

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

**ACTION REFERRAL**

<b>TO</b> <i>Ries</i>	<b>DATE</b> <i>9-27-06</i>
--------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000272</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleank 10/17/06, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-16-06</i> DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

9/21/2006

MR. DIRECTOR  
MY NAME IS NEETAKAYE LITHERLAND AND I AM HAVING TRYING TOO GET QUALIFIED FOR MEDICAID BENEFITS. THEY TOLD ME I WAS QUALIFIED AND THEN A CARD WAS SENT BUT HEY SENT A CARD FOR FAMILY PLANNING SERVICES ONLY. MY NEEDS ARE NOT IN THAT AREA. YOU HAVE A PROGRAM FOR WOMEN THAT HAVE BREAST AND CERVICAL CANCER, AND AS I READ I QUALIFIED, ALSO UNDER THE GUIDELINES OF MY INCOME AND EVERYTHING ELSE THAT QUALIFIES ME I SHOULD GET THE MEDICAID BENEFITS. I HAVE BEEN DEALING WITH A FEW OF THE WORKERS BUT EACH TIME I HAVE TRIED THEY EITHER HAVE TOSSED MY PAPERS IN THE GARBAGE OR THEY JUST DON'T CARE. THEY ALWAYS TELL ME I AM GOING TOO SEND YOU MORE PAPERS TO FILL OUT. WHY DO I HAVE TOO KEEP GOING IN CIRCLES? IF I DO NOT GET THIS TAKEN CARE OF IN A RUSH I MAY NOT NEED IT AT ALL. I REALLY NEED THIS LOOKED AT IN A VERY FAST RESPONSE, YOUR HELP WOULD BE VERY MUCH APPRECIATED. I REALLY NEED THE HELP IF I WAS ABLE TOO DO IT MYSELF I WOULD NOT ASK FOR MEDICAID HELP. I AM GOING TOO FILL OUT MORE PAPERS AND I HOPE THAT THEY ARE NOT PLACED IN THE WASTE BASKET. THANK YOU.  
NEETAKAYE LITHERLAND

**RECEIVED**

SEP 25 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Reg. Zills  
"Approp. Sign"

P.S.  
NOT BEING ABLE TO PAY FOR HEALTH

Insurance I Really need this Help.

IF THERE ARE ANY REASONS I DONOT  
Qualify Please In Form The I will  
contact the office of the Governor Too  
Find out more.

SS #  
341-56-0600

Papers sent IN August & Sept 2006  
And the people I have ~~sent~~ TOO WAS  
Very rude & WASTY  
Spoken



State of South Carolina  
Department of Health and Human Services

272

Mark Sanford  
Governor

Robert M. Kerr  
Director

October 17, 2006

Ms. Neelakaye Litherland  
8010 Hendersonville Highway  
Yemasee, South Carolina 29945

Dear Ms. Litherland:

Thank you for your recent letter concerning healthcare needs and the Medicaid eligibility process.

You currently receive limited Medicaid coverage for family planning services only. You applied September 13, 2006 for Medicaid's Breast and Cervical Cancer Program. Since you do not currently have breast or cervical cancer, you do not meet the criteria for this program. We are reviewing your application to determine if you qualify for our Aged, Blind or Disabled (ABD) program.

To qualify for Medicaid benefits an individual must meet certain financial and categorical requirements. Janelle Lee and Bob Liming of our staff have been in direct contact with you about required materials necessary to determine your eligibility for the ABD program. Once Ms. Lee receives the required materials, we can continue the eligibility determination process of this program. If you have any questions, please call Ms. Lee at 803-898-2966.

I regret any confusion or misunderstanding the eligibility process may have caused you. Once we have the required information, we will expedite your application. In the meantime, we mailed you information on a number of programs that may help with your medical and prescription concerns.

I hope this information proves useful to you in meeting your healthcare needs.

Sincerely,

  
Gary Ries  
Deputy Director

GR/jole



*Hand - Photo*  
*Bill - Perry check*  
*trap - Lie NO*  
*Burkner - with W.*

State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

*W. Burkner is collector in Myrtle*

*Can you check with the collector (I think that's the country she lives in) to be sure she hasn't been dropping a bunch of stuff off there.*

Robert M. Kerr  
Director

Ms. Neetakaye Litherland  
8010 Hendersonville Highway  
Yemassee, South Carolina 29945

Dear Ms. Litherland:

Thank you for your recent letter concerning healthcare needs and the Medicaid eligibility process.

You currently receive limited Medicaid coverage for family planning services only. You applied September 13, 2006 for Medicaid's Breast and Cervical Cancer Program. Since ~~your current medical condition~~ does not meet the criteria for this program, we are reviewing your application to determine if you might qualify for our Aged, Blind or Disabled (ABD) program.

*And Bob Litherland*

To qualify for Medicaid benefits an individual must meet certain financial and categorical requirements. Janelle Lee of our staff has been in direct contact with you about required materials necessary to determine your eligibility for the ABD program. Once Ms. Lee receives the required materials, we can complete the eligibility determination. If you have any questions, please call Ms. Lee at 803-898-2966.

*Process for this program*

I regret any confusion or misunderstanding the eligibility process may have caused you. Once we have the required information, we will expedite your application. In the meantime, we mailed you information on a number of programs that may help with your medical and prescription concerns.

I hope this information proves useful to you in meeting your healthcare needs.

Sincerely,

Gary Ries  
Deputy Director

GR/jole

<b>LEGISLATIVE LOG #</b>	0272
<b>LEGISLATOR/INQUIRER</b>	
<b>CONSTITUENT</b>	Neetakaye Litherland
<b>SSN</b>	341-56-0600
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	9/27/2006
<b>DATE DRAFT DUE GR</b>	10/5/2006
<b>LOG LETTER DUE DATE</b>	10/6/2006
<b>DATE REFERRED TO BC</b>	10/29/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	9/29/2006	Jill	8-3936	Gave folder to Mark to distribute (4:15pm)
	10/2/2006	Denise	8-2505	Mark said to give to Bob to handle. See Bob's hard copy tracker in folder for background information.
	10/5/2006	Denise	8-2505	Bob's draft response letter was edited by Jenny, then by me. Bob approved final copy that was given to Mark today
	10/5/2006	Jenny	8-3965	Gave folder to Alicia.

**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)	

**Instructions:**

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.  
 Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)  
 If question about current status of a log letter, contact previous user.  
 Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.  
 Path: *GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker*

Medicaid Programs / Other Resources Check List

Log # 0272

Legislator/Inquirer: Ries

Constituent: Neetakaye WITHERLAND

SS#: 341-56-0600

PROBLEM / ISSUE:		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
hady upset, claims we have been rude + require more + more paperwork		1	\$ 405	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBWS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP:		LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	
10/2/06	Receive file, although log sheet says 9/27; check + locate in MEDS; shows she is covered under FP; application 9/18 BCCP Pending; e-mail case worker for status update		MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>	
	see e-mail, She doesn't qualify for BCCP due to ovarian cancer; looking now at ABD		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
10/2/06	Called 3 times left msg; verified we still don't have release forms and disability report form		Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
10/5/06	E-mailed case worker and asked her to again call + explain material still needed		PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>	
10/5/06	I called her twice and told her what was needed; the medical records disclosure and that we would do all we can to assist - gave her my tel #		Pregnant Women/Infants	<input type="checkbox"/>			
			SILVERxCARD	<input type="checkbox"/>			
			SLMB	<input type="checkbox"/>			
			SSI	<input type="checkbox"/>			
			TEFRA	<input type="checkbox"/>			
			Working Disabled	<input type="checkbox"/>			

**From:** Robert G Liming  
**To:** Lee, Janelle  
**Date:** 10/5/2006 1:20 PM  
**Subject:** Re: Fwd: Status on BCCP Application of Ms. Neetakye Litherland SS # 341-56-0600

GREAT, THANKS SO MUCH, SHE CLAIMS SHE HAS SENT ALL THE INFORMATION IN, BUT I AM BETTING SHE IS THINKING OF THE OVERALL APPLICATION MATERIAL AND NOT THE ABD NECESSARY DATA. I WILL CALL AND REINFORCE YOUR REQUEST FOR THE DATA. THANKS AGAIN

>>> Janelle Lee 10/5/2006 1:15 PM >>>  
Mr. Liming

I just left a message with Ms. Litherland explaining to her that the only information I received was her application. I also stated that I mailed her a disability report and authorization to release health information forms. I left her my phone number to give me a call back. Please let me know if I can assist you further with this matter.

>>> Robert G Liming 10/5/2006 11:05 AM >>>  
I spoke with Ms. Litherland (843-844-7265) this morning and tried to explain that she had applied and been approved for FP only earlier in the summer, and that she did not qualify for BCCP, but she might qualify for ABD, but we needed the additional documentation for her application. She said she had provided all of the materials in the past.

In any event, could you please call her and advise her of any specific documents we may still need to complete her application for ABD? Let me know after you make contact, and I will complete my written response for the 11th floor. Thanks for all your help with this one.

>>> Robert G Liming 10/2/2006 12:36 PM >>>  
I am handling a referral from Gary Ries on this case and I believe you are the case worker. The lady has contacted the Governor's Office and feels she has been treated badly, something we all hear all the time. The system shows her eligible for family planning only

She claims she has been repeatedly asked to submit paperwork in support of her BCCP application, but I checked Meds and it shows the application was only entered into the system on 9/18/06. Can you tell me the status of the case and if any other materials may be needed?

It looks like she just want us to rush her case. Any help you can provide will be most appreciated.

Robert G. Liming

Special Project Manager, Office of Constituent Services  
South Carolina Department of Health and Human Services  
Room 310  
1801 Main Street  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: [limingr@scdhhs.gov](mailto:limingr@scdhhs.gov)

Website: [www.scdhhs.gov](http://www.scdhhs.gov)

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/02/06  
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 09/18/06 END:

NAME: LITHERLAND NEETAKAYE

HH NAME: LITHERLAND NEETAKAYE

RCP NUMBER: 0780641770

HH NUMBER: 101145086

ACTION TYPE: MAINTENANCE

SSN: 341-56-0600 VC: V APL STATUS:

ACTION DATE: 09/19/06

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 12/13/1956 AGE: 49

SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD:

MEDICARE COVERAGE(Y/N): N

SEX: F FEMALE RACE: 01 WHITE

SS CLAIM NUMBER(Y/N): N

REL: SF1 SELF

RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE:

LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: S SINGLE

PROVIDER NAME: BCCP1

STUDENT STATUS:

ADMISSION DATE:

PREGNANT(Y/N): N EDC:

GRADE: #:

DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): N RSP(Y/N): N

CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET:

VC:

CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): N

EARNED INC(Y/N): N UNEARNED INC(Y/N): N

US CITIZEN(Y/N): Y ALIEN#:

REGISTER TO VOTE(Y/N): N REASON: G

US ENTRY:

BIRTH CNTRY:

MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: JANEL

DATE: 09/19/06 SYSTEM ID:

DATE:

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/02/06  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 08 / 2006 THRU: / / PAGE: 3 OF 3

HH NAME: NEETAKAYE LITHERLAND HH NUMBER: 101145086

BG NUMBER: 19347787 CATEGORY: FP ACTION TYPE: MAINTENANCE

BG: A BGP: A WKR: TAKES TAKECIA SCOTT ACTION DATE: 09/12/06

RCP NAME: NEETAKAYE LITHERLAND RCP NUMBER: 0780641770

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N QMB: N PROT PER DATE:

ACTUAL ELIGIBILITY DATES

LIMITED

---BENEFIT BEGIN	DATES----	--MEDICAID+QMB BEGIN	DATES--	SERVICE TYPE	REASON CODE 1	REASON CODE 2
08/01/2006						

UPDATED: USER ID: TAKES DATE: 09/12/06 SYSTEM ID: ELD3000 DATE: 09/12/06  
 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

**From:** Janelle Lee  
**To:** Robert G Liming  
**Date:** 10/3/2006 9:04 AM  
**Subject:** Mr. Liming

Mr. Liming

Good morning! I am sorry that I missed your call on yesterday, but I wasn't in the office. If you still need my assistance, please feel free to give me a call @ 8-2966.

Thanks

Janelle Lee  
Program Assistant  
Dept. of Health & Human Services  
803-898-2966

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/02/06  
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: LITHERLAND NEETAKAYE ACTION TYPE: MAINTENANCE

HH NUMBER: 101145086 APL STATUS: ACTION DATE: 09/19/06

APPL EFFECTIVE DATE: 09/18/2006 WORKER: JANEL JANELLE LEE

MAIL IN(Y/N): Y

APPLICANT'S COUNTY: 15 COLLETON WORKER'S COUNTY: 47 STATE OFFICE

COURTESY APPLICATION(Y/N): N

MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH

8010 HEWDENSONVILLE HWY

REASON FOR APPLICATION:

ADULT WITH CHILDREN(Y/N): Y

CHILDREN 1 AND OVER(Y/N): N

INFANTS UNDER AGE 1(Y/N): N

YEMASSEEE SC 29945- PREGNANT(Y/N): N

RESIDENCE ADDRESS: BLIND/DISABLED(Y/N): N

AGED(Y/N): N

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

PHONE: H: 843-844-7265 W: 843-817-3233 WITHDRAW APPLICATION(W/C/N): N

UPDATED: USER ID: JANEL DATE: 09/19/06 SYSTEM ID: HMS5000 DATE: 09/19/06

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+

*Janelle Lee*

9/13 — Over —  
Delety

do not  
for

7265

~~7265~~

843-844-

June

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13 / Sept

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MEMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/02/06  
MEDSPROD RECIPIENT INFORMATION ACTION: PAGE: 0001

NAME: LITHERLAND NEETAKAYE MEMBER PERIOD START: 09/18/06 END: HH NAME: LITHERLAND NEETAKAYE

RCP NUMBER: 0780641770 HH NUMBER: 101145086 ACTION TYPE: MAINTENANCE

SSN: 341-56-0600 VC: V APL STATUS: APL CO: 15 ACTION DATE: 09/19/06

PRIMARY INDIVIDUAL: APL CO: 15 WORKER ID: JANEL LOCATION: 055

8010 HEWDENSONVILLE HWY SSCN: RRN:

RACE: 01 SEX: F MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

DOB: 12/13/1956 DOD:

LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER: BCCP1

BENEFITS QMB RETRO % OF POV CHIP

S	NUMBER	BG	BEG	ELIG	END	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
1	19347787						55	30	LIMITED	N	Y		.00

CORRECT RCP NUMBER: \_\_\_\_\_

SC 29945-

UPDATED: USER ID: TAKES DATE: 09/01/06 SYSTEM ID: TTR1001 DATE: 09/06/06

ME900063 RECIPIENT RECORD FOUND

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