

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>12-11-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000397	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleaved 12/14/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-18-06</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> 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.			

**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

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

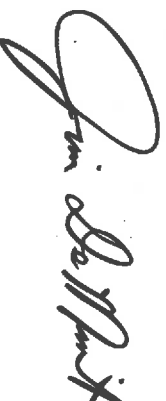
Dear Mr. Kerr,

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@demailnt-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 dark 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

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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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,

Gary Ries  
Deputy Director

GR/jod

*Robert M. Kerr*  
Robert M. Kerr  
Director

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

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

Instructions:

7/11/06

**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

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	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



MEDELD02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

HH NAME: KRISTOPHER A RUCKER  
HH NUMBER: 101141653

BG NUMBER: 19358085	CATEGORY: TEFRA	ACTION TYPE: MAINTENANCE
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BG: A BGP: A WKR: JLYNC JENNIFER DABBS ACTION DATE: 11/22/06

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
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BEGIN                      END

BEGIN . END

TYPE	CODE 1	CODE 2
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09/01/2006

UPDATED: USER ID: JSALA      DATE: 11/30/06      SYSTEM ID: ELD3000      DATE: 11/22/06  
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

ME9000115 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

Date: 12/12/2006 Time: 1:24:35 PM