DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Supica	5-4-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 10427	[X] Prepare reply for the Director's signature DATE DUE 5-16-12
2. DATE SIGNED BY DIRECTOR cc: Mr. Keck, Singleton Cleared 6/14/12, letter attached.	[ ] Prepare reply for appropriate signature DATE DUE [ ] FOIA DATE DUE [ ] Necessary Action

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

JOHN W. MATTHEWS, JR.
SENATOR, ORANGEBURG
DORCHESTER, BAMBERG, COLLETON,
AND HAMPTON COUNTIES
SENATORIAL DISTRICT NO. 39

HOME ADDRESS:
BOX 460
BOWMAN, SC 29018
(803) 829-2383
(803) 829-2423 (FAX)

COMMITTEES:
AGRICULTURE AND NATURAL RESOURCES
BANKING AND INSURANCE
EDUCATION
ETHICS
FINANCE
INVITATIONS

SENATE ADDRESS:
SUITE 613
GRESSETTE SENATE OFFICE BUILDING
P. O. BOX 142
COLUMBIA, SC 29202
(803) 212-6056
FAX (803) 212-6299
EMAIL: JOHNMATTHEWS@SCSENATE.GOV
FACEBOOK.COM\SENATORJOHNMATTHEWS

May 3, 2012

RECEIVED

MAY 04 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Keck, Director
South Carolina DHHS
Post Office Box 8206
Columbia, SC 29202-8206

Dear Mr. Keck:

Enclosed is an application for the SC Medicaid Program for one of my constituents, Elma C. Griffis It is my understanding that Ms. Griffis was denied Medicaid benefits and I am asking for assistance on her behalf. Please ask the appropriate personnel to review Ms. Griffis' case matter and offer her whatever assistance deemed appropriate. Please let me know the outcome.

Thank you so much for your cooperation and assistance.

Sincerely,

John W. Matthews, Jr.

JWJr/vrt
Enclosure

South Carolina Department of Health and Human Services
Application for the South Carolina Medicaid Program
This application is developed specifically for Aged, Blind, or Disabled Adults.

Note: *You only need to tell us the Social Security Number and answer the questions about being a US Citizen for the people for whom you want full Medicaid benefits. However, if you give us your Social Security Number, even if you are not applying for benefits, it may help us process your application faster. We only use Social Security Numbers to help us verify income.*

- A citizen applying for Medicaid must provide original documents to prove US citizenship and identity
- A non-citizen applying for Medicaid must provide United States Citizenship and Immigration Services (USCIS) documents to support his/her legal entry into the US.
- A non-citizen applying for Emergency Services Only is not required to provide these documents or a Social Security Number.

1. Tell us about yourself.

Date received by DHHS:

Name (First, Middle Initial, Last):	**Social Security Number**: (not required for emergency services)	**Date of Birth:**
Elma C. Griffis	250-32-5559	10-28-1922

Address where you get mail (include apartment number):	**City:**	**State:**	**Zip Code:**	**County:**
1009 Fair View	Orangeburg	SC	29118	Orangeburg

Home Address (if not the same as your mailing address):	**City:**	**State:**	**Zip Code:**	**Telephone Number:**
—	—	—	—	(803) 534-1059

Your Full Name at Birth: This helps us verify citizenship	**Your Mother's Full Name at her Birth:**	**County/State where you were born:**
Elma Blanche Cornelius		Orangeburg / So. Car.

Do you want Medicaid for yourself?	**Marital Status:**	**Are you currently attending school?**	**US Citizen**	**What language do you use most?**
☒ Yes ☐ No	☐ Single ☐ Married ☐ Divorced ☐ Separated ☒ Widowed	☐ Yes Grade? _____ ☒ No	☒ Yes ☐ No **Sex:** ☒ Female ☐ Male	☒ English ☐ Spanish ☐ Chinese ☐ Russian ☐ Sign Language ☐ Vietnamese ☐ Other _____

Check all that apply: ☐ Disabled ☐ Pregnant, Due Date: ☐ Emergency Services Only

Medicare Number, if applicable:	**Race:**
250-32-5559	☒ White ☐ African American ☐ Mexican ☐ Puerto Rican ☐ Hispanic ☐ Cuban ☐ Refugee Entrant ☐ Asian American/Oriental ☐ Native American/American Indian ☐ Other

If an Authorized Representative is completing this application, please complete the following:

Name: Polly G. Ott

Address: 1094 County Rd
Bowman SC 29018

Phone Number: 803-837-1353

Relationship: Daughter POA

4. Tell us how much income your family has.
Enter GROSS pay before taxes and deductions, not take home pay. Enter zero ("0") if you are not working. **You must send us proof of income for the past 4 weeks.**

Your Income from Employment	Spouse/Other Parent's Income from Employment (if living in the home)
Name of person working _____	Name of person working _____
Employer's Name _____	Employer's Name _____
Employer's Address _____	Employer's Address _____
_____	_____
_____	_____
Does this person work for the Government of the State of South Carolina? ☐ Yes ☒ No	Does this person work for the Government of the State of South Carolina? ☐ Yes ☐ No
Employer's Phone Number (including area code) _____	Employer's Phone Number (including area code) _____
Gross amount earned per pay period before taxes? $ _____	Gross amount earned per pay period before taxes? $ _____
How often paid? ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly	How often paid? ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly

Is anyone self-employed? ☐ **Yes** ☒ **No**

If yes, you must send copies of all the most recently filed Personal and Business Federal income tax forms including all forms and schedules.

Please name Self-Employment Business and/or Partnership: _____

Other Income	Amount	Which family member gets this income?	How often is this income received?
Child Support	$ 0		—
Alimony	$ 0		—
Social Security Income	$ 742.00 per/mo.	NONE	Monthly
Unemployment Benefits	$ 0		—
Veterans Benefits	$ 0		—
Workers Compensation/Long Term or Short Term Disability	$ 0		—
Money from Friends/Relatives	$		—
Retirement/Pensions/Annuities	$ 0		—
Other Income (*Please Explain*)	$ 0		—

5. **Are there any adults in the home who are not currently working?** ☐ Yes ☑ No
If Yes, tell us who and when they last worked: _____

6. **If your family does not have any source of income, explain in the space below how your household bills are being paid.**
My Mother gets only 742.00 per mo. Net pay mo,

7. **Does anyone in your family own the following? You must send proof of Assets/Resources with this application.**

Asset/Resource	Yes	No	Company name, address, and phone #; Account/Policy number; and/or Description	Who does it belong to?	What is the value?	How much is owed?
Cash on Hand	✓				$	
Checking Account(s)	✓				$	
Savings Account(s)		✓			$	
Certificate(s) of Deposit					$	
Annuities/Trusts/Stocks/ Bonds		✓			$	
Home Property (location/description)		✓			$	$
Other Property (location/description)		✓			$	$
Life/Burial insurance		✓			$	$
Burial Contracts		✓			$	$
Burial Plots		✓			$	$
Vehicles (make, model, year)		✓			$	$
Retirement Account		✓			$	$
Other (please be specific)		✓			$	$

8. **Do you pay someone to take care of your child(ren) under 12 and/or a dependent adult while you work or attend school?** ☐ Yes ☑ No
_____ Number of children under age 12 and/or dependent adults for whom you pay for care. **You must provide proof of this payment.**

JOHN W. MATTHEWS, JR.
SENATOR, ORANGEBURG, DORCHESTER, COLLETON,
BAMBERG AND HAMPTON COUNTIES
POST OFFICE BOX 142
COLUMBIA, SOUTH CAROLINA 29202

Mr. Anthony Keck, Director
South Carolina DHHS
Post Office Box 8206
Columbia, SC 29202-8206

Brenda James

From: Teeshla Curtis
Sent: Thursday, June 14, 2012 1:11 PM
To: Brenda James
Cc: Jennifer Lynch; Michael Jones; Sharon Mondier
Subject: Ref Log 000427
Attachments: Ref Log 000427 Legislative Response.pdf; Ref Log 000427 Response.pdf

Attached is the response for Log 427.

Teeshla Curtis

Administrative Coordinator
Office of Information Management
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29202
(803) 898-2502

Log # 427

South Carolina Department of Health & Human Services

Anthony E. Keck • Director
Nikki R. Haley • Governor

June 14, 2012

The Honorable John W. Matthews, Jr.
South Carolina State Senate
Post Office Box 142
Columbia, South Carolina 29202

Dear Senator Matthews:

Thank you for contacting this agency on behalf of Elma C. Griffis regarding Medicaid eligibility and her healthcare needs.

We contacted Ms. Griffis' authorized representative, Ms. Polly Ott, regarding Medicaid eligibility and the rules and regulations governing the program. The application enclosed with your letter was incomplete and according to Ms. Ott outdated; therefore, an application for our Aged, Blind or Disabled program has been mailed to Ms. Ott for completion. Once received, it will be reviewed to determine Ms. Giffis' eligibility. As you requested, we will notify you of the decision. Ms. Ott was also given contact information for agency staff should she need further assistance.

Thank you for your continued interest and support of the South Carolina *Healthy Connections* Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Anthony E. Keck
Director

AEK/sl

P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2502 • Fax (803) 255-8235

Log #427

South Carolina Department of Health & Human Services

Anthony E. Keck • Director
Nikki R. Haley • Governor

June 14, 2012

Ms. Polly Ott
1097 Country Road
Bowman, South Carolina 29018

Dear Ms. Ott:

Senator John Matthews, Jr. contacted this agency on your behalf regarding Medicaid eligibility and the healthcare needs of your mother, Elma C. Griffis.

Ms. Griffis' previous Medicaid application was denied because her resources exceeded the allowable amount; however, you recently indicated that her situation has changed and you believe her resources may now be within the allowable limit. We previously mailed you an application for the Aged, Blind or Disabled program so that you may reapply. Please complete the application and return it to the Orangeburg Medicaid Office: Post Office Box 1407, Orangeburg, South Carolina 29118. Once the application is received it will be reviewed to determine Ms. Griffis' eligibility.

If you have any questions regarding the application process, please contact the Orangeburg Medicaid Office at (803) 515-1793. I hope this information is helpful.

Sincerely,

John R. Supra, Jr.
Deputy Director

JS/l

Office of Information Management
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2502 • Fax (803) 255-8235