

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-31-07</i>
---------------------	-------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000231</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-7-07</i>		
2. DATE SIGNED BY DIRECTOR <i>Cleaved 11/8/07, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			

# The House of Representatives

STATE OF SOUTH CAROLINA

STATE HOUSE

P. O. BOX 11867

Columbia 29211

(803) 734-3065



DOUGLAS JENNINGS, JR.

DISTRICT 54

MARLBORO AND CHESTERFIELD

COUNTIES

JUDICIARY COMMITTEE

October 23, 2007

HOME ADDRESS  
1511 BROAD STREET  
P. O. DRAWER 995  
BENNETTSVILLE, SC 29612  
(843) 479-2865

Ms. Emma Forkner  
Director, Department of Health and Human Services  
P. O. Box 8206  
Columbia, SC 29202

*Log: Jacobs*  
*du, Mrs*

RE: Vivian Caulder  
3612 Nugget Lane  
Blenheim, SC 29516  
843-528-1113  
SS#: 247-08-4950

Dear Ms. Forkner:

I have been contacted by my above-referenced constituent, Vivian Caulder, who is having difficulty being approved for Medicaid.

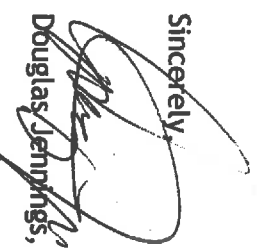
Mrs. Caulder's husband is the only one working in the home. There are three people who live in their household. Mrs. Caulder suffers with several medical conditions that require her to be on medication and see a doctor regularly.

Mrs. Caulder has applied for Medicaid several times and has been denied each time.

I would appreciate your looking into this matter for Mrs. Caulder and doing anything you can to assist her. If you need any further information please contact Mrs. Caulder at her address or phone number above.

Thank you and with kindest regards, I am

Sincerely,

  
Douglas Jennings, Jr.

DJ:JR;tth

cc: Vivian Caulder

RECEIVED

OCT 29 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

November 8, 2007

The Honorable Douglas Jennings, Jr.  
South Carolina House of Representatives  
151 Broad Street  
Bennettsville, South Carolina 29512

Dear Representative Jennings:

Thank you for referring Ms. Vivian Caulder to our agency with her concerns about Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Caulder regarding Medicaid eligibility and the rules and regulations governing the program. We also provided Ms. Caulder with information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescription medications and inpatient hospitalization expenses.

We appreciate 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,

A handwritten signature in cursive script, reading "Emma Forkner".

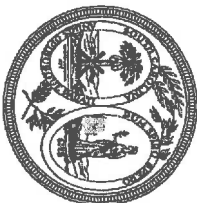
Emma Forkner  
Director

EF/codl

Log 0231



109 0251



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

November 8, 2007

Ms. Vivian Caulder  
3612 Nugget Lane  
Blenheim, South Carolina 29516

Dear Ms. Caulder:

Representative Douglas Jennings, Jr., asked our agency to assist with your questions regarding Medicaid eligibility.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. Enclosed is an overview of the South Carolina Medicaid program.

Your grandson's coverage through Medicaid's Partners for Healthy Children program ended November 1, 2007 because we did not receive a completed annual review form. Our office sent you a new form. The completed form must be returned to the Marlboro County Medicaid Office no later than November 9, 2007. Otherwise, a new application will be necessary to determine eligibility for your grandson. Should you choose to reapply or have any questions, please contact Ms. Elaine Seales at (843) 479-4389 and she will be happy to assist you.

Enclosed is information on other healthcare and prescription programs for residents without health insurance coverage. Please call the contact number on each for more information. If you have further questions or concerns regarding the Medicaid program, please call Bob Liming at (803) 898-2621.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs  
Interim Deputy Director

AJ/codl  
Enclosures

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

**ACTION REFERRAL**

TO <i>Jacobs</i>	DATE  <i>10-31-07</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER  <i>000231</i>		<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-7-07</i>	
2. DATE SIGNED BY DIRECTOR  <i>6 Nov 07</i>		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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. <i>[Signature]</i>	<i>11/6/07</i>		
2. <i>[Signature]</i>	<i>11/7/07</i>		
3.			
4.			

# The House of Representatives

STATE OF SOUTH CAROLINA

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P. O. BOX 11867

Columbia 29211

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DOUGLAS JENNINGS, JR.  
DISTRICT 54  
MARLBORO AND CHESTERFIELD  
COUNTIES  
JUDICIARY COMMITTEE

HOME ADDRESS  
151 BROAD STREET  
P. O. DRAWER 995  
BENNETTSVILLE, SC 29512  
(843) 479-2865

October 23, 2007

Ms. Emma Forkner  
Director, Department of Health and Human Services  
P. O. Box 8206  
Columbia, SC 29202

*Log: Jacks  
du, Sir*

RE: Vivian Caulder  
3612 Nugget Lane  
Blenheim, SC 29516  
843-528-1113  
SS#: 247-08-4950

Dear Ms. Forkner:

I have been contacted by my above-referenced constituent, Vivian Caulder, who is having difficulty being approved for Medicaid.

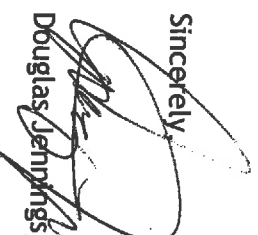
Mrs. Caulder's husband is the only one working in the home. There are three people who live in their household. Mrs. Caulder suffers with several medical conditions that require her to be on medication and see a doctor regularly.

Mrs. Caulder has applied for Medicaid several times and has been denied each time.

I would appreciate your looking into this matter for Mrs. Caulder and doing anything you can to assist her. If you need any further information please contact Mrs. Caulder at her address or phone number above.

Thank you and with kindest regards, I am

Sincerely,

  
Douglas Jennings, Jr.

DJ:JR;tth

cc: Vivian Caulder

RECEIVED

OCT 29 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

# Medicaid Programs / Other Resources Check List

Log # 0231

Legislator/Inquirer: State Rep. Doug Jennings

Constituent: Ms. Vivian Coulter

SS#: 247-08-4950

PROBLEM / ISSUE:		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Letter says mother needs medical care but can't get Medicaid		3	? (1,520)	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBWS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP:			LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>
11/2	Receive log; research Meds and e-mail last CW re Status and background			MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>
	Mother denied LIF twice for income; the 3rd time sanctioned for not providing child support data; also denied ABD. DHC on child closed 10/11 due to no review form (E-mail Marlboro for more background)			MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
11/5	E-mail from Elaine Seals, follow up re status and review form			Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
11/6	Spoke with her. again, she acknowledged she had received calls from Ms. Seals + I, but hadn't returned them. I again told her it was imperative she complete and return the review form for DHC for grandson. Understands over income for LIF, told her how to apply if there is income change. No matter how much I explain, she seems to not care, or maybe unable to grasp the need to submit paperwork; told her we would be sending data on CHF's, MIAP that might help her with her care, but again urged her to complete paperwork on grandson.			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>
				Pregnant Women/Infants	<input type="checkbox"/>		
				SILVERxCARD	<input type="checkbox"/>		
				SLMB	<input type="checkbox"/>		
				SSI	<input type="checkbox"/>		
				TEFRA	<input type="checkbox"/>		
				Working Disabled	<input type="checkbox"/>		

**From:** Elaine Seales  
**To:** Robert G Liming  
**Date:** 11/5/2007 4:10 PM  
**Subject:** Re: Fwd: Status of Ms. Vivian Caulder SS # 247-08-4950

We cannot get her on the phone. Have left voicemail.

Elaine Seales  
Marlboro County DHHS  
voice: 843-479-4389

>>> Robert G Liming 11/5/2007 2:37:31 pm >>>  
Have you all had any luck in contacting Ms. Caulder yet?

>>> Robert G Liming 11/5/2007 10:16 AM >>>  
Thanks for the update, the info on Ms. Caulder is 3612 Nugget Lane, Blenheim, SC 29516 and the telephone is 843-528-1113. I believe the CW was Sonya Taylor, and maybe she could call Ms. Caulder and get her to come in and fill out the review form since I think we still have time to continue coverage now if all is in order.

It appears that her previous coverage also closed in 2006 for failure to do review. Once you all have been in touch with her can you please update me so we can advise Rep. Jennings? Thanks so much for all the help.

>>> Elaine Seales 11/5/2007 9:49 AM >>>  
Based on the information I have so far, it looks like Ms. Caulder did not return a review form this year due to the fact the case was an auto-closure in MEDS. We have looked for her old ABD denial but that denial was in 2002 and we no longer have the case file. Other denials and closures appear to have been done by Central Eligibility Processing (co 47) so we do not have information on those other than reason codes for the actions. If you have current contact information for her, please forward and we will assist any way we can. If she says she turned in a form already, please ask her when and we will search some more.

>>> Robert G Liming 11/5/2007 8:46:19 am >>>  
I spoke late Friday with Ms. Caulder and was somewhat confused by the information she provided, can you have someone get back to us regarding this case and our previous request? It would appear that the granddaughter's coverage closed 11/1/07, but can still be reopened if the review form is turned in. I sent Ms. Caulder a new review form and told her we would ask her CW to call her and do what we could to help process the PHC. Once you have a chance to look this over can you please provide us with background? Many Thanks.

Elaine Seales  
Marlboro County DHHS  
voice: 843-479-4389

>>> Robert G Liming 11/2/2007 11:57 AM >>>  
Can you please provide me all available background on this member and her Medicaid status? Would also appreciate any information on Da Yonta N. Hicks SS # 654-14-2424, it would appear we could reopen the child's coverage if the review form is completed. Can you please call Ms. Caulder and advise her that we could consider the child's eligibility if she will get the review form completed and back to you by November 11? Her number is 843-528-1113. I will also call her and see if there is any other way we can be of assistance.

I am handling a legislative request from Rep. Jennings concerning Ms. Caulder and her eligibility. Based on MEDS it seems she has applied on several occasions and been turned down for failing to provide documentation, including evidence of child support. She has also been denied twice for income and ABD for not meeting disability. I need all the details you can provide ASAP so I can respond to Representative Jennings. Can you provide a list of her application dates and what specific materials she has failed to provide? I also want to be certain of all the facts since it appears your office has seen Ms. Caulder often. Thanks for any data you can provide.

Robert G. Liming  
Special Project Manager, Office of Constituent Services  
South Carolina Department of Health and Human Services  
Room 310  
1801 Main Street  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

803-898-2621  
E-Mail: [rlimingr@scdhs.gov](mailto:rlimingr@scdhs.gov)  
Website: [www.scdhs.gov](http://www.scdhs.gov)



Ms. Caulder: This is the annual review form which must be completed and returned to the Marlboro County Medicaid Office to continue to maintain coverage for Da Vonta N. Hicks. You will also need to supply all required documents with this review form, if you have any questions please call Ms. Sonya Taylor in the Marlboro County Medicaid Office at 843-479-4389. This form must be completed and given to Ms. Taylor before November 10.

Robert G. Liming  
Special Project Manager, Office of Constituent Services  
South Carolina Department of Health and Human Services  
Room 310  
1801 Main Street  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: [limingr@scdhs.gov](mailto:limingr@scdhs.gov)

Website: [www.scdhs.gov](http://www.scdhs.gov)

EDIT



Constituent ID

1124

Closed? ☐

Date Closed

Source Blue Log

Log No. 0231

Due Date 11/ 7/2007



Print this Form

Constituent Notes

SSN 247-08-4950

MEDICAID ID 1630123522

First Name

MI

Last Name

Vivian

Caulder

Constituent Phone(s) (843) 525-1113

Constituent Phone Extension

HIPAA Authorization

Reason for Referral Medicaid Closure

Staff ID

Staff First Name

Staff Last Name

5

Robert

Liming

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/ Other

Rep. Jennings

Entry Date 11/ 2/2007

Last Update 11/ 6/2007

Last Update User LIMINGR

Apply

Cancel

Close

Constituent# 1124

	Notes ID	Entry Date	Last Update	Notes
▶	2308	11/7/2007	11/7/2007	Made Garnell's edit to constituent's letter. He approved final version taken to 11th floor this a.m. EPPSDEN 11/7/2007 10:07:11 AM
	2296	11/6/2007	11/6/2007	To Garnell. LYNCHJEN 11/6/2007 2:41:26 PM
	2287	11/6/2007	11/6/2007	Edits and to Mark. LYNCHJEN 11/6/2007 11:17:58 AM
	2286	11/6/2007	11/6/2007	Reviewed edits, got folder and gave to Jenny for action LIMINGR 11/6/2007 10:22:26 AM

4EDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 08 / 2007 THRU: / PAGE: 2 OF 3

HH NAME: VIVIAN CAULDER HH NUMBER: 100787071

BGN: 69350080 PCAT: PHC SPN: ACT TYPE: MAINTENANCE

BG: C BGP: C WKR: STAYL SONYA TAYLOR ACT DATE: 10/11/07

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 1650.00 RESOURCE LIMIT: 30000.00

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: 10/11/07

MEETS RESOURCES? (Y/N): - NEXT REVIEW DATE: 10/11/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

S82 We did not receive your review form or it was received incomplete.

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: 10/11/07

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

4EDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 05 / 2006 THRU: / PAGE: 2 OF 3

HH NAME: VIVIAN CAULDER HH NUMBER: 100787071

BGN: 58097773 PCAT: PHC SPN: ACT TYPE: MAINTENANCE

BG: C BGP: C WKR: ELDWK E LDWK ACT DATE: 07/30/06

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 1604.00 RESOURCE LIMIT: 0.00

POV-LVL: +.21 % 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: 07/30/06

MEETS RESOURCES? (Y/N): \_ NEXT REVIEW DATE: 07/29/06

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

S82 We did not receive your review form or it was received incomplete.

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: 07/30/06

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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 02 / 2006 THRU: \_ / \_ PAGE: 2 OF 3

HH NAME: VIVIAN CAULDER HH NUMBER: 100787071

BGN: 29132353 PCAT: LIF SPN: ACT TYPE: MAINTENANCE

BG: D BGP: D WKR: ELDWK E LDWK ACT DATE: 03/20/06

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 0.00 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: 03/20/06

MEETS RESOURCES? (Y/N): \_ NEXT REVIEW DATE: 03/21/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

021 You did not return proof of all money received for your household.

ELIGIBILITY DECISION APPEALED? (Y/N) \_ CONTINUE BENEFITS? (Y/N): \_

APPEAL REQUEST DATE: \_ COUNTY DECISION UPHELD? (Y/N): \_

UPDATED: USER ID: PBERR DATE: 03/20/06 SYSTEM ID: ELD3000 DATE: 03/20/06

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

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 05 / 2005 THRU: \_\_ / \_\_ PAGE: 2 OF 3

HH NAME: VIVIAN CAULDER HH NUMBER: 100787071

BGN: 08830828 PCAT: LIF SPN: ACT TYPE: MAINTENANC

BG: D BGP: D WKR: ELDWK E LDWK ACT DATE: 06/06/05

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 1242.19 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 520.00 RESOURCE LIMIT: 0.00

POV-LVL: +1.16 % 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): N DECISION ACCEPTED DATE: 06/06/05

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 06/06/06

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -

APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -

UPDATED: USER ID: PBERR DATE: 06/06/05 SYSTEM ID: ELD3000 DATE: 06/06/05

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

4EDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001  
HH NAME: CAULDER VIVIAN ACTION TYPE: MAINTENANCE  
HH NUMBER: 100787071 APL STATUS: ACTION DATE: 09/06/06  
RCP/SSN/BG: LAST APL: 09/05/06 HH COUNTY: 35 MARLBORO  
RES ADDR HOME PHONE: 843-528-0338 MAIL ADDR WORK PHONE: - -  
3612 NUGGET LANE

S	RCP NUMBER	PI NAME	SC	-	BLENNHEIM	SSN	LATEST ELG PERIOD	AGE	SC 29516-
-	1630123522	* VIVIAN CAULDER				247-08-4950	05/01/00 - 06/01/00	50	
-	WRKR ID:	NBRAC	NAME:	BRACEY	NANCY L	SPNSR:	BG:	93511915	CNTY: 35
-	9355589601	DA VONTA N HICKS				654-14-2424	09/01/06 - 11/01/07	5	
-	WRKR ID:	STAYL	NAME:	TAYLOR	SONYA S	SPNSR:	BG:	69350080	CNTY: 35

ME9000049 HOUSEHOLD RECORD FOUND

PF2->PI PF5->HH MBR DTL PF7->PREV PF8->NEXT PF9->HH APLS PF11->HH MBRs  
PF12->HH BGS PF14->RCP INFO PF17->ELD00 PF18->HH MBR BGS PF19->REPL CARD

4EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: CAULDER VIVIAN ACTION TYPE: MAINTENANCE  
HH NUMBER: 100787071 APL STATUS: ACTION DATE: 09/06/06

S	NUMBER	CATEGORY	WORKER	CNTY	LOC	SPNSR	NEXT REVIEW	LAST REVIEW	BG STATUS
S	69350080	PHC	STAYL	35	001		10/11/2007	10/11/2007	CLOSED
S	58097773	PHC	ELDWK	47	077		07/29/2006	07/30/2006	CLOSED
-	37963085	INFANT	ELDWK	47	077		02/27/2004	08/08/2003	CLOSED
-	29132353	LIF	ELDWK	47	077		03/21/2007		DENIED
-	28921832	LIF	ELDWK	47	077		09/19/2006		DENIED
-	08830828	LIF	ELDWK	47	077		06/06/2006		DENIED
-	37963071	LIF	ELDWK	47	077		06/01/2003		DENIED
-	93511915	ABD	NBRAC	35	001		10/08/2003		DENIED

UPDATED: USER ID: PBERR DATE: 09/06/06 SYSTEM ID: HMS5000 DATE: 09/06/06  
ME904675 HOUSEHOLD BUDGET GROUPS FOUND  
PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION  
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00



4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:  
 MEMBER PERIOD START: 08/12/07 END:  
 NAME: HICKS DA VONTA N HH NAME: CAULDER VIVIAN  
 RCP NUMBER: 9355589601 HH NUMBER: 100787071 ACTION TYPE: MAINTENANCE  
 SSN: 654-14-2424 VC: V APL STATUS: ACTION DATE: 09/06/06  
 APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:  
 DOB: 07/30/2002 AGE: 5 SC RES(Y/N): Y QUESTIONABLE(Y/N): N  
 DOD: MEDICARE COVERAGE(Y/N): N  
 SEX: M MALE RACE: 08 OTHER/UNKNOWN SS CLAIM NUMBER(Y/N): N  
 REL: CH1 LEGAL CHILD OF SELF ONLY RAILROAD NUMBER(Y/N): N  
 SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME  
 MARITAL STATUS: S SINGLE PROVIDER NAME:  
 STUDENT STATUS: GRADE: ADMISSION DATE:  
 PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:  
 BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N  
 DISABILITY ONSET: VC CHILD CARE/INCAPACITATED EXPENSE(Y/N): N  
 VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): N  
 US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: E  
 US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y  
 UPDATED: USER ID: DATE: SYSTEM ID: COM2000 DATE: 08/12/07  
 ME900063 RECIPIENT RECORD FOUND  
 2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO  
 15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 08/12/07 END:

NAME: HICKS DA VONTA N

HH NAME: CAULDER VIVIAN

RCP NUMBER: 9355589601

ACTION TYPE: MAINTENANCE

SSN: 654-14-2424 VC: V APL STATUS:

ACTION DATE: 09/06/06

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 07/30/2002

AGE: 5

SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD:

MEDICARE COVERAGE(Y/N): N

SEX: M MALE

RACE: 08 OTHER/UNKNOWN

SS CLAIM NUMBER(Y/N): N

REL: CHI LEGAL CHILD OF SELF ONLY

RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE:

LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: S SINGLE

PROVIDER NAME:

STUDENT STATUS:

GRADE:

ADMISSION DATE:

PREGNANT(Y/N): N EDC:

#:

DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): N RSP(Y/N): N

CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET:

VC:

CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N

INSURANCE(Y/N): N

EARNED INC(Y/N): N UNEARNED INC(Y/N): N

US CITIZEN(Y/N): Y ALIEN#:

REGISTER TO VOTE(Y/N): N REASON: E

US ENTRY:

BIRTH CNTRY:

MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID:

DATE:

SYSTEM ID: COM2000 DATE: 08/12/07

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO  
15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

**From:** Robert G Liming  
**To:** Seales, Elaine  
**Date:** 11/6/2007 10:33 AM  
**Subject:** Re: Fwd: Status of Ms. Vivian Caulder SS # 247-08-4950

Great, thank you so much for all the help with this one.

>>> Elaine Seales 11/6/2007 10:28 AM >>>  
Ms. Caulder called this morning. Ms. Taylor also emphasized importance of getting paperwork in soon. She said she would.

Elaine Seales  
Marlboro County DHHS  
voice: 843-479-4389

>>> Robert G Liming 11/6/2007 10:10 am >>>  
Spoke with Ms. Caulder again early this AM and urged her to get in the review form re the grandson and PHC. Asked her to return your call and message from yesterday. She said she would call you. Appreciate all of your help and once you have been able to speak with her can you let me know the outcome? Much appreciated.

>>> Elaine Seales 11/5/2007 9:49 AM >>>  
Based on the information I have so far, it looks like Ms. Caulder did not return a review form this year due to the fact the case was an auto-closure in MEDS. We have looked for her old ABD denial but that denial was in 2002 and we no longer have the case file. Other denials and closures appear to have been done by Central Eligibility Processing (co 47) so we do not have information on those other than reason codes for the actions. If you have current contact information for her, please forward and we will assist any way we can. If she says she turned in a form already, please ask her when and we will search some more.

>>> Robert G Liming 11/5/2007 8:46:19 am >>>  
I spoke late Friday with Ms. Caulder and was somewhat confused by the information she provided, can you have someone get back to us regarding this case and our previous request? It would appear that the granddaughter's coverage closed 11/1/07, but can still be reopened if the review form is turned in. I sent Ms. Caulder a new review form and told her we would ask her CW to call her and do what we could to help process the PHC. Once you have a chance to look this over can you please provide us with background? Many Thanks.

Elaine Seales  
Marlboro County DHHS  
voice: 843-479-4389

>>> Robert G Liming 11/2/2007 11:57 AM >>>  
Can you please provide me all available background on this member and her Medicaid

status? Would also appreciate any information on Da Vonta N. Hicks SS # 654-14-2424, it would appear we could reopen the child's coverage if the review form is completed. Can you please call Ms. Caulder and advise her that we could consider the child's eligibility if she will get the review form completed and back to you by November 11? Her number is 843-528-1113. I will also call her and see if there is any other way we can be of assistance.

I am handling a legislative request from Rep. Jennings concerning Ms. Caulder and her eligibility. Based on MEDS it seems she has applied on several occasions and been turned down for failing to provide documentation, including evidence of child support. She has also been denied twice for income and ABD for not meeting disability. I need all the details you can provide ASAP so I can respond to Representative Jennings. Can you provide a list of her application dates and what specific materials she has failed to provide? I also want to be certain of all the facts since it appears your office has seen Ms. Caulder often. Thanks for any data you can provide.

Robert G. Liming  
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