

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

**ACTION REFERRAL**

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

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000231</b>	<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, better attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
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  
151 BROAD STREET  
P. O. DRAWER 995  
BENNETTSVILLE, SC 29512  
(843) 479-2865

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

*Log: Jacobs  
D.J. Bign*

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.

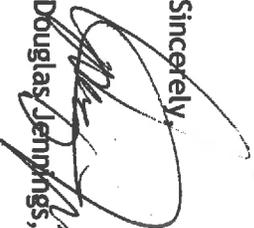
Mrs. Caulder's husband is the only one working in the home. There are three people who live in their household. Mrs. Caulder suffers with several medical conditions that require her to be on medication and see a doctor regularly.

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*

Log 0231  
✓

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 that reads "Emma Forkner".

Emma Forkner  
Director

EF/codl



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

1-09 0251

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  <b>10-31-07</b>
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<p align="center"><b>DIRECTOR'S USE ONLY</b></p> <p>1. LOG NUMBER <b>000231</b></p> <p>2. DATE SIGNED BY DIRECTOR <i>6 Nov 07</i></p>	<p align="center"><b>ACTION REQUESTED</b></p> <p><input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <b>11-7-07</b></p> <p><input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____</p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p>
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	<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
1.	<i>[Signature]</i>	<b>11/6/07</b>		
2.	<i>[Signature]</i>	<b>11/7/07</b>		
3.				
4.				

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October 23, 2007

HOME ADDRESS  
151 BROAD STREET  
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Ms. Emma Forkner  
Director, Department of Health and Human Services  
P. O. Box 8206  
Columbia, SC 29202

*Log: Jacobs  
du, sign*

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.

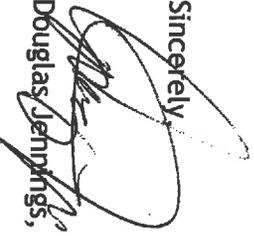
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Mrs. Caulder has applied for Medicaid several times and has been denied each time.

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	Communicare
		STAFF PERSON		Foster Children	FQHC
		Bob Liming		HCBS	Free Medical Clinics
DATE	ACTIONS TAKEN TO HELP:			LIF	Medicare
11/2	Receive log; research Meds and e-mail last CW re status and background			MAO	MiAP
	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	Prescription Drug Programs
11/5	E-mail from Elaine Seals, follow up re status and review form			Optional Supplement	Social Security
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 PHC 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	TogetherRX
				Pregnant Women/Infants	
				SILVERxCARD	
				SLMB	
				SSI	
				TEFRA	
				Working Disabled	

**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@scdhhhs.gov](mailto:rlimingr@scdhhhs.gov)  
Website: [www.scdhhhs.gov](http://www.scdhhhs.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@scdhhs.gov](mailto:limingr@scdhhs.gov)

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

EDIT

Constituent ID

Closed?

Date Closed

Source

Log No.  Due Date



Print this Form

Constituent Notes

SSN

MEDICAID ID

First Name  MI  Last Name

HIPAA Authorization

Reason for Referral

Constituent Phone(s)

Staff ID  Staff First Name  Staff Last Name

Constituent Phone Extension

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/ Other

Entry Date

Last Update

Last Update User

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

MEDEL01 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: PAGE: 2 OF 3

DATES-FROM: 05 / 2006 THRU: /

HH NUMBER: 100787071

HH NAME: VIVIAN CAULDER

ACT TYPE: MAINTENANCE

BGN: 58097773 PCAT: PHC SPN:

ACT DATE: 07/30/06

BG: C BGP: C WKR: ELDWK E LDWK

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: COUNTABLE RESOURCES:

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

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

MEDEL01 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

EDHMS68 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 - BLENHEIM SC 29516-  
1630123522 \* VIVIAN CAULDER SSN 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

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: CAULDER VIVIAN PAGE: 0001  
HH NUMBER: 100787071 APL STATUS: ACTION TYPE: MAINTENANCE  
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
-	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/UNKNOW 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: BIRTH 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

MEMHS06 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: RACE: 08 OTHER/UNKNOW MEDICARE COVERAGE(Y/N): N

SEX: M MALE REL: CHI LEGAL CHILD OF SELF ONLY SS CLAIM NUMBER(Y/N): N

SSI APPLICATION DATE: RAILROAD NUMBER(Y/N): N

MARITAL STATUS: S SINGLE LIV ARRANGEMENT: HOME HOME

STUDENT STATUS: GRADE: PROVIDER NAME:

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

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

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**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  
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@scdhhs.gov](mailto:rlimingr@scdhhs.gov)

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