

South Carolina Healthy Connections provides Medicaid coverage for low-income individuals diagnosed with tuberculosis (TB). Upon being diagnosed with TB, an individual not currently receiving Medicaid can apply for Medicaid coverage by completing DHHS Form 3400. The South Carolina Department of Health and Environmental Control (SC DHEC) will complete form 3400-E, Addendum-Tuberculosis Referral for all applicants who need Medicaid coverage for TB services. Both the application and the addendum must be sent to SC Healthy Connections as instructed below. The applicant will be notified in writing of approval or denial of the application. If approved, the patient must report when treatment is completed.

Section I - Applicant Information

1. Applicant Name (First name, Middle name, Last name)

2. Medicaid ID (if applicable)	3. Date of Birth	4. Date of TB Referral
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5. Has the patient completed DHHS Forms 3400, Healthy Connections Application? Yes No

If no, please complete the application before continuing. You may attach the application to this form to submit to DHHS.

6. Has the patient received treatment for this diagnosis in the past 3 months? Yes No

7. If yes, did the patient have insurance coverage for these expenses? Yes No

8. Does the patient currently have insurance coverage for TB services? Yes No

9. Which form of TB does the patient have? Check one: Infectious (Include suspected) (RSP=TBBH) Non-Infectious (RSP=TBRS)

Section II - DHEC Office

10. DHEC Employee Assisting with Application (First name, Middle name, Last name)

11. DHEC Employee Phone Number	12. DHEC Employee Email
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13. Nurse Case Manager Name (Print)

14. Nurse Case Manager Signature

Section III - Authorization to Disclose Health Information

I voluntarily authorize and request disclosure (including written, verbal, and electronic interchange) to SC DHEC and SC DHHS of all my medical records and other information related to my application to receive TB-related services.

15. Patient Name (Print)

16. Signature of Patient	17. Date
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**Mail the completed form(s) to:
SCDHHS - Central Mail
PO Box 100101
Columbia SC 29202-3101**

**Fax to:
803-255-8237**

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail at: PO Box 8206, Columbia, SC 29202-8206, by phone at: 1-888-549-0820 (TTY: 1-888-842-3620), or by email at: civilrights@scdhhs.gov.

If you believe SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person, by mail, or via email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>