

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-22-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000215</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-29-07</i>		
2. DATE SIGNED BY DIRECTOR <i>Cleved 10/31/07, ditto</i>	<input type="checkbox"/> FOIA DATE DUE _____	<input type="checkbox"/> Necessary Action	
		<input type="checkbox"/> Necessary Action	

Cleved 10/31/07, ditto
attached.



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



HUGH K. LEATHERMAN, SR.

SOUTH CAROLINA STATE SENATE
DISTRICT 31, FLORENCE
AND DARLINGTON COUNTIES

COMMITTEES
Chairman, Finance
Chairman, Operations and Management
Ethics

Interstate Cooperation
Labor, Commerce and Industry
Rules
State House
Transportation

111 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6640

RECEIVED

OCT 22 2007

FLORENCE ADDRESS

1817 Pineland Avenue
Florence, South Carolina 29501
(843) 667-1152

Department of Health & Human Services
OFFICE OF THE DIRECTOR

*Log: ductors
dir. sign*

Emma Forkner, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Ms. Forkner:

I am enclosing herewith a copy of an e-mail that I recently received from my constituent, Christy Evans. As you can see, Mr. and Mrs. Evans have applied for TEFRA coverage for their son, Christian Gauge Evans, who has multiple medical problems but have been denied.

I would very much appreciate it if you would have your staff look into this matter once again and do everything possible under governing statutes and regulations to approve Christian for the TEFRA program.

Thank you for your assistance.

Very truly yours,

Hugh K. Leatherman, Sr.
HKL:dsm

Enclosure

cc: Ms. Christy Evans

From: <antchristyevans@verizon.net>
To: <SF1@scsenate.org>
Date: 10/16/2007 4:35 PM
Subject: SC Tefra

I am writing to request your help. We are requesting a hearing with the Department of Health and Human Services. My son Christian Gauge Evans (Recipient ID 5780745177) has been diagnosed with Down Syndrome, XYY Syndrome, Bicuspid Aortic Valve Heart Condition, Acid Reflux, Astigmatism, and his eyes are crossing so he is having to wear glasses. He has been denied Tefra. I am a South Carolina Public School teacher and my husband works with Terminix. We are paying doctor bills to a little bit of everyone and feel that our son would benefit from having Tefra. Your help in this matter would be greatly appreciated.

Thank You
Christy Evans
338 Evans Rd
Johnsonville SC 29555
843-493-0497

EDIT

Constituent ID 1093

Closed?

Date Closed

Source Blue Log

Log No 0215 Due Date 10/29/2007



Print this Form

SSN 000-00-0000

MEDICAID ID 5780745177

First Name MI Last Name
Christian G Evans

Constituent Phone(s)

Constituent Phone Extension

HIPAA Authorization

Reason for Referral Medicaid Appeal

Constituent Notes

Staff ID Staff First Name Staff Last Name
2 Jennifer Dabbs

Point of Contact

Authorized Rep Christy Evans

Rep Phone (843) 493-0497

Relationship Mother

Legislator/ Other Sen. Leatherman

Entry Date 10/23/2007

Last Update 10/23/2007

Last Update User LYNCHJEN

Apply

Cancel

Close

Constituent# 1093				
	Notes ID	Entry Date	Last Update	Notes
▶	2089	10/26/2007	10/26/2007	To Mark for review. LYNCHJEN 10/26/2007 9:04:33 AM
	2086	10/25/2007	10/25/2007	Since I haven't been able to speak with Ms. Evans, I called and spoke with Robert French asking if the email to Leatherman could serve the purpose as a request for us. He said no, she would need to direct it to the EW. I added this to the letter. LYNCHJEN 10/25/2007 4:59:16 PM
	2077	10/25/2007	10/25/2007	Left message for Ms. Evans to call me. LYNCHJEN 10/25/2007 3:33:19 PM
	2036	10/24/2007	10/24/2007	left message for Ms. Evans to call me. LYNCHJEN 10/24/2007 9:06:59 AM

EDIT

Constituent ID 1093

Closed?

Date Closed

Source Blue Log

Log No. 0215 Due Date 10/29/2007

Print this Form

Constituent Notes

SSN 000-00-0000

MEDICAID ID 5780745177

First Name Christian MI G Last Name Evans

Constituent Phone(s)

Constituent Phone Extension

HIPAA Authorization

Reason for Referral Medicaid Appeal

Staff ID 2 Staff First Name Jennifer Staff Last Name Dabbs

Point of Contact

Authorized Rep Christy Evans

Rep Phone (843) 493-0497

Relationship Mother

Legislator/Other Sen. Leatherman

Entry Date 10/23/2007

Last Update 10/23/2007

Last Update User LYNCHJEN

Apply Cancel Close

Constituent# 1093				
Notes ID	Entry Date	Last Update	Notes	
2087	10/26/2007	10/26/2007	To Garnell. LYNCHJEN 10/26/2007 8:49:16 AM	
2086	10/25/2007	10/25/2007	Since I haven't been able to speak with Ms. Evans, I called and spoke with Robert French asking if the email to Leatherman could serve the purpose as a request for us. He said no, she would need to direct it to the EV. I added this to the letter. LYNCHJEN 10/25/2007 4:59:16 PM	
2077	10/25/2007	10/25/2007	Left message for Ms. Evans to call me. LYNCHJEN 10/25/2007 3:33:19 PM	
2036	10/24/2007	10/24/2007	left message for Ms. Evans to call me. LYNCHJEN 10/24/2007 9:06:59 AM	

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
2086	10/25/2007	10/25/2007	LYNCHJEN	Since I haven't been able to speak with Ms. Evans, I cal
2077	10/25/2007	10/25/2007	LYNCHJEN	Left message for Ms. Evans to call me. LYNCHJEN 10/2
2036	10/24/2007	10/24/2007	LYNCHJEN	Left message for Ms. Evans to call me. LYNCHJEN 10/2

EDIT

Case Notes ID

Notes

Since I haven't been able to speak with Ms. Evans, I called and spoke with Robert French asking if the email to Leatherman could serve the purpose as a request for us. He said no, she would need to direct it to the EW. I added this to the letter.
LYNCHJEN 10/25/2007 4:59:16 PM

Constituent Data

Constituent ID

SSN

MEDICAID

First Name

Middle Initial

Last Name

Legislator / Other

Staff Data

Staff ID

Spell Check

Grammar Check

Print this Form

Entry Date

Last Update

Last Update User

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/23/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 06 / 2007 THRU: ___ / ___ PAGE: 2 OF 3

HH NAME: CHRISTY H EVANS HH NUMBER: 101195819

BGN: 39682594 PCAT: TEFRA SPN: 9955 Div Central Proc ACT TYPE: MAINTENANC

BG: D BGP: D WKR: RHONT RHONDA TUCKER ACT DATE: 10/10/07

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 1869.00 RESOURCE LIMIT: 2000.00

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) : Y ACT ON DECISION COMPLETE? (Y/N) : Y

MEETS INCOME? (Y/N) : Y DECISION ACCEPTED DATE: 10/10/07

MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 10/10/08

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

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

022 You do not meet the medical level of care for Medicaid services.

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

APPEAL REQUEST DATE: _____ COUNTY DECISION UPHHELD? (Y/N) : _

UPDATED: USER ID: RHONT DATE: 10/10/07 SYSTEM ID: ELD3000 DATE: 10/10/07

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

From: Rhonda Tucker
To: Jennifer Dabbs
Date: 10/23/2007 2:25 PM
Subject: Re: Christian Gauge Evans HH# 101195819

I have not received it yet.

>>> Jennifer Dabbs 10/23/2007 11:53 AM >>>
Hello there!!

Ms. Evans has written Senator Leatherman regarding Christian's recent TEFRA denial. She states she requested an appeal. It was denied on 10/10/07. I see that it was denied due to level of care only. Could you let me know if you have received the appeals request and what day the summary was sent to the Division of Appeals?

Thanks a lot!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhs.gov

MEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/23/07
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: EVANS CHRISTY H ACTION TYPE: MAINTENANCE
HH NUMBER: 101195819 APL STATUS: ACTION DATE: 06/29/07
APL EFF DATE: 06/25/2007 WKR: RHONT RHONDA TUCKER WKR'S CNY: 47 STATE OFFIC
MAIL IN(Y/N): Y APL SITE: _____ SPNSR: _____

APPLICANT'S CNY: 21 FLORENCE
COURTESY APPLICATION(Y/N): N PRIMARY LANGUAGE: E ENGLISH
MAILING ADDRESS: REASON FOR APPLICATION:
338 EVANS ROAD

ADULT WITH CHILDREN(Y/N): N
CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
JOHNSONVILLE SC 29555- PREGNANT(Y/N): N
RESIDENCE ADDRESS: BLIND/DISABLED(Y/N): Y
AGED(Y/N): N

INMATE(Y/N): N
LIMITED DATA COLLECTION: 00 NONE
FIRST SIGNATURE OBTAINED(Y/N): Y
PHONE: H: 843-493-0497 W: SC - - WITHDRAW APPLICATION(W/C/N): N
UPDATED: USER ID: RHONT DATE: 06/29/07 SYSTEM ID: HMS5000 DATE: 06/29/07
ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/23/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 06 / 2007 THRU: ___ / ___ PAGE: 2 OF 3

HH NAME: CHRISTY H EVANS HH NUMBER: 101195819

BGN: 59657287 PCAT: ABD SPN: _____ ACT TYPE: MAINTENANC

BG: D BGP: D WKR: LBLAC LAUNEAL BLACK ACT DATE: 06/08/07

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 1475.74 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 1141.00 RESOURCE LIMIT: 6000.00

POV-LVL: +1.29 % 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: 06/08/07

MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 08/08/07

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

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

071 You do not meet policy rules of age or disability.

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

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

UPDATED: USER ID: LBLAC DATE: 06/08/07 SYSTEM ID: ELD3000 DATE: 06/08/07

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

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/23/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 06 / 2007 THRU: / / PAGE: 2 OF 3

HH NAME: CHRISTY H EVANS HH NUMBER: 101195819

BGN: 79657286 PCAT: INFANT SPN: ACT TYPE: MAINTENANC

BG: D BGP: D WKR: LBLAC LAUNEAL BLACK ACT DATE: 06/08/07

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 3488.48 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 2111.00 RESOURCE LIMIT: 0.00

POV-LVL: +3.05 % 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: 06/08/07

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

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: 08/08/07

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: LBLAC DATE: 06/08/07 SYSTEM ID: ELD3000 DATE: 06/08/07

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

South Carolina Department of Health and Human Services
Medicaid Disability Tracking System
Disability Applicant Event Listing

Applicant Name: Evans, Christian G
Social Security #: 990630356

Applicant ID	Ordlst	Event ID	Event Description	Date
34445	6	12	File sent to imaging	08/15/2007
34445	5	11	Letter to eligibility worker re:disability decision	08/02/2007
34445	4	23	Decision Received from VR	07/31/2007
34445	3	21	Package forwarded to VR	07/10/2007
34445	2	28	Received from Input	07/05/2007
34445	1	1	Initial package received from eligibility worker	07/05/2007

Disabled - CDR 6/2014

Report Date: 10/23/2007
Report Time: 11:30 AM