrison has proven from her doctors that she should be in Nursing Home Care. Therefore, I am asking you to look into this matter and help speed this process up so that she may be able to begin receiving the treatments and care in which she deserves.

If you need any additional information that could help Ms. Morrison, please let me know. Thank you for your immediate attention in this matter. I look forward to hearing from you.

Sincerely,

Representative Ted M. Vick
S.C. House District 53



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

August 9, 2007

Ms. Sue Morrison
616 Tower Avenue
Hartsville, South Carolina 29550

Dear Ms. Morrison:

Representative Ted Vick asked our agency to assist with your questions and concerns regarding your Medicaid benefits. Due to the privacy regulations of the Health Insurance Portability and Accountability Act, if you would like for us to share more information with Representative Vick than we are currently able to provide, please complete and return the enclosed *Authorization to Disclose Health Information* form.

Your Medicaid coverage through our Nursing Home program ended on August 1, 2007 because you no longer meet the required level of care for eligibility under this program. Your eligibly worker, Ms. Lisa Adams, has been in contact with you regarding your application and has answered your questions regarding eligibility requirements and your appeal rights. You have recently reapplied for our Nursing Home program and your application is currently pending a decision. Medicaid continues to pay your Medicare Part B monthly premium of \$93.50.

Enclosed is information on resources that can assist senior citizens in South Carolina. If you have additional questions regarding your Medicaid application, please contact Ms. Adams at (843) 393-9925, Ext. 04, and she will be happy to assist you. We hope this information proves helpful.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/cod
Enclosures

32 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

August 9, 2007

The Honorable Ted M. Vick
South Carolina House of Representatives
200 W. Main Street
Chesterfield, South Carolina 29709

Dear Representative Vick:

Thank you for writing our agency on behalf of Ms. Sue Morrison regarding her need for Medicaid's Nursing Home coverage.

A member of our staff has been in direct contact with Ms. Morrison, and we were pleased to address her questions and concerns regarding the application process for the Nursing Home program. We also provided Ms. Morrison with contact information on organizations that can assist senior citizens in South Carolina.

As you are aware, the Health Insurance Portability and Accountability Act confidentiality requirements preclude us from discussing medical information without the client's written consent. We mailed Ms. Morrison an *Authorization to Disclose Health Information* form if she would like us to disclose 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 on this or any other matter, please let me know.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/cod

EDIT

Constituent ID

Closed?

Date Closed

SSN

MEDICAID ID

First Name MI Last Name

Constituent Phone(s)

Constituent Phone Extension

Authorized Rep

Rep Phone

Relationship

Legislator/Other

Entry Date

Last Update

Last Update User

Source

Log No. Due Date

HIPAA Authorization

Reason for Referral

Staff ID Staff First Name Staff Last Name

Point of Contact



Print this form

Constituent Notes

Apply

Cancel

Close

Constituent# 780				
Notes ID	Entry Date	Last Update	Notes	
644	8/7/2007	8/7/2007	Checked MEDS and coverage was granted under SLMB, which picks up where it left off. Updated letter and gave to Mark. LYNCHJEN 8/7/2007 9:30:54 AM	
638	8/6/2007	8/6/2007	Email this aft. from Lisa Adams(EW): Hi Jennifer, I just returned to work today and received your e-mail. I can go ahead and put Ms Morrison in MEDS for SLMBS until we can get a decision on her current nursing home application. (Lisa's # in Darlington - Wilson Senior Care - 843.393/9925 ext 04.) EPPSDEN 8/6/2007 1:46:18 PM	
606	8/2/2007	8/2/2007	Email to eligibility worker:	

From: Lisa Adams
To: LYNCHJEN@scdhhs.gov
Date: 8/7/2007 8:51 AM
Subject: Re: Fwd: Re: Sue Morrison HH# 100246759

CC: ZAYAS@scdhhs.gov

Hello Jennifer,
This case has been completed. SLMB eligibility is effective 8-1-07.
Have a great day.

Lisa Adams
Dept. of Health and Human Services
Wilson Senior Care
Darlington, SC
843.393/9925 ext 04

>>> Jennifer Dabbs 08/07/07 8:22 AM >>>
Thank you. I did get a response email from Lisa saying she could go ahead and put her on SLMB. I checked this morning and it's not in MEDS.

Lisa, will you please let me know when this is in MEDS so I can edit the letter and send it back up?

Thanks so much for everyone's 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
lynchjen@scdhhs.gov

>>> Norleane Zayas 8/3/2007 9:13 AM >>>

Ms. Dabbs,

Good morning. I am sorry for the delay, received your email via Susan Carter. I am the supervisor of Lisa Adams, sponsor worker, who is currently out of the office on sick leave. Her return date will not be known until Monday, August 6th, therefore a definitive answer to your question as to why Ms. Morrison was not exparted to SLMB by Ms. Adams cannot be obtained at this time. However, I have refered this issue to Ms. Wheeeling-Goodson, Program Assistant (SSI-Related), (843) 332-2289 ext 1, to be the point of contact and to take the necessary action needed to resolve this matter in the absence of Ms. Adams.

Thank you

Norleane C. Zayas
Medicaid Eligibility Supervisor
Darlington and Lee Counties
SC Dept of Health and Human Services
404 S. Fourth St., Suite 300
Hartsville, SC 29550
Office: 843-332-2289 Ext. 382
Cell: 843-992-0107
Fax: 843-339-3029
E-mail: zayas@scdhhs.gov

nise Epps - Fwd: Re: Sue Morrison HH# 100246759

Denise Epps
Jennifer Dabbs
8/6/2007 4:56 PM
Fwd: Re: Sue Morrison HH# 100246759

I have not heard back from Lisa if she can do this today or not and MEDS still does not indicate she has been exparted to SLMB; however, I revised both letters & removed the SLMB enclosures. Since Lisa has not been able to do this, I didn't give the folder to Mark. I put the folder in your top file cabinet drawer?

>>> Denise Epps 8/6/2007 2:04 PM >>>
Lisa, that would be great -- can you do this today?
Thanks,
Denise

>>> Lisa Adams 8/6/2007 11:44 AM >>>
Hi Jennifer,
I just returned to work today and received your e-mail. I can go ahead and put Ms Morrison in MEDS for SLMBS until we can get a decision on her current nursing home application.

Lisa Adams
Dept. of Health and Human Services
Wilson Senior Care
Darlington, SC
843.393/9925 ext 04
>>> Jennifer Dabbs 08/02/07 12:28 PM >>>
Lisa,
Thanks for all of your information on this case. I called you today and I understand you won't be in until tomorrow. I sent my response letter to be signed by Alicia and she had question about the SLMB coverage. I mentioned in my response letter that we would mail her a SLMB application. When she lost her Medicaid coverage. Could you take a look at this case and let me know if you're able to exparte her to the SLMB category. Could you take a look at this case and let me know if you're able to exparte her to SLMB. I will be out on Friday and Monday, so would you please be sure to include Denise Epps when you respond so that she can handle in my absence? Thanks again for all of your help on this.

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy and Human Services
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
vnchien@scdhhs.gov

>>> Lisa Adams 7/20/2007 9:50 AM >>>
Hello Jennifer,
Sue Morrison is a resident at Oakhaven Nursing Center in Darlington. She was first admitted to Morrell Nursing Center back in September 2006 under Medicare. This is when she was admitted to Oakhaven in home. She ended up back in the hospital again. This is when she was admitted to Oakhaven in November 2006. Once again there was a problem with her meeting Level of Care. The family appealed the decision from Community Long Term Care. She was admitted back to the hospital again. She was admitted back to the decision of the appeal, family took her home since they said they were not able to pay private pay. After about 10 days, Ms Morrison was back in the hospital again. She was admitted back to

From: Denise Epps
To: Jennifer Dabbs
Date: 8/6/2007 4:56 PM
Subject: Fwd: Re: Sue Morrison HH# 100246759

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>>> Denise Epps 8/6/2007 2:04 PM >>>
Lisa, that would be great -- can you do this today?

Thanks,
Denise

>>> Lisa Adams 8/6/2007 11:44 AM >>>
Hi Jennifer,
I just returned to work today and received your e-mail. I can go ahead and put Ms Morrison in MEDS for SLMBs until we can get a decision on her current nursing home application.

Lisa Adams
Dept. of Health and Human Services
Wilson Senior Care
Darlington, SC
843.393/9925 ext 04
>>> Jennifer Dabbs 08/02/07 12:28 PM >>>
Lisa,

Thanks for all of your information on this case. I called you today and I understand you won't be in until tomorrow. I sent my response letter to be signed by Alicia and she had question about the SLMB coverage. I mentioned in my response letter that we would mail her a SLMB application. When she lost her Medicaid coverage her QMB coverage ended as well. Alicia mentioned that we could exparte her to the SLMB category. Could you take a look at this case and let me know if you're able to exparte her to SLMB. I will be out on Friday and Monday, so would you please be sure to include Denise Epps when you respond so that she can handle in my absence? Thanks again for all of your help on this.

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@scdhs.gov

>>> Lisa Adams 7/20/2007 9:50 AM >>>
Hello Jennifer,
Sue Morrison is a resident at Oakhaven Nursing Center in Darlington. She was first admitted to Morrell Nursing Center back in September 2006 under Medicare. She failed to meet Level of Care so she went home. She ended up back in the hospital again. This is when she was admitted to Oakhaven in November 2006. Once again there was a problem with her meeting Level of Care. The family appealed the decision from Community Long Term Care.
During the time of the appeal, family took her home since they said they were not able to pay private pay. After about 10 days, Ms Morrison was back in the hospital again. She was admitted back to

Oakhaven under Medicare on July 10, 2007. When she converts to Medicaid this time, she will have to have another Level of Care assessment. I hope this information is what you need.

Lisa Adams
Dept. of Health and Human Services
Wilson Senior Care
Darlington, SC
843.393/9925 ext 04

>>> Jennifer Dabbs 07/19/07 4:22 PM >>>
Good afternoon,

Representative Vick has written our agency regarding Ms. Morrison's recent closure. Could you provide me with the reason for closure and any background information you think may be helpful? I appreciate your assistance. Thanks!

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

EDIT

Constituent ID

Closed?

Date Closed

Source

Log No.

Due Date



Print this Form

Constituent Notes

SSN

MEDICAID ID

First Name MI Last Name

Sue Morrison

Constituent Phone(s)

Constituent Phone Extension

Authorized Rep

Rep Phone

Relationship

*Denise,
I've asked them
to reply to you as
well since I will
be out.
Thanks.
Everything else can
sit tight!*

Status

Staff Last Name

Entry Date

Last Update

Last Update User

Constituent# 780				
	Notes ID	Entry Date	Last Update	Notes
▶	606	8/2/2007	8/2/2007	<p>Email to eligibility worker:</p> <p>Lisa,</p> <p>Thanks for all of your information on this case. I called you today and I understand you won't be in until tomorrow. I sent my response letter to be signed by Alicia and she had question about the SLMB coverage. I mentioned in my response letter that we would mail her a SLMB application. When she lost her Medicaid coverage her QMB coverage ended as well. Alicia mentioned that we could expedite her to the SLMB category. Could you take a look at this case and let me know if you're able to expedite her to SLMB. I will be out on Friday and Monday, so would you please be sure to include Denise Eggs when you respond so that she can handle in my absence? Thanks again for all of your help on this.</p> <p>LYNCHJEN 8/2/2007 12:34:34 PM</p>

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/06/07
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: MORRISON SUE ACTION TYPE: MAINTENANCE
HH NUMBER: 100246759 APL STATUS: ACTION DATE: 08/06/07

PAGE: 0001

S	NUMBER	CATEGORY	WORKER	CNTY	LOC	SPNSR	REVIEW	REVIEW	STATUS
	39724469	MAONH	LISAA	16	004	1603	02/02/2008		PENDING
	99197142	MAONH	LISAA	16	004		05/16/2007	02/02/2007	CLOSED
	18442612	GAPS	DMILL	47	055		05/01/2001	06/29/2003	CLOSED
	47127946	SLMB	AWHEE	16	001		01/01/2005		CLOSED
	18442609	SLMBRX	AWHEE	16	001				CLOSED

UPDATED: USER ID: LISAA DATE: 08/06/07 SYSTEM ID: HMS5000 DATE: 08/06/07
ME904675 HOUSEHOLD BUDGET GROUPS FOUND
PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

MEDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/06/07
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: MORRISON SUE ACTION TYPE: MAINTENANCE
HH NUMBER: 100246759 APL STATUS: ACTION DATE: 08/06/07

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:
NAME: LORI P MORRISON

ADDRESS: RELATIONSHIP:
1229 NEW MARKET ROAD

LEGAL RELATIONSHIP:
HARTSVILLE SC 29550- COMMITTEE/CONSERVATOR
HOME PHONE: 843-332-1267 GUARDIAN
WORK PHONE: - - X POWER OF ATTORNEY
E-MAIL: _____

UPDATED: USER ID: LISAA DATE: 08/06/07 SYSTEM ID: HMS5000 DATE: 08/06/07
ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/06/07.
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 10 / 2006 THRU: ___ / ___ PAGE: 2 OF 3

HH NAME: SUE MORRISON HH NUMBER: 100246759

BGN: 99197142 PCAT: MAONH SPN: _____ ACT TYPE: MAINTENANCE

BG: C BGP: C WKR: LISAA LISA ADAMS ACT DATE: 07/03/07

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 932.00 COUNTABLE RESOURCES: 1976.62

INCOME LIMIT: 1869.00 RESOURCE LIMIT: 2000.00

POV-LVL: +1.14 % HLTH INS PREM: 130.65

RECURRING INC: 771.35 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: 07/03/07

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 02/02/08

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

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

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: LISAA DATE: 07/03/07 SYSTEM ID: ELD3000 DATE: 07/03/07

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

MEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/06/07
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: MORRISON SUE HH NAME: MORRISON SUE
RCP NUMBER: 4712794601 HH NUMBER: 100246759 ACTION TYPE: MAINTENANCE
SSN: 246-46-7774 APL STATUS: ACTION DATE: 08/06/2007
MCN: 250281976D VALIDATED BY: BUY IN ON: 08/05/2007

PART A - BEGINNING DATE: 12/01/1997 ENDING DATE: _____ BY: MMA

PART B - BEGINNING DATE: 12/01/1997 ENDING DATE: _____ BY: MMA

PART C - BEGINNING DATE: 02/01/2006 ENDING DATE: _____ BY: MMA

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

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

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: TTR1004 DATE: 08/06/07
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-

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/09/07
 MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 08/07/07 END: PAGE: 0001

NAME: MORRISON SUE HH NAME: MORRISON SUE

RCP NUMBER: 4712794601 HH NUMBER: 100246759 ACTION TYPE: MAINTENANCE

SSN: 246-46-7774 VC: V APL STATUS: APL CO: 16 ACTION DATE: 08/07/07

PRIMARY INDIVIDUAL: WORKER ID: LISAA LOCATION: 004

1229 NEW MARKET ROAD SSCN: 250281976D RRN:

RACE: 01 SEX: F MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

DOB: 12/12/1932 DOD:

HARTSVILLE SC 29550- LIV ARRANGEMENT: NFCL INCOME TRUST:

PROVIDER: OAKHAVEN NURSING CENTER

BENEFITS QMB RETRO % OF POV

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	LEVEL	SPONSOR
19725972	08/01/2007		52	10	LIMITED	N	N	1.09	1603
99197142	01/01/2007	08/01/2007	10	10	FULL	Y	N	1.14	
99197142	12/01/2006	01/01/2007	10	10	FULL	N	N	1.14	
18442612	04/01/2003	12/01/2006	92	50	LIMITED	N		.00	
18442609	01/01/2003	04/01/2003	42	50	LIMITED	N		.00	

UPDATED: USER ID: LISAA DATE: 02/02/07 SYSTEM ID: BUY1000 DATE: 08/08/07

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV

PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS