

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

ACTION REFERRAL

| | |
|-------------------|-------------------------|
| TO <i>Riss</i> | DATE <i>12-11-06</i> |
|-------------------|-------------------------|

| | |
|---|--|
| <p align="center">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER <i>000397</i></p> <p>2. DATE SIGNED BY DIRECTOR <i>Claud 12/14/06, letter attached.</i></p> | <p align="center">ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-18-06</i></p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p> |
|---|--|

| 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. | | | |

JIM DEMINT
SOUTH CAROLINA

DEPUTY MAJORITY WHIP

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

December 8, 2006

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION

ENVIRONMENT AND PUBLIC WORKS
SPECIAL COMMITTEE ON AGING
JOINT ECONOMIC COMMITTEE

RECEIVED

DEC 11 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Doc. Rios
"Opprop. Sign"

Mr. Robert M. Kerr
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206

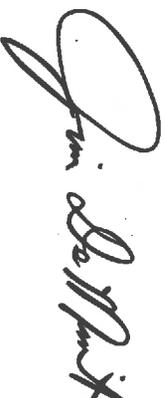
Dear Mr. Kerr,

I am writing to refer a matter involving my constituents, Mr. and Mrs. William Rucker, and their request for assistance with Medicaid for their son, Kristopher Rucker. Enclosed is a copy of their letter for your review.

I would greatly appreciate your responding directly to the Ruckers about this issue. I have informed them that I would refer them to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.

Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOMS HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

From: "nobody@www.senate.gov" <nobody@www.senate.gov>
Date: 8/20/2006 2:13:56 PM
To: webmail@demint-ig.senate.gov
Subject: Contact Form Submission

<IP>65.140.50.209</IP>
<APP>SCCMAIL
<PREFIX>MANDM</PREFIX>
<FIRST>William</FIRST>
<LAST>Rucker</LAST>
<ADDR1>220 Grey Fox Road</ADDR1>
<ADDR2></ADDR2>
<CITY>St. Matthews</CITY>
<STATE>SC</STATE>
<ZIP>29135</ZIP>
<PHONE>803-655-5212</PHONE>

<EMAIL>wingwalker1_2@hotmail.com</EMAIL>

<ISSUE>HEA</ISSUE>

<MSG>We are having a problem with getting Medicaid for our son, Kristopher Rucker. We are currently involved with DDSN and was informed to try to get Medicaid for our son. We have already filled out the application for Medicaid. We have just recently been contacted by letter that they wanted a lot of personal information such as how much money we have in the bank, land value, values of cars, stocks and bonds, life insurance, etc. on my husband who has nothing to do with getting Medicaid at all. This is just for my son. Our son has been diagnosed with Autism. He currently is in a special education class at Guinyard Elementary School in St. Matthews, SC. The only thing that our son has, as far as value, is some stocks that is valued at around \$500. I would appreciate any information that you could provide us with. Thank you for your assistance in this matter.

Karen Rucker</MSG>
</APP>



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

December 14, 2006

Ms. Karen Rucker
220 Grey Fox Road
St. Matthews, South Carolina 29135

Dear Ms. Rucker:

Senator Jim DeMint asked our office to respond to your concerns regarding the Medicaid application for your son, Kristopher.

We are pleased to inform you Kristopher's application for Medicaid coverage under the Tax Equity and Fiscal Responsibility Act (TEFRA) program was approved effective September 1, 2006. We apologize for any inconvenience you may have encountered in the eligibility determination process.

If you have any questions about your son's Medicaid benefits, please call Ms. Rhonda Tucker at (803) 898-2997 and she will be happy to assist you.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Ries".

Gary Ries
Deputy Director

GR/jod

397
✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

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

Robert M. Kerr
Director

Ms. Karen Rucker
220 Grey Fox Road
St. Matthews, South Carolina 29135

Dear Ms. Rucker:

Senator Jim DeMint asked our office to respond to your concerns regarding the Medicaid application for your son, Kristopher.

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Sincerely,

Gary Ries
Deputy Director

GR/jod

| | |
|-----------------------------|-----------------------|
| LEGISLATIVE LOG # | 0397 |
| LEGISLATOR/INQUIRER | US Senator Jim DeMint |
| CONSTITUENT | Kristopher Rucker |
| SSN | |
| BC ASSIGNED LOG | Jacobs |
| DATE REC'D BY AGENCY | 12/11/2006 |
| DATE DRAFT DUE GR | 12/10/2006 |
| LOG LETTER DUE DATE | 12/18/2006 |
| DATE REFERRED TO BC | 12/11/2006 |

| Brief Description of Issue/Problem | Date | Staff Person | Phone # | Action Taken |
|---|------------|--------------|---------|--|
| Writing in regards to getting Medicaid for their son. He is active on TEFRA. There is a withdrawn PHC application in MEDS. They complain of being asked for income/resource verifications, which would have been through the PHC application process. | 12/11/2006 | Jan | 8-2502 | Jacobs box - 4:35 |
| | 12/12/2006 | Jill | 8-3936 | Gave to Jenny to distribute (10am) |
| | 12/12/2006 | Jenny | 8-3965 | I am handling. Left message for Ms. Rucker to call me. |
| | 12/12/2006 | Jenny | 8-3965 | Emailed worker-the PHC application was withdrawn at the parents request. |
| | 12/13/2006 | Jenny | 8-3965 | Ms. Rucker called me back. She received the approval letter and Medicaid card. I also answered a few general Medicaid questions for her. Told her to call me if she has anymore questions. |
| | 12/13/2006 | Jenny | 8-3965 | To Mark. |
| | | | | |

CHECKLIST

| | |
|----------------------------|--|
| Family Size | |
| Income/Resources | |
| Other Resources: | |
| Communicare | |
| FQHCs | |
| Free Medical Clinics | |
| Medicare | |
| MIAP | |
| Prescription Drug Programs | |
| Social Security | |
| Together Rx | |

Programs:

| | | |
|--------------------------|---------|--|
| ABD | (32) | |
| Foster Children | (31,60) | |
| General Hospital | (14) | |
| HCBS | (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) | |

NOTE:
 NOTHING JUST SIENT
 WRONG APP. IT WAS
 CORRECTED + I-LETTER
 13th NOV WE GOT THE LETTER
 FROM DE MINT - OUTSIDE
 3 MONTHS SINCE THEY ROLL
 EMAIL.

Instructions:

JM-U

From: Betsy Carroll
To: LYNCHJEN@scdhhs.gov
Date: 12/12/2006 8:41 PM
Subject: Re: Kristopher A. Rucker 101141653

Yes, the mother requested this. She mailed in a PHC application thinking that it was TEFRA and didn't understand why we requested proof of her income (we thought she was applying for PHC). She called me and requested. This would explain this situation.

Let me know if you need anything else.

Thanks,
Betsy

>>> Jennifer Dabbs 12/12/06 1:31 PM >>>
Hello Betsy!!

We received a letter from Senator DeMint's office regarding the above constituent. He is currently covered under TEFRA, but I see a withdrawn application in MEDS. Why was it withdrawn, did the parents request it?

Just want to be sure I'm not missing anything. 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

AEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: RUCKER KRISTOPHER A PAGE: 0001
HH NUMBER: 101141653 APL STATUS: ACTION TYPE: MAINTENANCE
ACTION DATE: 09/12/06

| S | BG | NUMBER | CATEGORY | WORKER | CNTY | LOC | NEXT REVIEW | LAST REVIEW | BG STATUS |
|---|----|----------|----------|--------|------|-----|-------------|-------------|-----------|
| - | | 19358085 | TEFRA | JLYNC | 47 | 055 | 11/22/2007 | | ACTIVE |
| - | | 19329525 | PHC | BARTH | 47 | 055 | | | WITHDRAWN |

UPDATED: USER ID: JLYNC DATE: 09/12/06 SYSTEM ID: HMS5000 DATE: 09/12/06
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

AEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06

MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 3 OF 3

DATES-FROM: 09 / 2006 THRU: ___ / ___ HH NUMBER: 101141653

HH NAME: KRISTOPHER A RUCKER CATEGORY: TEFRA ACTION TYPE: MAINTENANCE

BG NUMBER: 19358085 WKR: JLYNC JENNIFER DABBS ACTION DATE: 11/22/06

BG: A BGP: A RCP NAME: KRISTOPHER A RUCKER RCP NUMBER: 1780634405

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N QMB: N PROT PER DATE: 11/22/2007

ACTUAL ELIGIBILITY DATES

MEDICAID

| ---BENEFIT | DATES--- | --MEDICAID+QMB | DATES-- | SERVICE | REASON | REASON |
|------------|----------|----------------|---------|---------|--------|--------|
| BEGIN | END | BEGIN | END | TYPE | CODE 1 | CODE 2 |
| 09/01/2006 | | | | | | |
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UPDATED: USER ID: JSALA DATE: 11/30/06 SYSTEM ID: ELD3000 DATE: 11/22/06
 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