

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <div style="font-size: 1.5em; font-family: cursive;">Ries</div>	DATE <div style="font-size: 1.5em; font-family: cursive;">10/31/06</div>
--	--

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="font-size: 1.2em; font-family: cursive;">000334</div>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature <div style="text-align: right;">DATE DUE <div style="font-size: 1.5em; font-family: cursive;">11/7/06</div></div>
2. DATE SIGNED BY DIRECTOR <div style="font-size: 1.5em; font-family: cursive; color: red;">Cleared 11/6/06, letter attached.</div> <div style="font-size: 3em; color: green; text-align: center;">✓</div>	<input type="checkbox"/> Prepare reply for appropriate signature <div style="text-align: right;">DATE DUE _____</div> <input type="checkbox"/> FOIA <div style="text-align: right;">DATE DUE _____</div> <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.			

JIM DEMINT
SOUTH CAROLINA

DEPUTY MAJORITY WHIP

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

October 25, 2006

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION

ENVIRONMENT AND PUBLIC WORKS
SPECIAL COMMITTEE ON AGING

JOINT ECONOMIC COMMITTEE

RECEIVED

OCT 30 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Kerr,

I am writing to refer a matter involving my constituent, Ms. Ehsam Tadrans, and her request for assistance with Medicaid. Enclosed is a copy of her letter for your review.

I would greatly appreciate your responding directly to Ms. Tadrans about this issue. I have informed Ms. Tadrans that I would refer her to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.

Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOMS HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112



RECEIVED
10/25/06

10/16/2006

To whom it may concern,

My name is Ebtsam Tadrous and I am from New York and I just moved to South Carolina last month. I lived in North Carolina for six months before I came here and I had Medicate for my three kids. When I came here I applied for medicate again because I am a single mom with low income and no support from my husband but they refused it. They refused it because I am not a citizen, but I have my Green Card and asylum guaranteed. They only approved my youngest daughter because she is the only citizen. If you can help me, my social security number is 097-90-7193. My kid's social security, Yostina Taher is 103-90-3950, Raymon Taher 101-90-8274. Feel free to contact me at anytime at, 864-567-7924 or 864-962-8288.

Thank you and I would really appreciate it if you can help.

Sincerely,

Her Address is : Ebtsam Tadrovs
2900 E North Street
Apartment 24
Greenville, SC 29615

Medicaid Letter of Action

From: GREENVILLE COUNTY DHHS
P. O. Box 9399
Greenville SC 29604-9399

Date: 10/04/2006
Worker Name:

LINDA SMITH

To: EBTSAM ONCY TADROUS
2900 E. NORTH ST.
APT. 24
GREENVILLE SC 29615

Telephone: 864 467-7892
BG #: 09381276
HH #: 101150100
23 LINDS

4677901

Recipient Name:
EBTSAM ONCY TADROUS
RAYMON K TAHER
YOSTINA KAMAL TAHER

Recipient ID:
4780652165
4780652169
4780652171

Your application has been denied for: **LOW INCOME FAMILIES**

Reason for denial:

You did not meet the 5-year residency and the 40-quarters wage rules.

Denied for the month(s) of: 10/2006

Manual/policy reference supporting this action: 102.04.06

X You may ask for a fair hearing before the Department of Health and Human Services if you believe an error was made in processing your application.

To Request A Hearing from the Department of Health and Human Services

- Ask your Medicaid worker in writing within 30 days of this letter. Attach a copy of this letter to your request.

To Get Help with Your Hearing

- You may hire an attorney to help you
- You may have someone you know come to the hearing and speak for you
- Contact your Medicaid worker in person or by phone to get help in asking for a hearing

00001 0000000
301 BILLINGSLEY
CHARLOTTE NC 28211

NORTH CAROLINA
County Department of Social Services
MECKLENBURG

NOTICE OF APPLICATION APPROVAL

District Number 007 Phone Number (704) 353-1500 Date Mailed 03/24/2006 Worker Number 234

COUNTY CASE NUMBER

CASE ID 57421794

PRESORT ***** AUTO
EBTSAM O. TADROUS
6564 QUAIL HOLLOW RD APT 1A
CHARLOTTE NC 28210-1333

DATE OF APPLICATION 02/17/2006

AID PROGRAM CATEGORY MAF

This is to notify you that your MEDICAID APPLICATION
has been APPROVED

THE FOLLOWING INDIVIDUAL(S) ARE APPROVED ON THIS APPLICATION.
EBTSAM , RAYMON , MARINA
YOU ARE ELIGIBLE FOR THE FOLLOWING MONTHS:
03/01/2006 - 08/31/2006
YOU MEET ALL ELIGIBILITY REQUIREMENTS.
STATE RULES SUPPORTING THIS ACTION ARE FOUND IN SECTION 3230
AND 3215 OF THE FAMILY AND CHILDRENS MEDICAID MANUAL.

If you disagree with this decision, you may ask for a hearing.

If you want a hearing, you must ask for it within sixty (60)

calendar days from the date of this letter. The last day on which you
may ask for a hearing is 05/23/2006

Your appeal rights are explained on the back of this form.

PRESORT ***** AUTO
EBTSAM Q TADROUS
6564 QUAIL HOLLOW RD APT 1A
CHARLOTTE NC 28210-1333

**NOTICE OF ACTION TAKEN
ON YOUR FOOD STAMP APPLICATION**

IF YOU BEGIN TO RECEIVE A WORK FIRST FAMILY ASSISTANCE CHECK, YOUR FOOD STAMP BENEFITS MAY BE LOWERED OR ENDED.
-YOUR HOUSEHOLD IS ELIGIBLE FOR FOOD STAMPS FROM 02/06 TO 07/06. THE AMOUNT IS NOW \$ 399
THE FIRST MONTH OF THIS PERIOD YOUR PRORATED BENEFITS WILL BE \$ 186.

- IF YOU HAVE QUESTIONS, call the Food Stamp Office at the phone number below.
- YOU CAN APPEAL THIS DECISION by requesting a fair hearing within 90 days. Also, you can request a hearing at any time to dispute your current level of benefits. YOU MUST REQUEST A HEARING NO LATER THAN 06/13/06 To protect your rights you may reapply AND ask for a hearing.
- TO REQUEST A HEARING, (1) Call your local food stamp office at the number below, OR (2) Mail the bottom of this form to the Food Stamp Office at the address listed in the bottom left corner.
- FOOD STAMP OFFICE:
704-336-3150
You may also contact the Care-Line at 1-800-662-7030.

FOR FREE LEGAL ADVICE, Contact your local Legal Aid/Legal Services Office at the address or phone below:

LEGAL SERVICES OF SOUTHERN
PIEDMONT, INC
1431 ELIZABETH AVENUE
CHARLOTTE, NC 28204
704/971-2622
TOLL FREE: 1/800/738-3868

DATE SENT		CLIENT NAME AND ADDRESS	
03/15/06		EBTSAM Q TADROUS	
COUNTY WORKER	234	APT 1A	
CASE NUMBER	6564 QUAIL HOLLOW RD		
946860611		CHARLOTTE NC 28210	
COUNTY CASE NUMBER	TODAY'S DATE		
AC09335		YOUR SIGNATURE	
NAME AND ADDRESS IF DIFFERENT FROM ABOVE			

MECKLENBURG COUNTY DSS
MECKLENBURG COUNTY DSS
CHARLOTTE NC 28211



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

November 6, 2006

Ms. Ebtsam Tadrus
2900 E North Street
Apartment 24
Greenville, SC 29615


Dear Ms. Tadrus:

Senator Jim Demint asked our agency to address your concerns about Medicaid eligibility.

I am happy to report that since verifying your Asylee status, you and your children are receiving Medicaid benefits through our Low Income Families program. We apologize for any confusion or inconvenience the eligibility process may have caused you.

If you need additional assistance with your Medicaid, please call Ms. Jennifer Dabbs at (803) 898-3965.

Sincerely,


Gary Ries
Deputy Director

GR/jod

3324
✓

LEGISLATIVE LOG #	0334
LEGISLATOR/INQUIRER	Jim DeMint
CONSTITUENT	Ms. Ebtsam Tadrour
SSN	097-90-7193
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	10/31/2006
DATE DRAFT DUE GR	11/6/2006
LOG LETTER DUE DATE	11/7/2006
DATE REFERRED TO BC	10/31/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
LIF case denied due to not meeting the 5-year 40 quarter residency requirements. Letter from Ms. Tadrour stating she has Green Card and asylum...	10/31/2006	Jill	8-3936	Gave folder to Jenny to distribute (3:30pm)
	10/31/2006	Jenny	8-3965	I will handle this one.
	11/1/2006	Jenny	8-3965	Emailled worker case for clarification because one LIF case denied and one approved within a matter of a week. Found out this was due to a policy clarification (in folder). They are eligible for full benefits. Called Ms. Tadrour and she said she had recieved the Medicaid card and thanked me for my time. I drafted the letter and kept it to the point, as she was already aware of the approval and I did have a phone conversation with her. Please also see policy on Asylee's in folder.
	11/2/2006	Jenny	8-3965	Letter to Mark.

CHECKLIST

Family Size
Income/Resources

Other Resources:

Communicare
FQHCs
Free Medical Clinics
Medicare
MIAP
Prescription Drug Programs
Social Security
Together Rx

Programs:

ABD (32)
Foster Children (31,60)
General Hospital (14)
HCBWS (15)
LIF (59)
MBCCP (71)
Nursing Home (10)
OSS (85,86)
PHC (88)
Pregnant Women & Infants (12,87)
QMB (90)
SILVERxCARD (92)
SLMB (48,52)
SSI (80)
TEFRA (57)
Transitional (11)
Working Disabled (40)

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.
Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)
If question about current status of a log letter, contact previous user.
Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.
Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker

**South Carolina Department of Health and Human Services
MEDICAID POLICY CLARIFICATION**

TO:	Medical Support Division of Policy and Planning	Applicant/ Beneficiary	Ebtsam o Tadrours
FROM:	Donna Bliss for Linda Smith	Medicaid #	4780652165
		Category	59
		Date Sent	10/12/06

CASE SITUATION:

Question # 1006-27

Ebtsam Tadrours applied for LIF for himself and wife on 9/27/06. They have permanent resident alien cards with entry dates of 2/3/05 and 2/8/05 verified by the SAVE system. We denied them based on their current alien status. They are now requesting a fair hearing because they entered originally with asylee cards. They sent the I-94s date stamped 10/03/01 and 208INA to verify their original status.

Do we determine eligibility based on their current alien status, or on the fact that they entered as asylees and under that alien status where eligible for 7 years from the date of entry?

Answer: Based on the information provided above the budget group should be viewed as qualified aliens under the classification status of Asylee's; therefore, are eligible for full Medicaid coverage seven years from the date of entry, if all other eligibility criteria are met.

Documentation sent by ☐ Fax ☐ Mail If yes, when:

REFERENCES:

MPPM section. 102.04.09

APPROVED BY:	Betty Moses 10-17-2006 Supervisor
Date:	

LOG #:	1006-27
---------------	---------

SIGNATURE:	Margaret Boston	Medicaid Technical Assistant
Date:	10-17-2006	

MEDICAID TREATMENT OF NON-CITIZENS		
VERIFICATION DOCUMENTATION	ALIEN STATUS	ELIGIBILITY STATUS
<ul style="list-style-type: none"> • I-551 (Alien Registration Receipt Card) commonly referred to as the "green card" • Foreign passport stamped with an un-expired temporary I-551 stamp • I-94 annotated stamped with a temporary I-551 stamp (for recent arrivals or aliens who have applied for a replacement I-551) 	LAWFULLY ADMITTED FOR PERMANENT RESIDENCE (LPR)	<p>Eligible for full Medicaid benefits if entered the US before August 22, 1996.</p> <p>If admitted August 22, 1996 or after, ineligible for full Medicaid benefits for 5 years from the date they entered the country or obtained qualified status, whichever is later. Eligible for emergency services only during the disqualification period.</p> <p>Eligible for full Medicaid benefits after the 5-year disqualification period IF they have 40 quarters of income that required payment of Social Security taxes.</p>
<ul style="list-style-type: none"> • I-94 stamped showing admission under section 207 of the INA and date of entry to the United States • I-688B (Employment Authorization Card) annotated 274a.12(a)(3) • I-766 (Employment Authorization Document) annotated "A3" • I-571 (Refugee Travel Document) 	REFUGEE	<p>5-Year Disqualification period does not apply.</p> <p>Can qualify for full benefits up to 7 years if meets all requirements for any Medicaid category.</p> <p>After 7 years, must meet citizenship requirements (40 work quarters) to establish eligibility.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with the month of entry. (Refer to MPPM 204.07)</p>
<ul style="list-style-type: none"> • I-94 stamped showing grant of asylum under section 208 of the INA and date of entry • A grant letter from the Asylum Office of the BCIS • I-688B (Employment Authorization Card) annotated "274a.12(a)(5)" • I-766 (Employment Authorization Document) annotated "A5" • Court order of an immigration judge showing asylum granted under section 208 of the INA 	ASYLEE	<p>5-Year disqualification period does not apply.</p> <p>Can qualify for full benefits up to 7 years if meets all requirements for any Medicaid category.</p> <p>After 7 years, must meet citizenship requirements (40 work quarters) to establish eligibility.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with the month of entry. (Refer to MPPM 204.07)</p>
<ul style="list-style-type: none"> • Order of an immigration judge showing deportation withheld under section 243(h) of INA as in effect 	DEPORTATION WITHHELD	5-Year disqualification period does not apply.

From: Jennifer Dabbs
To: Linda Smith
Date: 11/1/2006 10:16 AM
Subject: Re: Ebtsam O. Tadrous HH# 101150100

*102. Oct 14
3rd down.*

Thanks. Do you have a copy of the correspondence from medical support that I can keep in the case?

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@scdhhs.gov

>>> Linda Smith 11/1/2006 10:14 AM >>>
we received policy clarification from medical support that the family is
qualified as Asylées;therefore case approved.
>>> Jennifer Dabbs 11/01/06 10:09 AM >>>
Good morning.

I received a letter from Senator Jim Demint in regards to the above individual's Medicaid. It states in the letter she was denied LIF for not meeting the 5-year residency and 40-quarters wage rules. The only child approved was Marina Boutros, because she is a US citizen. I checked in MEDS and there is an active LIF case, but the citizenship/identity is still only verified for Marina. I'm confused as to why one LIF case was denied on 10/3 for not meeting the 5-yr/40 quarter rule and then a LIF case is approved on 10/18 for the entire family without verification of citizenship/identity. Could you please give me clarification on this case as I need to have a response for Senator Demint?

Thank you in advance for your help on this matter!

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@scdhhs.gov

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/01/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 10 / 2006 THRU: / PAGE: 2 OF 3

HH NAME: EBTSAM O TADROUS CATEGORY: LIF HH NUMBER: 101150100

BG NUMBER: 09381276 ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: LINDS LINDA SMITH ACTION DATE: 10/03/06

COUNTABLE BG MEMBERS: 4

COUNTABLE INCOME: 679.40 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 833.00 RESOURCE LIMIT: 30000.00

POV-LVL: +.40 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): N ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 10/03/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 10/04/07

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

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

077 You did not meet the 5-year residency and the 40-quarters wage rules.

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

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

UPDATED: USER ID: LINDS DATE: 10/03/06 SYSTEM ID: ELD3000 DATE: 10/03/06

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

MEDEL001 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/01/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 10 / 2006 THRU: / PAGE: 2 OF 3

HH NAME: EBTSAM O TADROUS CATEGORY: LIF HH NUMBER: 101150100

BG NUMBER: 09399843 ACTION TYPE: MAINTENANCE

BG: A BGP: A WKR: LINDS LINDA SMITH ACTION DATE: 10/18/06

COUNTABLE BG MEMBERS: 4

COUNTABLE INCOME: 679.40 COUNTABLE RESOURCES: 100.00

INCOME LIMIT: 833.00 RESOURCE LIMIT: 30000.00

POV-LVL: +.40 % 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):

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

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 10/19/07

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: LINDS DATE: 10/18/06 SYSTEM ID: ELD2000 DATE: 10/18/06

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

Mother & 3 Children forward eligibility