

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>6-7-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>100481</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-14-10</i>	<input type="checkbox"/> Necessary Action DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 6/8/10, e-mail attached.</i>		<input type="checkbox"/> FOIA	

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

From: "Ombudsman" <ombudsman@rcgov.us>
To: "Gibson, Franklin D LTC NGSC" <franklin.d.gibson@us.army.mil>, "ROXANNE ..."
CC: "Norman Jackson" <jackson@rcgov.us>, "MICHELLE CANNON-FINCH" <mcf@rcgo...
Date: 6/4/2010 9:19 AM
Subject: Request from Adjutant General's Office - Medicaid Assistance - Ms. Lillie Victoria Gibson
Attachments: Victoria Gibson 249-83-6834 MEDICAID.pdf

Good Morning,

Thank you for contacting the Ombudsman's Office. We apologize for any inconvenience or frustration Ms. Gibson has experienced as a result of this matter. By copy of this email, Ms. Gibson's concern is being forwarded to Ms. Jan Polatty, Assistant to the Director of the Department of Health and Human Services, for investigation and response. Following an investigation, a representative of the corresponding department will contact you with their findings.

RECEIVED
JUN 07 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

If our office may be of further assistance, please feel free to contact us.

Sincerely,

Kelly S. Cunningham

Kelly S. Cunningham

Customer Service Representative

Richland County Ombudsman's Office

2020 Hampton Street, Suite 3061

Columbia SC, 29204

Phone: (803) 929-6000

Fax: (803) 929-6009 Email: ombudsman@rcgov.us

This message may contain confidential and/or privileged information. If you are not the addressee or authorized to receive this for the addressee, you must not use, copy, disclose, or take any action based on this message or any information herein. If you have received this message in error, please advise the sender immediately by reply e-mail and delete this message. Thank you for your cooperation.

-----Original Message-----

From: Gibson, Franklin D LTC NGSC [mailto:franklin.d.gibson@us.army.mil]

Sent: Thursday, June 03, 2010 10:01 PM

To: Ombudsman; JUDY CARTER; ROXANNE ANCHETA; TONY MCDONALD; MILTON POPE; STEPHANY SNOWDEN; SHERRY WRIGHT-MOORE

Cc: Norman Jackson; MICHELLE CANNON-FINCH

Subject: Lillie Victoria Gibson MEDICAID Assistance REQUEST

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Cc: Norman Jackson; MICHELLE CANNON-FINCH

Subject: Lillie Victoria Gibson MEDICAID Assistance REQUEST

Greetings:

I am writing on behalf of my daughter, Lillie Victoria Gibson, 249-83-6834, Beneficiary ID# 4781155631. Victoria came to me upset and confused. She told me she navigated all of the gates necessary to qualify for MEDICAID as a single, mother to be, living alone and working at or near minimum wage. She was asked to provide additional documentation from her employer and from her OBGYN which she did on 28 Mar 2010 via fax from my office at the Adjutant General's Office. The documentation attesting to that transmission is attached.

She was approved and received her MEDICAID card. Today Ms. Gloria Wright, her caseworker, advised that she was no longer eligible as she failed to meet the deadline to submit the requested documents. Victoria is having a troubled pregnancy to begin with and the staff of the Richland County Office are very difficult to contact and did not offer the kind of customer service I would expect from Health and Human Services.

Your assistance in looking into this matter would be greatly appreciated.

Thanking you in advance.

Franklin D. "Sandy" Gibson, Jr., Lt.Col, USAF-SCANG Director For
Strategic Development Office of the Adjutant General
1 National Guard Road
Columbia, South Carolina 29201
DSN: 583-2848 COM: 803-806-2848
Cell: 803-530-0878

3 Jun 2010

Richland CountyOmbudsman

My name is Lillie Victoria Gibson, 249-83-6834 Beneficiary ID# 4781155631. My caseworker is M.s. Gloria Wright, telephone number 803-714-7607, BG# 41193745; HH# 101415664.

I was approved to receive MEDICAID as I am a single mother to be about 14 weeks pregnant. I have provided all of the documentation requested by my caseworker to include the supplemental information which was FAXED to 803-714-7310 on 28 Mar 2010 as evidenced by the FAX verification form attached with this file.

I was advised by M.s. Wright today that I was removed from eligibility because I did not return the requested documents, those that were faxed as attached.

M.s. Wright is very difficult to get in touch with. I have left many telephone voice mails with her in an attempt to verify that the documents were received. This is not the first time we have had a problem with documents. The first set was lost in the office after I waited in line and delivered them in person. Moreover, I received a letter in the mail stating that I had until 6 June 2010 to submit the documents already faxed, this morning M.s. Wright said that date changed to 31 May 2010. I am confused.

I am at a loss as to what to do next. I do not feel that this office has my best interests at heart.

Please assist, I need this assistance in order to care for myself and my unborn child.

Thanks so much.

Lillie Victoria Gibson

803-530-3242

misswick@scrrc.om

sandy@gibson@scrrc.com

Documents for Lille Victoria Gibson 249-83-6834 ID# 4781155631

HP OfficeJet Pro 8500 A909n All-in-One series

Fax Log for
FHQ, TAG, AO
239-808-4350
May 28 2010 8:56AM

Legal Trademark

Date	Time	Type	Station ID	Duration	Pages	Result
May 28	8:54AM	Fax Sent	98037147310	1:15 N/A	3	OK

Note:

Image on Fax Send Report is set to Off

An image of page 1 will appear here for faxes that are sent as Scan and Fax.

To: Gloria Wright

From: Lillie Victoria Gibson
BG# 41193745
HI# 101415664
SS# 249-83-68-34



Date: May 28, 2010

RE: Information Needed to Complete My File

Attached to this fax cover you will find a copy of my earnings and a copy of the letter with my estimated delivery date. I delivered this information to the Medicaid office on May 21, 2010 and it has not yet been processed.

If you have any questions about this information or need additional information, please contact me at 803.530.3242.

Thank you,
Lillie Victoria Gibson

249-83-6834



Studio West

315 State Street
West Columbia, South Carolina 29169



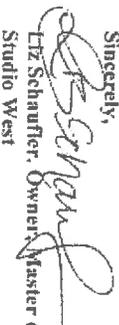
May 18, 2010

To Whom It May Concern:

This is to certify that Lillie Victoria Gibson, social security number 249-83-6834, is an independent contract color specialist and stylist with my salon. Miss Gibson earns between \$900.00 and \$1,100.00 per month depending on client bookings.

I am the founder, owner and chief operating officer of Studio West, L.L.C. I can be reached at 803-791-3440 if you have any questions.

Sincerely,


Litz Schaufier, Owner, Master colorist
Studio West

5/18/2010



LILLIE V GIBSON
DOB 07/10/1990
Medicaid Member Number: 4781155631

**MEDICAID APPROVAL LETTER
OCWI (PREGNANT WOMEN)**

ROCHELAWN COUNTY DHS
3230 TWO MILE ROAD
COLUMBIA SC 29204-2606

LILLIE VICTORIA GIBSON
972 TYSAS ST
COLUMBIA SC 29201

Date: 08-14-2016
Withheld
GIGI A WRIGHT
Telephone: 803.714.7607
BC# 11037915
HHS# 101475084

Case# 803-714-05329

Beneficiary Name
LILLIE VICTORIA GIBSON

Beneficiary ID#
4781155631

Medicaid Card
Effective Date
08/01/2016

Policy Category

249-83-6834

July 1st

The file denied card will be mailed to your current address. If you move, you must tell your doctor. You must present this card to the doctor, hospital, and drug store each time you go.

You have a choice about the way you receive health services. You will soon receive a letter from the Medicaid Choices enrollment package. It is very important that you read the package and choose a plan. If you do not choose a plan, a plan will be chosen for you. If you have questions, call SC Healthy Connections Choices at 1-877-552-4542.

Fair Hearing

If you feel your case has been covered in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a fair hearing within 10 days of the date on this letter, you can ask in your request that your coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any benefits you received while your case was being reviewed.

You must notify your Medicaid worker or 10 days if you have a change in the following:

- Where you live
- Income
- Resources
- Family Size (someone moved in or out)
- Any laws that would change your case

YOU WILL RECEIVE A REVIEW FORM IN THE MAIL EVERY 12 MONTHS (SOME TIMES SOONER). WHEN YOU RECEIVE THE REVIEW FORM, YOU MUST COMPLETE AND RETURN IT OR YOUR MEDICAID WILL STOP.

Lake Murray Oh Coy LLC
1401 West Main Street, Suite 1
P.O. Box 1641
Lexington, SC 29072-2332
Phone: (803)906-5350

DEA No. 185-175026

Name: Lillie V Gibson

Address: 104 Ridgeway Drive
Lexington, SC 29072

DOB: 7/11/1990
Age: 19
Date: 5/7/2016

R Medical Letter

This letter is to confirm the pregnancy of Lillie "Victoria" Gibson, MOP EIDC as 12/11/2016.



Stacy Smithson, MD

Stacy E. Smithson, MD

Stacy E. Smithson, MD

DISPENSE AS WRITTEN

CALL NEAR EXPIRE AND RECALL !!!

Documents for Lillie Victoria Gibson 249-83-6834 ID# 4781155631

Authorization of Responsibilities
 Authorized Representative

An authorized representative, or responsible person, is someone who acts for another individual either with the individual's consent or at the order of an appropriate court.

To apply for Medicaid for someone while acting as his or her authorized representative, you are obligated to tell the South Carolina Department of Health and Human Services all that you know about the individual's situation, whether personal, financial, medical, etc. It does not mean that you will be personally responsible for the individual's debts. Any agreements that you make with providers of medical services or other individuals related to the individual for whom you are applying are your responsibility, and the Department has no control or influence in such matters.

Name and Address of Applicant: Lillie Victoria Gibson 121 North Point Drive Apt 403 Lexington SC 29072 HH# 1014155634	Limits of programs for which this person is eligible: Income: <u>11K - 12K per year</u> Resources: <u>0</u>
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- By agreeing to act as authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any changes in income or resources within 10 days of the change or as soon as you become aware of the change. *Examples of changes that may be reported:*
 - Increase or decrease in monthly income
 - Receipt of a lump sum
 - Receipt of any regular monthly income payments
 - Change of address
 - Relying or selling property
 - Death of an individual or of a spouse or any relative living in the home
- By agreeing to act as an authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any requested changes to Medicaid Managed Care Enrollment as soon as you become aware of the change. *Examples of changes that must be reported:*
 - Choices and changes in Medicaid managed care health plans (Managed Care Organizations or Medical Homes Network); or Fee-For-Service Medicaid
 - Choices and changes in Primary Care Providers (for Medical Homes Networks only)
- By agreeing to act as an authorized representative for this applicant/beneficiary, you understand that if you deliberately give false information or withhold any information concerning the individual's situation, you are liable for prosecution for fraud and/or perjury. You are not liable for changes of which you are not aware.

If you agree to fulfill the responsibilities of an authorized representative, please sign and date below:

Authorized Representative: <u>Lillian Gibson</u>	Date: <u>6.7.10</u>
Address: <u>104 Ridgewood Dr., Lexington SC 29072</u>	

Documents for Lillie Victoria Gibson 249-83-6834 ID# 4781155631

Authorized representative of representative
 Authorized Representative

An authorized representative, or responsible person, is someone you elect to act on an individual's behalf with the individual's consent or in the order of an appropriate court.

To apply for Medicaid for someone while acting as her or her authorized representative you are obligated to tell the South Carolina Department of Health and Human Services all that you know about the individual's situation, whether personal, financial, medical, etc. It does not mean that you will be personally responsible for the individual's debts. Any agreements that you make with providers of medical services or other individuals related to the individual for whom you are applying are your responsibility, and the Department has no control or influence in such matters.

Name and Address of Applicant: Lillie Victoria Gibson 121 Northpoint Drive Apt 403 Columbia, SC 29272 HHH 10145144	Units of programs for which this person is applying: Income: 11k to 22k per year Resources: 0
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- By agreeing to act as authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any changes in income or resources within 10 days or may be reported:
 - Increased or decrease in monthly income
 - Receipt of a lump sum
 - Receipt of any regular monthly income payments
 - Change of address
 - Receiving or selling property
 - Death of an individual or of a spouse or any relative living in the home
- By agreeing to act as an authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any requested changes to Medicaid Managed Care Enrollment as soon as you become aware of the change. Examples of changes that must be reported:
 - Changes and changes in Medicaid managed care health plans (Managed Care Organizations or Medical Home Network) or Fee for Service Medicaid
 - Changes and changes in Primary Care Providers (or Medicaid Home Networks only)
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If you agree to fulfill the responsibilities of an authorized representative, please sign and date below:

Authorized Representative:  Franklin D. Gibson, Sr.	Date: 6.7.10
Address: 104 Ridgewood Lane Columbia, SC 29272	

Log# 0481

From: Alicia Jacobs
To: Lena Aquino
Date: 6/8/2010 10:33 AM
Subject: Re: Fwd: Log 0481

Fine to close it but Rudy needs to see the complaint. Thanks

>>> Lena Aquino 6/8/2010 9:40 AM >>>

The father mentioned that the daughter had some problems with the Richland county office (I can get you a copy of the log - Rudy has one too). Can we close it without a written response?

>>> Jennifer Lynch 6/8/2010 9:36 AM >>>

This one has already been handled. The constituent sent an email to the agency email box. Shella has already spoken with Ms Gibson directly and her PW case remains active. Can we close this as no written response is necessary?

Thanks!

Jennifer Lynch
Supervisor, Division of Constituent & Beneficiary Services
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

Log 0481



From: Jennifer Lynch
To: Lena Aquino
Date: 6/8/2010 10:44 AM
Subject: Re: Fwd: Log 0481

Thanks!

Jennifer Lynch
Supervisor, Division of Constituent & Beneficiary Services
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

>>> Lena Aquino 6/8/2010 10:34 AM >>>
Alicia said OK to close. I'll close out with Brenda. Thanks!

Lena

>>> Alicia Jacobs 6/8/2010 10:33 AM >>>
Fine to close it but Rudy needs to see the complaint. Thanks

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