

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries'</i>	DATE <i>10-4-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000291	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-11-06</i>
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/19/06, [Signature]</i> <i>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.			

FAX COVER SHEET

Ros-Brie
"Kelly's Sign"



RECEIVED

OCT 04 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

S.C. SENATE
SENATE FINANCE COMMITTEE
FAX # (803) 212-6690

DATE: October 4, 2006

TO: Bryan Kost

FROM: Brenda Hart

FAX NUMBER: 255-8235

PAGES: 1 of 5 (Including this page)

MESSAGE: Here's the information I e-mailed you about.

IF YOU DO NOT RECEIVE ALL OF THE SHEETS INDICATED,
PLEASE CONTACT SENATE FINANCE COMMITTEE AT (803) 212-6640

Senator Hugh Leatherman
P.O. Box 142
Columbia, SC 29202

John T. Rushing
2821 W. Woodbine Ave.
Florence, SC 29501

Dear Senator Leatherman,

Our son Brett has been seeing therapists at McLeod since he was around 2 for speech first followed by occupational and physical therapy. The OT and PT continue to this day. The ladies at McLeod have been concerned about Brett's flat feet and lack of muscle tone for some time. We tried to get TEFRA coverage in the past but were turned down because there was not a specific diagnosis for Brett's condition. Recently, we visited Dr. Mark Locke in Columbia who is an orthopedic doctor specializing in children's feet. Dr. Locke diagnosed Brett with extreme pronated flat feet and is showing arthritis in one foot already. Surgery was an option but not recommended at this time because we're dealing more with a mobility issue and not a pain issue. Dr. Locke expects that will change over time due to the fact that the arch of Brett's feet will continue to collapse.

We have re-applied for TEFRA coverage and were hoping you could help in this area. Brett is a bright, happy child who is an "A" student. My wife Donna is a teacher at Calvary Baptist Church and I work in the engineering department at Sonoco Products. I have insurance, but it will not cover all that Brett will need such as orthotics for his shoes, or additional visits with the PT/OT therapists. Currently he goes to therapy twice a month, but his therapists at McLeod believe there could be improvement if he could come more often.

Brett needs any help you could give Senator Leatherman.

Sincerely,



John T. Rushing
Hm. (843) 669-1233
Wk. (843) 383-7165

Ps. Please see enclosed information.

McLeod Health

The Choice for Medical Excellence.

To whom it may concern,

Brett Rushing is a 10 year old who has been seen in physical, occupational and occasional speech therapy for up to 6 years at McLeod Regional. He currently comes twice a month for physical and occupational therapy. Although he is consistent with attending therapy sessions he is not showing significant improvements with muscle strength. He needs more therapy but is unable to receive more due to finances. Brett is working on strengthening, co-ordination and muscle endurance. His low tone and decreased muscle strength directly affects his balance and motor abilities. His low tone all attributes to his decreased ability to motor plan.

Currently he ambulates with a shuffle gait pattern with decreased hip and knee flexion and severe pronation bilaterally. This repeated combination is responsible for orthopedic changes in his feet and arthritis in his right foot. He has pain with prolonged standing, long walks and play. As a child he was never able to "keep up" with kids his age and therefore has never been able to participate in sports. He has a difficult time participating in physical education classes at school as well. He also has difficulty with everyday life needs such as standing from the floor, going up and down steps, tying his shoes, buttoning his pants, holding a pencil for sustained writing and sitting upright in a chair for prolonged periods of time. He has not been diagnosed and therefore is one of these kids who will struggle now with why can't I keep up and later with what is wrong with me, why am I different and why can't anyone help me. It is very important that Brett understand that his limitations are not his fault.

Brett is a kid that has "fallen through the cracks" of our system. He does not qualify for any type of help. He needs financial assistance due to limited insurance coverage. Therapy is now limited to every other week because parents pay a large portion of the bill which has become a financial burden. He is one of my most severe but motivated children; however, he is not able to receive the amount of therapy he needs. He has as many needs as a child diagnosed with cerebral palsy or adults placed on disability. I am afraid that if we don't offer some assistance to this family that Brett's life will continue to be a hardship. He has as many dreams (he would love to play baseball) as any other child but he, without help, will never see any of his dreams come true. It is only fair that this child be given every opportunity to develop and grow to reach his full potential. Please help open doors for Brett and improve the quality of his life. Help him reach is dreams and goals. Help him understand that people do care and give people, such as myself, the opportunity to work with Brett as much as possible. I will do whatever it takes to make a difference in his life. Thank you for your time and your consideration. Know that Brett and his family thank you and need your help and support.

Sincerely,


Shannon W. Vont, PT
Joyce Blackwell, OTR

555 East Cheves Street • P.O. Box 100551 • Florence, SC 29501-0551 • Phone (843) 777-2000

McLeod Regional Medical Center • Saint Eugene Medical Center • Wilson Medical Center
McLeod Physician Associates • McLeod Children's Hospital • McLeod Home Health
McLeod Ambulatory Surgery Center • McLeod Health & Fitness Centers • McLeod Foundation

South Carolina Department of Health and Human Services
APPLICATION FOR TEFRA MEDICAID COVERAGE

Date Received by DHHS: _____

1. Name of Child (the Applicant) applying for Medicaid:

Last Name: RUSHING	First Name: BRETT	Middle Initial: L	Telephone: 843-669-1233
Birth Date: 12-7-95	SSN: 251-97-6425	Sex: M	Race: W

2. Applicant's Address:

Street Address: 2821 W. WOODBINE AVE.	City: FLORENCE	State: SC	Zip Code: 29501
Mailing Address, if different: N/A	City:	State:	Zip Code:

3. Parent(s) or Guardian(s) of the Applicant:

Last Name:	First Name:	Middle Initial:	Relationship to the Applicant:
RUSHING	DONNA	S	MOTHER
RUSHING	JOHN	T	FATHER

4. (a) Does the Applicant have income from any source listed below? (Check Yes or No)

Income Source	Yes	No	Income Source	Yes	No	Income Source	Yes	No
Social Security		<input checked="" type="checkbox"/>	Money from Friends or Relatives		<input checked="" type="checkbox"/>	Other (Identify Source)		<input checked="" type="checkbox"/>
Veteran's Benefits		<input checked="" type="checkbox"/>	Interest, Dividends		<input checked="" type="checkbox"/>			
Child Support		<input checked="" type="checkbox"/>	Income from a Trust		<input checked="" type="checkbox"/>			

(b) If the Applicant receives income from any of the sources listed in Section 4(a), complete the following:

Name of Person with Income Source	Income Source (as listed in 4(a))	Amount	How Often Received

5. (a) Does the Applicant have any of the following assets/resources? (Check Yes or No)

Item	Yes	No	Item	Yes	No	Item	Yes	No
Cash on Hand		<input checked="" type="checkbox"/>	Private Burial Contract		<input checked="" type="checkbox"/>	Trust Account		<input checked="" type="checkbox"/>
U.S. Savings Bonds		<input checked="" type="checkbox"/>	Trust Fund		<input checked="" type="checkbox"/>	Annuity		<input checked="" type="checkbox"/>
Stocks and Bonds		<input checked="" type="checkbox"/>	Checking or Savings Account		<input checked="" type="checkbox"/>	Life Insurance		<input checked="" type="checkbox"/>
Certificate of Deposit		<input checked="" type="checkbox"/>	Other		<input checked="" type="checkbox"/>			

(b) Fill in the following information for any item checked "yes" in Section 5(a).

Item (as listed in 5(a))	Amount/Value	Owned By	Name and Address of Bank or Location of Account

6. Is there any asset/resource available to the Applicant that we have not asked about? Yes No
 If yes, please explain: _____

7. Does the Applicant have health insurance? Yes No If yes, please complete the following:

Insurance Company or Employer	Policy Number	Policyholder's Name	Policyholder's SSN
RLBS - SONOCO	SOA0380597285345	JOHN T. RUSHING (FATHER)	249-33-6292

8. Did the Applicant receive medical services in the last three months? Yes No If yes, which months?
BRETT RECEIVES TREATMENT EVERY MONTH.

9. Was the Applicant's income and resources the same in the last three months as now? Yes No
 If no, explain how they were different: _____

10. Does the Applicant for whom you are applying have a plastic South Carolina Partners for Health (Medicaid) card? Yes No

Children under the age of 21 who are eligible for Medicaid may have free health checkups under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Ask your primary care physician about these services.

All Medicaid beneficiaries may be eligible for help with medical transportation. Ask your Medicaid eligibility worker about transportation services.

11. I have read my Rights and Responsibilities on the next page. Yes No

Signature of Applicant, Parent or Legal Guardian:

John T. Rushing

Date: 8/12/06



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 19, 2006

Mr. John T. Rushing
2821 W. Woodbine Avenue
Florence, SC 29501

Dear Mr. Rushing:

Senator Hugh Leatherman asked our agency to assist with your concerns about the Medicaid application and healthcare needs of your son, Brett C. Rushing.

You applied for the Tax Equity and Fiscal Responsibility Act (TEFRA) program for Brett on August 25, 2006. We are currently reviewing Brett's application to determine his eligibility. We will process his application as quickly as possible, and notify you once a decision has been reached. In the meantime, we have enclosed information on several programs that may help with your family's healthcare and prescription needs while you are awaiting your son's eligibility determination.

TEFRA is a program that covers some children without counting their parents' income. This program is for children who are disabled and need institutional care. The program was designed to help parents who want to care for their child at home, even though the child needs continuous care in an institution such as a nursing home or intermediate care facility for the mentally retarded. There are many children with serious health conditions who do not need to be institutionalized. These children do not qualify under the TEFRA program.

South Carolina is fortunate to have an organization devoted to helping parents with children experiencing chronic illnesses, disabilities and developmental delays. Family Connection of South Carolina provides a support network for families like yours. You may contact Family Connection at 1-800-578-8750.

I hope this information is helpful while you await the decision of your son's TEFRA application. Please contact Jennifer Dabbs at (803) 898-3965 if you have additional questions.

Sincerely,

Gary Ries
Deputy Director

GR/jod
Enclosures

2911 ✓

South Carolina Department of Health and Human Services

ATTN: Parent Considering Applying for TEFRA

This letter is to provide you with information about the TEFRA (Katie Beckett) program in Medicaid. We hope the following information will do three things:

1. Help you determine whether you should apply for TEFRA coverage for your child.
2. Help you understand the lengthy process that is involved in determining whether a child is eligible for TEFRA coverage.
3. Provide you with information about things you can do so that the application process can be completed in less time.

South Carolina is fortunate to have an organization called Family Connection of South Carolina, Inc., that is devoted to helping parents with children with chronic illnesses, disabilities and developmental delays. This organization provides a support network for families like yours. You may contact Family Connection at 1-800-578-8750. They may also be able to help you with this application process. Most TEFRA applications take up to 90 days to process; however, many take longer. Please submit all required information with your application so that we can begin to process your application immediately.

We would like to provide you with some information about the TEFRA program so that you will know what is done when we process your application. TEFRA (Katie Beckett) is a special coverage group for children who need institutional care, but whose families can, and want to, provide care in their homes. It is an option that states may choose to provide coverage, not a federal requirement. However, if states decide to provide this coverage, states must follow federal rules for the program.

Federal rules require that a child meet several criteria in order to qualify. A child may have a number of medical problems and still not qualify for TEFRA. If any of these rules are not met, the child cannot qualify. Some of the rules that are not usually a problem or that can quickly be determined include age (a child must be 18 years old or younger), income and resources (the child's income must be below \$1,809 per month and his resources must be at or below \$2,000), the child must be living at home, it must be possible for the child to receive adequate care in the home setting, and the cost of the child's care to the Medicaid program cannot exceed the cost that Medicaid would incur if the child were institutionalized. Two of the criteria are more difficult to determine and can involve some time to complete. These are the disability determination and the Level of Care determination.

1. The child must be disabled. (This means the child must meet federal criteria for being considered disabled.)
2. The child must need ongoing institutional care. This is called the Level of Care determination. This generally means nursing home care or intermediate care for the mentally retarded. It can also mean long-term care in a hospital. This criteria is NOT met because a child may need to be admitted to a hospital many times a year to address health crises or corrective procedures.

Most states call their program Katie Beckett, rather than TEFRA. Congress enacted this coverage option after media attention about a child named Katie Beckett. Children who were institutionalized could receive Medicaid coverage after they had lived in an institution for more than 30 consecutive days. After this 30-day period and for as long as the child continued to live in an institution, the parents' income was not counted. Katie Beckett's parents didn't want their child to live in an institution and wanted to care for their severely disabled child at home. While Medicaid would cover Katie as long as she stayed in the institution, Medicaid would provide no assistance to her if she were to move back home. President Reagan read about this and had legislation introduced to change this. This legislation gave states the option to provide coverage for children like Katie Beckett.

For a disability determination, DHHS sends the application to the SC Vocational Rehabilitation Department. This is done after medical records are requested and received from the physicians and healthcare providers that you have identified on your application. Please encourage your healthcare providers to provide the requested information quickly. Physicians and other healthcare providers frequently respond more quickly to you, the parent, than to a government agency like DHHS. **Anything you can do to get the medical records more quickly will help us process the application more quickly. If you do obtain medical records, send them along with your application. If you receive medical records after you send in your application, you can mail or FAX them to us. Please FAX these records to 803-255-8223 or mail them to:**

South Carolina Department of Health and Human Services
Division of Central Eligibility Processing – Atn: TEFRA
Post Office Box 100101
Columbia, SC 29202-3101

If the medical records do not clearly indicate disability, a specialist may be requested to review your child's condition to determine if there is more information that might lead to a positive determination of disability. This step lengthens the process of determination, but is done to give your child every chance of meeting disability criteria.

At the same time the disability determination is being done, we review your child's condition to determine whether he or she needs institutional care. This is called Level of Care. To meet the medical necessity criteria for institutional care, a person has to have functional deficits. For an adult, this means that he or she cannot bathe, dress, eat or transfer (move) without ongoing assistance. These are called deficits in daily living skills.

A child must have deficits in this area that are not simply the age appropriate dependences of a child. The determination for a child is difficult. All children are dependent at birth for assistance in these areas. Therefore, the normal dependency of an infant is age appropriate. It does not mean that they need institutional care. We first look at your child's functional level compared to the functional level that would be expected for a child of your child's age. The first review is to see whether your child's functional level is so different from the expected level that he or she would require ongoing care in a nursing home or hospital. If your child does not need to live in a hospital or nursing home, we then send the application to the SC Department of Disabilities and Special Needs (DDSN). DDSN reviews your child's condition to determine if your child has Mental Retardation or a Related Condition and whether your child needs ongoing care in an Intermediate Care Facility for the Mentally Retarded (ICF-MR).

As you can see, this is a lengthy process. It is lengthy because we make every effort to find your child eligible. These efforts may include finding additional specialists to review your child's condition if medical records do not support a disability determination and home visits related to Level of Care determinations.

This letter may provide you with a better understanding of TEFRA and what it means to qualify. **If you would like to provide us with any additional information that could be helpful, or you would like to send us a written statement about your child's condition, please do so with your application.** We will include your statement and/or the additional information in the material used both in the disability determination and the Level of Care determination. Also, please encourage your child's physicians and healthcare providers to respond quickly to requests from us for medical records.

Please understand that your child may have severe medical problems and still not meet TEFRA requirements. It is frequently the lack of need for continuous institutional care that disqualifies a child. If your child is denied, it in no way means that we do not think your child has serious medical problems or is seriously ill.

South Carolina Community Health Centers

<u>Beaufort-Jasper-Hampton Comprehensive Health Services</u> PO Box 357, Ridgeland, SC 29936	843-987-7400
<u>Black River Healthcare</u> PO Box 578, Manning, SC 29102-0578	803-433-6790
<u>CareSouth Carolina</u> PO Box 1090, Hartsville, SC 29550	843-857-0111
<u>Carolina Health Centers</u> 313 Main Street, Greenwood, SC 29646	864-388-0301
<u>Eau Claire Cooperative Health Center</u> 4605 Monticello Road, Columbia, SC 29203	803-733-5969
<u>Family Health Centers</u> PO Box 1806, Orangeburg, SC 29116-1806	803-531-6900
<u>Franklin C. Fetter Family Health Center</u> 51 Nassau Street, Charleston, SC 29403	843-722-4112
<u>Health Care Partners of South Carolina</u> PO Box 2100, Conway, SC 29526	843-248-4700
<u>Little River Medical Center</u> PO Box 547, Little River, SC 29566	843-663-1013
<u>Low Country Health System</u> PO Box 990, Fairfax, SC 29827	803-632-2533
<u>Margaret J. Weston Community Health Center</u> PO Box 27, Clearwater, SC 29822	803-593-9283
<u>New Horizon Family Health Services</u> PO Box 287, Greenville, SC 29602-0287	864-233-1534
<u>North Central Family Medical Center</u> PO Box 28, Rock Hill, SC 29731	803-325-7744
<u>ReGenesis Community Health Center</u> PO Box 5158, Spartanburg, SC 29304	864-582-2411
<u>Richland Community Health Care Association</u> 1520 Laurel Street, Columbia, SC 29201	803-799-8407
<u>San dhills Medical Foundation</u> PO Box 249, Jefferson, SC 29718	843-658-3005
<u>Sea Island Medical Center</u> PO Box 689, Johns Island, SC 29457	843-559-3676
<u>St. James-Santee Rural Health Program</u> PO Box 608, McClellanville, SC 29458	843-887-3274
<u>Sumter Family Health</u> 1278 North Lafayette Drive, Sumter, SC 29150	803-774-4500

5/24/05

South Carolina Communicare

Health Care for the Uninsured

Call 1-800-763-0059

www.communicun-i-care.org

Communicare, a non-profit organization, provides health care services and prescription medications to low-wage, uninsured South Carolinians who do not have insurance, Medicaid, Medicare or Veterans Health Care Benefits. Physicians and health care providers volunteer to see patients at no charge and pharmaceutical companies donate medications from their product lines to Communicare's central-fill pharmacy. Communicare manages this network of resources, becoming a single source to help qualified patients get the care they need.

If you cannot afford to pay for insurance, Communicare helps find medical care and prescriptions. This includes locating a physician or a health care provider if you do not already have a physician, and if Communicare has a volunteer physician in your area. All Communicare prescriptive medications are filled at no charge. Communicare physicians volunteer to see qualified patients in their offices at no charge for one visit per year.

You May Qualify For

- A Physician's Office Visit
- Prescription Medications
- Medical Lab Work

If You Don't Have

- Health Insurance, Medicaid, VA Health Benefits

And You Do Have Income

- A Paycheck
- Unemployment Check
- Social Security Retirement Check
- Social Security Disability Check

How Do You Qualify For Communicare?

- Pay \$20.00 Application Processing Fee
- Able to Document Family Income
- Meet Eligibility Guidelines

FOR MORE INFORMATION, CALL COMMUNICARE TOLL-FREE:

1-800-763-0059

5/17/05

Free Medical Clinics in South Carolina

Free medical clinics in South Carolina provide indigent residents with basic medical care, including prescription medicines, wellness education and, in some cases, dental or chiropractic care and psychological counseling. The clinics are as diverse as the communities that support them. One operates in a homeless shelter, another operates within a university school of nursing, and several are closely associated with congregations or multi-denominational religious organizations, or community hospitals. Please contact the nearest facility by telephone and make an advance appointment prior to visiting any clinic.

<u>Name of Clinic</u>	<u>Address</u>	<u>Telephone No.</u>
Free Medical Clinic of Aiken Cty.	PO Box 1294, Aiken 29802	803-641-2827
Anderson Free Clinic	PO Box 728, Anderson 29622	864-226-1294
Kershaw County Medical Clinic	110 E. DeKalb St., Camden 29020	803-713-0806
Crisis Ministries Health Clinic	573 Meeting St., Charleston 29403	843-723-9477
Good Samaritan Medical Center	962 McCandless Rd., Chester 29706	803-385-6332
Clemson Free Clinic	PO Box 941, Clemson 29633	864-723-6077
Good Shepherd/ Laurens Cty. Free Medical Clinic	PO Box 1535, Clinton 29325	864-833-0017
Free Medical Clinic, Inc.	PO Box 1452, Columbia 29240	803-765-1503
Friendship Medical Clinic	1396 Highway 544, Conway 29526	843-347-7178
Darlington Cty. Free Medical Clinic	203 Grove St., Darlington 29532	843-398-0060
Mercy Medicine Clinic	514-E.S. Dargan St., Florence 29506	843-667-9947
Greenville Free Medical Clinic	PO Box 8993, Greenville 29604	864-232-1470
Greenwood Free Clinic	1404 Edgefield St., Greenwood 29646	864-942-0500
Volunteers in Medicine Clinic	15 Northridge Dr., Hilton Head 29926	843-681-6612
Helping Hands Free Medical Clinic	518 S. Main St., Mullins 29574	843-464-8211
Newberry County Free Clinic	2568 Kinard St., Newberry 29108	803-276-6665
First Baptist Medical Clinic & St. Matthew Dental Clinic	4217 Rivers Ave., N Charleston 29406	843-744-4269
Harvest Free Medical Clinic	2427 Midland Park Rd., N Charleston 29406	843-225-7572
Smith Medical Clinic at Baskerville	PO Box 1740, Pawleys Island 29585	843-237-2672
Pickens Cty. Free Medical Clinic	PO Box 1452, Pickens 29671	864-855-0853
Rosa Clark Medical Center	210 S. Oak St., Seneca 29678	864-882-4664
St. Luke's Free Medical Clinic	PO Box 3466, Spartanburg 29304	864-542-2273
Woodruff Free Medical Clinic	340 Woodruff St., Woodruff 29388	864-476-8191

Prescription Assistance Programs Available for South Carolinians

There are several specialized programs sponsored by pharmaceutical companies, business associations or non-profit organizations to assist low-income or needy individuals in obtaining necessary prescription medicines at little or a substantially reduced cost. The following is a list of some of these programs and contact information for those who may want to apply for assistance:

Together RX Access

1-800-444-4106

www.TogetherRXAccess.com

Savings of 25-40% on some 275 brand-name prescriptions. Must meet specific income levels, have no private or public prescription insurance coverage, be a legal US resident and not be eligible for Medicare.

Partnership for Prescription Assistance

1-888-477-2669

www.pparx.com

Combined efforts of major pharmaceutical companies, doctors, health care providers, patient groups and community organizations to assist qualified patients without access to prescription medications obtain them at little or no cost. Recipients must lack any form of prescription insurance coverage and must meet specific income and other eligibility requirements of some 150 drug assistance programs nationwide.

Pfizer Helpful Answers

1-866-706-2400

www.pfizerhelpfulanswers.com

Pharmaceutical company program offering several options for free or reduced cost prescriptions of their products through doctors and community health centers for low-income patients. Must meet set income limits and have no private or public prescription coverage.

The Medically Indigent Assistance Program in South Carolina

Established in July 1989, the Medically Indigent Assistance Program (MIAP) is authorized to offer help to low-income individuals throughout South Carolina who may need to be hospitalized. This specialized program is only available to needy citizens who are not eligible for Medicaid or any other form of government assistance. The program provides coverage for a wide degree of hospitalization expenses for all eligible recipients.

In order to qualify for aid under the statewide program, an individual cannot have income exceeding 200 % of the federal poverty guidelines and must be a United States citizen or legal alien. Patients must be a legal resident or state their intent to be a legal resident of South Carolina.

Eligibility considers an individual's financial resources as follows:

Primary Residence:

- A family farm of 50 acres or less on which the applicant or their family has lived at least 25 years is excluded from countable resources.
- All other property is allowed an exclusion up to \$35,000 on equity value.

Equity Interest in all other real property and taxable personal property, such as motor vehicles, cannot exceed a combined total value of \$6,000.

All liquid assets such as cash, notes and financial instruments convertible into cash within 20 working days cannot exceed \$500.

Applicants with excess liquid assets may establish eligibility by spending the excess amount on valid debts, such as rent, mortgage, utilities and medical expenses.

(County MIAP Contact Information List on Reverse Side)



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 19, 2006

The Honorable Hugh Leatherman
South Carolina Senate
PO Box 142
Columbia, SC 29202

Dear Senator Leatherman:

Thank you for referring Mr. John Rushing to our agency regarding Medicaid eligibility for his son, Brett C. Rushing.

We have attempted to contact Mr. Rushing several times and were unable to reach him. We have mailed him information to explain how Brett's application for Tax Equity and Fiscal Responsibility Act (TEFFRA) Medicaid is processed and to explain the eligibility requirements of TEFFRA.

TEFFRA is a program that covers children who are disabled and need institutional care without counting their parents' income. The program was designed to help parents who want to care for their child at home, even though the child needs continuous care in an institution such as a nursing home or intermediate care facility for the mentally retarded. There are many children with serious health conditions who do not need to be institutionalized and do not qualify under the TEFFRA program.

We also provided Mr. Rushing with information on other programs and organizations that assist individuals with health care and prescription needs while he awaits the outcome of his son's application.

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 "R. M. Kerr".

Robert M. Kerr
Director

RMK/rjod

Office of the Director
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

The Honorable Hugh Leatherman
South Carolina Senate
PO Box 142
Columbia, SC 29202

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~~TEFRA is a program that covers/some children without counting their parents' income. This program is for children who are disabled and need institutional care.~~ The program was designed to help parents who want to care for their child at home, even though the child needs continuous care in an institution such as a nursing home or intermediate care facility for the mentally retarded. There are many children with serious health conditions who do not need to be institutionalized. ~~And these children do not qualify under the TEFRA program.~~

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Sincerely,

Robert M. Kerr
Director

RMK/rjod

Beth?

From: Debra Stevens
To: Jennifer Dabbs
Date: 10/6/2006 3:34 PM
Subject: Re: Brett Rushing 251-97-6425

Hi Jennifer: I haven't gotten the assessment yet. I spoke with the nurse this week about Brett, she is trying to get medical info. on him for Dr. Burton to review. Thanks! Debra

>>> Jennifer Dabbs 10/06/06 3:16 PM >>>

Hi Debra. You thought you got rid of me didn't you? Could you please check the status of this child's level of care? Has this one come to you yet? Thanks for your help!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

10/6/06: left a message for Mr. Rushing to call me
back w/ questions + status of app.

10/9/06: left message for Mr. Rushing.

From: Jean M Richardson
To: Jennifer Dabbs
Date: 10/6/2006 9:23 AM
Subject: Re: Brett C. Rushing 251-97-6425

Packet was sent to VR on 8-31-06 and was sent to CLTC on 8-30-06.

Jean M. Richardson
Program Coordinator II
Central Eligibility/ Processing
Room 202
803-898-3008 Office
803-255-8223 Fax

>>> Jennifer Dabbs 10/6/2006 8:46 AM >>>
Good morning! We received a log letter on this child. Could you please let me know the status? Thanks!

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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/06/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

HH NAME: BRETT C RUSHING DATES-FROM: 04 / 2004 THRU: / PAGE: 2 OF 3
BG NUMBER: 68411946 CATEGORY: TEFRA HH NUMBER: 100930012

BG: D BGP: D WKR: RHONT RHONDA TUCKER ACTION TYPE: MAINTENANCE
COUNTABLE BG MEMBERS: 1 ACTION DATE: 08/26/04

COUNTABLE INCOME: 0.00
INCOME LIMIT: 1692.00
POV-LVL: +.00 % HITH INS PREM: 0.00
COUNTABLE RESOURCES: 0.00
RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
RESOURCE LIMIT: 2000.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 08/26/04
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 08/26/05
MEETS OTHER CONDITIONS? (Y/N): N ANTICIPATED CLOSURE DATE:
REASON(S) FOR DENIAL/CLOSURE/CHANGE:
022 You do not meet the medical level of care for Medicaid services.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) -
APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N) -
UPDATED: USER ID: RHONT DATE: 08/26/04 SYSTEM ID: ELD3000 DATE: 08/26/04
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

EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/06/06
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: RUSHING BRETT C PAGE: 0001
HH NUMBER: 100930012 APL STATUS: _____ ACTION TYPE: MAINTENANCE
ACTION DATE: 08/29/06

S	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST REVIEW	BG	STATUS
-	39343334	TEFRA	JLYNC	47	055				PENDING
-	68411946	TEFRA	RHONT	47	055	08/26/2005			DENIED

UPDATED: USER ID: JLYNC DATE: 08/29/06 SYSTEM ID: HMS5000 DATE: 08/29/06
ME904675 HOUSEHOLD BUDGET GROUPS FOUND
PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELDD00