DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Ries	9-13-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000237	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 9/15/06, letter attached. ✓	[X] Prepare reply for appropriate signature DATE DUE 9-22-06 [ ] 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.			

From: Mark Orf
To: Denise Epps
Date: 9/11/2006 2:13:47 PM
Subject: Fwd: Incoming Fax Message

RECEIVED
SEP 11 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please see the attached referral for Clyburn via DSS. Lets see whats up? Let log it (blue log) since Clyburn wants a response. Thanks

Log - Ries
"Approp. Sigt."

>>> Carrie B Jackson 9/11/2006 2:05 PM >>>

Carrie Jackson
Department of Health and Human Services
Bureau of Eligibility Policy and Oversight
803-898-2635

>>> SHHSFC.faxapi."-" 9/11/2006 1:06 PM >>>

-------Reception Fax Report-------
TSI Received: 8038987725
Pages Received: 006
Connect Time: 00155
Receive Time: 09/11/06 13:03
DID Received: 8350
Caller ID:
Fax Port: 01
Error Code: 0000
Job ID: 1335
Faxcom: 1 at 10.57.2.82

CC: Jan Polatty; Jill Ann Marchese

Serving Children and Families

KENNY FAYDLETTE, STATE DIRECTOR

FAX COVER SHEET

Date: September 11, 2006 **Number of Pages:** (including cover sheet) 3

To: Organization: Department of Health and Human Services

Attention: Mark Orf

Fax Number: 255-8350

From: Division or County: Constituent Services

Address: Room 621, North Tower

Name: Lenora Bush Reese

Fax Number: 898-7652

Telephone Number: 898-7700

Comments: Mark, I received the enclosed constituent inquiry from the office of Congressman Clyburn. Because the Medicaid program is not within the jurisdiction of the Department of Social Services, I am passing this along to your agency for review/response. Thank you.

Transmitted by:

This transmission may contain information that is protected from disclosure by federal and/or state law, or is otherwise privileged or confidential. This communication is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible for delivering this message to the recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited and violations of applicable federal and/or state law may subject you to civil and/or criminal penalties. If you have received this communication in error, please notify the sender immediately by telephone and return this communication by mail to the address shown above.

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES, P.O. BOX 1520, COLUMBIA, S.C. 29202-1520
WEB SITE: www.state.sc.us/dss

Constituent Services - NA 9-8-06

JAMES E. CLYBURN
6TH DISTRICT, SOUTH CAROLINA

VICE CHAIR
HOUSE DEMOCRATIC CAUCUS

DEMOCRATIC STEERING COMMITTEE

CONGRESSIONAL BLACK CAUCUS

Congress of the United States
House of Representatives
Washington, DC 20515–4006

COMMITTEE:
APPROPRIATIONS

SUBCOMMITTEES:
ENERGY AND WATER DEVELOPMENT
TRANSPORTATION, TREASURY AND INDEPENDENT AGENCIES
LEGISLATIVE BRANCH

www.house.gov/clyburn/
E-mail: jclyburn@mail.house.gov

RECEIVED
06 SEP -8 PM 12:35
S.C. DEPT. OF SOCIAL SVCS
COMMISSIONER'S OFFICE

August 8, 2006

Kim Aydlette
State Director
Department of Social Services
1535 Confederate Ave Est, North Towers Bldg.
PO Box 1520

Re: Mr. Tommy Freeman
SS# 247-04-4959

Dear Kim Aydlette:

Enclosed is a copy of the Privacy Act submitted to my office by Mr. Freeman, regarding a waiver of the 45 day waiting period for Medicaid benefits. It is my understanding that Mr. Freeman requires multiple medications and parenteral feedings in order to sustain his life.

I would greatly appreciate your reviewing this matter and providing any assistance possible under the governing statutes and regulations of your agency. Please forward your findings to my Santee office at 8833 old Highway 6, Santee, SC, 29142. If you have any questions, or require additional information, please contact Ms. Carole smith at (803) 854-4700.

Thank you for your prompt attention to this important matter.

With kindest regards, I am,

Sincerely,

James E. Clyburn
Member of Congress

JEC: CS

2135 Clyburn House Office Building
Washington, DC 20515–4006
(202) 225-3315
(202) 225-2313 Fax

1703 Gervais Street
Columbia, SC 29201
(803) 799-1100
(803) 799-9050 Fax

181 East Evans Street
Florence, SC 29506
(843) 662-1212
(843) 662-5474 Fax

8833 Old Highway 6
Santee, SC 29142
(803) 854-4700
(803) 854-4800 Fax

437 Amelia Street
Orangeburg, SC 29115
(803) 533-1000
1st & 3rd Mondays

21 North Main Street
Sumter, SC 29150
(803) 436-2500
2nd & 4th Mondays

DEMOCRATIC STEERING AND POLICY COMMITTEE
CONGRESSIONAL BLACK CAUCUS

APPROPRIATIONS
SUBCOMMITTEES
ENERGY AND WATER DEVELOPMENT
TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515–4006

Santee Office
8833 Old Highway 6
Santee, South Carolina 29142
(803) 854-4700

Dear Congressman Clyburn:

In response to my request for assistance, you have informed me that the Privacy Act of 1974 requires you to have authorization in writing to inquire into this matter on my behalf.

I hereby authorize you to obtain the necessary information for the purpose of assisting me from:

DSS Medicaid
Name of Agency

6-12-55
Date of Birth

for Tommy L. Freeman
Print Name in Full

247-04-4959
Social Security #

Sherrill Freeman for Tommy L. Freeman
Signature in Writing

8-03-06
Date

3799 N. Brewington Road
Current Mailing Address

Manning
City

SC
State

29102
Zip Code

803 505-6340
Area Code Phone Number

Clarendon
County

Briefly state your request below:
I'm are trying to get the 245 day waiting period for to apply for Medicaid for Tommy Freeman waived.

B18 Cannon House Office Building
Washington, DC 20515-4006
(202) 225-3315
(202) 226-1313 Fax

1703 Gervais Street
Columbia, SC 29201
(803) 799-1100
(803) 799-9080 Fax

181 East Evans Street
Florence, SC 29506
(843) 662-1212
(843) 662-8724 Fax

2106 Mt. Pleasant Street
Charleston, SC 29405
(843) 965-5879
(843) 965-5881 Fax

401 Longstreet
Anderson, SC 29625
(864) 224-3001
(864) 224-3004 Fax

439 Aiken Street
Charleston, SC 29115
(803) 533-1054
1st & 3rd Mondays

21 North Main Street
Sumter, SC 29150
(803) 773-3071, Ext. 271
2nd & 4th Mondays

237

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 15, 2006

Mr. Tommy L. Freeman
3799 N. Brewington Road
Manning, South Carolina 29102

Dear Mr. Freeman:

On your behalf, Congressman James E. Clyburn requested that we review your eligibility for Medicaid benefits.

According to our records, your Medicaid benefits under the Supplemental Security Income program ended July 31, 2006. The application process for our Aged, Blind or Disabled (ABD) program can sometimes take 45 days or longer; however, I am happy to report that you became eligible for ABD on August 1, 2006 without a break in services.

If you have questions regarding your Medicaid coverage, please contact Ms. Sharon Logan, eligibility worker in Clarendon County, at (803) 435-4305. With your consent, we shared this information regarding your Medicaid eligibility with Ms. Carole Smith in Congressman Clyburn's Santee office.

Sincerely,

Gary Ries
Deputy Director

GR/johe

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 29, 2006

The Honorable James E. Clyburn
United States House of Representatives
8833 Old Highway 6
Santee, South Carolina 29142

Attn: Ms. Carole Smith

Dear Congressman Clyburn:

Thank you for contacting us on behalf of Mr. Tommy Freeman of Manning regarding his Medicaid eligibility.

According to our records, Mr. Freeman's Medicaid benefits under the Supplemental Security Income program ended July 31, 2006. When an applicant applies for our Aged, Blind or Disabled (ABD) program, the disability determination can sometimes take 45 days or longer; however, Mr. Freeman became eligible for ABD on August 1, 2006, without a break in services.

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

Sincerely,

Robert M. Kerr
Director

RMK/rjohe

Office of the Director
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2504 • Fax (803) 255-8235

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Mr. Tommy L. Freeman
3799 N. Brewington Road
Manning, South Carolina 29102

Dear Mr. Freeman:

On your behalf, Congressman James E. Clyburn requested that we review your eligibility for Medicaid benefits.

According to our records, your Medicaid benefits under the Supplemental Security Income program ended July 31, 2006. The application process for our Aged, Blind or Disabled (ABD) program can sometimes take 45 days or longer; however, I am happy to report that you became eligible for ABD on August 1, 2006, without a break in services.

If you have questions regarding your Medicaid coverage, please contact Ms. Sharon Logan, eligibility worker in Clarendon County, at (803) 435-4305. With your consent, we shared this information regarding your Medicaid eligibility with Ms. Carole Smith in Congressman Clyburn's Santee office.

Sincerely,

Gary Ries
Deputy Director

GR/johe

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

LEGISLATIVE LOG #: (No assigned Log # as of 9/12/06)

LEGISLATOR/INQUIRER: Congressman James E. Clyburn

CONSTITUENT: Tommy Freeman of Manning, SC

SSN: 247-04-4959

BC ASSIGNED LOG: Alicia Jacobs

DATE REC'D BY AGENCY: 9/12/06 by fax

LOG LETTER DUE DATE:

DATE DRAFT DUE GR:

DATE REFERRED TO BC:

DATE DRAFT TO MARK: 9/12/06

DATE DRAFT TO ALICIA: 9/13/06

DATE DRAFT TO GR:

DATE LOG CLOSED:

Brief Description of Issue/Problem: Asking that the 45-day waiting period be waived & that his application for ABD Medicaid be expedited as he needs certain medications & medical services for survival.

Staff Person Researching Inquiry: Denise (8-2505)

Action Taken/Synopsis:

I tried to reach Mr. Freeman but had to leave a ms;
I had wanted to confirm that his request to waive t
was referring to the approximate # of days it takes

With good news to report, I informed Mr. Freemai
in Cong. Clyburn's Santee office (by letter) that M
was effective 8/1/06. In June 06, Mr. Freeman als
additional medical services.

Note: Even though the inquiry to Director Kim A
was dated August 8, our agency did not receive th

Alicia,
We can't do the
the Clyburn letter
for client
Joe. Please
return.
Thanks
Denise

D

Serving Children and Families

KIRK FAYOLETTE, STATE DIRECTOR

FAX COVER SHEET

Date: September 11, 2006 **Number of Pages:** (including cover sheet) 3

To: Organization: Department of Health and Human Services

Attention: Mark Orf

Fax Number: 255-8350

From: Division or County: Constituent Services

Address: Room 621, North Tower

Name: Lenora Bush Reese

Fax Number: 898-7652

Telephone Number: 898-7700

Comments: Mark, I received the enclosed constituent inquiry from the office of Congressman Clyburn. Because the Medicaid program is not within the jurisdiction of the Department of Social Services, I am passing this along to your agency for review/response. Thank you.

Transmitted by:

This transmission may contain information that is protected from disclosure by federal and/or state law, or is otherwise privileged or confidential. This communication is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible for delivering this message to the recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited and violations of applicable federal and/or state law may subject you to civil and/or criminal penalties. If you have received this communication in error, please notify the sender immediately by telephone and return this communication by mail to the address shown above.

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES, P.O. BOX 1520, COLUMBIA, S.C. 29202-1520
WEB SITE: www.state.sc.us/dss

9/11/06

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

OFFICE OF THE STATE DIRECTOR

ACTION REFERRALS

PLEASE RETURN THE ORIGINAL TO THE STATE DIRECTOR'S OFFICE

TO: Constituent Services	DATE: 9/8/06
COPIES TO:	

INSTRUCTIONS

The number in item 1 below has been assigned to the attached correspondence. Upon completing the assignment, return this form, the original correspondence and your response, with a copy for file to the State Director's Office.

After clearance by the State Director's Office, this form indicating date signed by the State Director and your response will be returned to you for mailing.

STATE DIRECTOR'S USE ONLY	DEPUTY STATE DIRECTOR'S EXECUTIVE STAFF USE ONLY
1. NUMBER: 9-6	6. RECIPIENT'S INITIALS: DATE:
2. DATE DUE: 9/19/06	7. ACCEPTING AUTHORITY'S INITIALS: DATE:
3. RELOGGED TO:	8. APPROVAL INITIALS:
4. INITIALS OF PERSON RELOGGING:	9. APPROVAL DATE:
5. DATE SIGNED BY STATE DIRECTOR:	10. DATE FINAL CORRESPONDENCE SENT TO STATE DIRECTOR'S OFFICE:

ACTION REQUESTED:

- ☐ PLEASE PREPARE A RESPONSE FOR STATE DIRECTOR'S SIGNATURE:
- ☑ NECESSARY ACTION
- ☐ REPLY APPROPRIATELY

IF NO ACTION REQUIRED, PLEASE PROVIDE WRITTEN REASON/JUSTIFICATION IN THIS SECTION:

STATE DIRECTOR'S APPROVAL:

CONTACT PERSON:

DSS Form 1833 (Jun 96) Edition of Feb 91 is obsolete.

RECEIVED
SEP 08 2006
General Counsel
SCDSS

Constituent Service - N/A - 9-8-06

JAMES E. CLYBURN
6TH DISTRICT, SOUTH CAROLINA

VICE CHAIR
HOUSE DEMOCRATIC CAUCUS

DEMOCRATIC STEERING COMMITTEE

CONGRESSIONAL BLACK CAUCUS

Congress of the United States
House of Representatives
Washington, DC 20515–4006

COMMITTEE
APPROPRIATIONS

SUBCOMMITTEES:
ENERGY AND WATER DEVELOPMENT
TRANSPORTATION, TREASURY AND INDEPENDENT AGENCIES
LEGISLATIVE BRANCH

www.house.gov/clyburn/
E-mail: jclyburn@mail.house.gov

RECEIVED
06 SEP -8 PM 12: 35
S. DEPT. OF SOCIAL SVCS
COMMISSIONER'S OFFICE

August 8, 2006

Kim Aydlette
State Director
Department of Social Services
1535 Confederate Ave Est, North Towers Bldg.
PO Box 1520

Re: Mr. Tommy Freeman
SS# 247-04-4959

Dear Kim Aydlette:

Enclosed is a copy of the Privacy Act submitted to my office by Mr. Freeman, regarding a waiver of the 45 day waiting period for Medicaid benefits. It is my understanding that Mr. Freeman requires multiple medications and parenteral feedings in order to sustain his life.

I would greatly appreciate your reviewing this matter and providing any assistance possible under the governing statutes and regulations of your agency. Please forward your findings to my Santee office at 8833 old Highway 6, Santee, SC, 29142. If you have any questions, or require additional information, please contact Ms. Carole smith at (803) 854-4700.

Thank you for your prompt attention to this important matter.

With kindest regards, I am,

Sincerely,

James E. Clyburn
Member of Congress

JEC: CS

2135 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4006
(202) 225-3315
(202) 225-2313 FAX

1703 GERVAIS STREET
COLUMBIA, SC 29201
(803) 799-1100
(803) 799-9060 FAX

181 EAST EVANS STREET
FLORENCE, SC 29506
(843) 662-1212
(843) 662-8474 FAX

8833 OLD HIGHWAY 6
SANTEE, SC 29142
(803) 854-4700
(803) 854-4800 FAX

437 AMELIA STREET
ORANGEBURG, SC 29115
(803) 533-1000
1ST & 3RD MONDAYS

21 NORTH MAIN STREET
SUMTER, SC 29150
(803) 436-2500
2ND & 4TH MONDAYS

DEMOCRATIC STEERING COMMITTEE
CONGRESSIONAL BLACK CAUCUS

APPROPRIATIONS
SUBCOMMITTEES
ENERGY AND WATER DEVELOPMENT
TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515–4006

Santee Office
8833 Old Highway 6
Santee, South Carolina 29142
(803) 854-4700

Dear Congressman Clyburn:

In response to my request for assistance, you have informed me that the Privacy Act of 1974 requires you to have authorization in writing to inquire into this matter on my behalf.

I hereby authorize you to obtain the necessary information for the purpose of assisting me from:

DSS Medicaid
Name of Agency

6-12-55
Date of Birth

for Tommy L. Freeman
Print Name in Full

247-04-4959
Social Security #

Susie A Freeman for Tommy L. Freeman
Signature in Writing

8-03-06
Date

3799 N. Brewington Road
Current Mailing Address

Manning SC 29102
City State Zip Code

803 505-6340
Area Code Phone Number

Clarendon
County

Briefly state your request below:

We are trying to get the 45 day waiting period for to apply for Medicaid for Tommy Freeman waived.

218 Cannon House Office Building
Washington, DC 20515-4006
(202) 225-3315
(202) 226-1212 F

1703 Gervais Street
Columbia, SC 29201
(803) 799-1100
(803) 799-0080 Fax

181 East Evans Street
Florence, SC 29506
(843) 662-1212
(843) 662-9174 Fax

2105 Mt. Pleasant Street
Charleston, SC 29405
(843) 965-5378
(843) 965-5381 Fax

401 Longstreet
Kingstree, SC 29556
(843) 354-[illegible]
(843) 354-2094 Fax

439 Amelia Street
Orangeburg, SC 29115
(803) 533-1008
1st & 3rd Mondays

21 North Main Street
Sumter, SC 29150
(803) 773-3571, Ext. 271
2nd & 4th Mondays

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/12/06
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 07/26/06 END: PAGE: 0001

NAME: FREEMAN TOMMY L HH NAME: FREEMAN TOMMY L
RCP NUMBER: 6780550038 HH NUMBER: 101098601 ACTION TYPE: MAINTENANCE
SSN: 247-04-4959 VC: V APL STATUS: ACTION DATE: 08/11/06
PRIMARY INDIVIDUAL: APL CO: 14 WORKER ID: SLOGA LOCATION: 001
3799 N BREWINGTON RD SSCN: 247044959A RRN:
RACE: 01 SEX: M MARITAL STATUS: S
TPL INSURANCE: N RELATION: SELF
MANNING SC 29102-7348 DOB: 06/12/1955 DOD:
CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

S	BG NUMBER	BEG ELIG	END ELIG	PCAT	QCAT	BENEFITS TYPE	QMB IND	RETRO IND	% OF POV LEVEL	CHIP NUMBER
_	59325026	08/01/2006		32	50	FULL	N	Y	.96	
_	09138406	03/01/2006	08/01/2006	80	50	FULL	N		.00	
_	69080364	01/01/2006	03/01/2006	32	50	FULL	N	Y	.00	
_	89107240	12/01/2005	01/01/2006	14	50		N	Y	1.71	

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: SDX1000 DATE: 02/24/06
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

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/12/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
DATES-FROM: 07 / 2006 THRU: __ / ____ PAGE: 2 OF 3

HH NAME: TOMMY L FREEMAN HH NUMBER: 101098601
BG NUMBER: 59325026 CATEGORY: ABD ACTION TYPE: MAINTENANCE
BG: A BGP: A WKR: SLOGA SHARON LOGAN ACTION DATE: 08/11/06

COUNTABLE BG MEMBERS: 1
COUNTABLE INCOME: 788.00 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00
POV-LVL: +.96 % HLTH INS PREM: 0.00
RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 08/11/06
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 08/11/07
MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____
REASON(S) FOR DENIAL/CLOSURE/CHANGE:

___ _____

___ _____

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _
APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _
UPDATED: USER ID: SLOGA DATE: 08/11/06 SYSTEM ID: ELD3000 DATE: 08/11/06
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP
PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

803-435-4305
ext. 226

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/12/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
DATES-FROM: 07 / 2006 THRU: __ / ____ PAGE: 2 OF 3

HH NAME: TOMMY L FREEMAN HH NUMBER: 101098601
BG NUMBER: 09138406 CATEGORY: SSI ACTION TYPE: MAINTENANCE
BG: C BGP: C WKR: CUWKR CENTRAL WORKER ACTION DATE: 07/15/06
COUNTABLE BG MEMBERS: 1
COUNTABLE INCOME: _____ COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 0.00 RESOURCE LIMIT: 0.00
POV-LVL: +.00 % HLTH INS PREM: 0.00
RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
MEETS NON-FINANCIAL? (Y/N): _ ACT ON DECISION COMPLETE? (Y/N): Y
MEETS INCOME? (Y/N): _ DECISION ACCEPTED DATE: 07/15/06
MEETS RESOURCES? (Y/N): _ NEXT REVIEW DATE: _____
MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: 07/02/06
REASON(S) FOR DENIAL/CLOSURE/CHANGE:
S93 Your Medicaid eligibility period has ended.

___ _____

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _
APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _
UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: ELD4000 DATE: 07/15/06
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP
PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDELD02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/12/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
DATES-FROM: 07 / 2006 THRU: __ / ____ PAGE: 3 OF 3

HH NAME: TOMMY L FREEMAN HH NUMBER: 101098601
BG NUMBER: 09138406 CATEGORY: SSI ACTION TYPE: MAINTENANCE
BG: C BGP: C WKR: CUWKR CENTRAL WORKER ACTION DATE: 07/15/06
RCP NAME: TOMMY L FREEMAN RCP NUMBER: 6780550038
PREVIOUS BG: _____ NEW BG: _____ CORRECT RCP NUMBER: _____
IT: _ PING-PONG: _ RETRO: N EXPARTE: N QMB: N PROT PER DATE: _____

ACTUAL ELIGIBILITY DATES

MEDICAID ---BENEFIT DATES--- BEGIN	END	--MEDICAID+QMB DATES-- BEGIN	END	SERVICE TYPE	REASON CODE 1	REASON CODE 2
03/01/2006	08/01/2006				S93	

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: ELD4000 DATE: 07/15/06
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: Denise Epps
To: Mark Orf
Date: 9/12/2006 11:17 AM
Subject: Re: Fwd: Incoming Fax Message

mark, this gentleman already has coverage through ABD effective 8/1/06.

instead of logging it and requiring a written response, i could just call cong. clyburn's ofc & let them know since they've included the HIPAA form.

what say ye?

>>> Mark Orf 9/11/2006 2:13 PM >>>
Please see the attached referral for Clyburn via DSS. Lets see whats up?
Let log it (blue log) since Clyburn wants a response. Thanks

>>> Carrie B Jackson 9/11/2006 2:05 PM >>>

Carrie Jackson
Department of Health and Human Services
Bureau of Eligibility Policy and Oversight
803-898-2635

>>> SHHSFC.faxapi."-" 9/11/2006 1:06 PM >>>

-------Reception Fax Report-------
TSI Received: 8038987725
Pages Received: 006
Connect Time: 00155
Receive Time: 09/11/06 13:03
DID Received: 8350
Caller ID:
Fax Port: 01
Error Code: 0000
Job ID: 1335
Faxcom: 1 at 10.57.2.82

45-day waiting period for ABD

also is enrolled in our CLTC program

MDRSS14 SC DHHS - RECIP SPECIAL PROGRAM SUMMARY 09/12/06

RECIP NO: 6780550038
NAME: FREEMAN TOMMY L LOCKIN BEGIN DATE:
PCP: ENTITY CD: SEEN BEFORE:
RECERTIFICATION DUE DATE: HOSPICE DIAG: PREG IND:

SEL	PG-CD	BEGIN	END	PROV#	BRD#	HMO POLICY #	DLU	USERID
_	CLTC	06/08/06	00/00/00				06/08/06	GFARM
	END							

PAGE: 0001
** INFORMATION SUCCESSFULLY RETRIEVED **
PF1->HELP PF6->RETURN PF7->PAGE BACK
PF8->PAGE FORWARD PF10->PREVIOUS MENU PF11->PROV PF13->DIAG INFO