

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <u>Ries</u>	DATE <u>10-2-06</u>
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DIRECTOR'S USE ONLY		ACTION REQUESTED
1. LOG NUMBER <u>000277</u>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>10-9-06</u>	
2. DATE SIGNED BY DIRECTOR <u>Cleared 10/23/06, letter attached.</u>		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
		<input type="checkbox"/> FOIA DATE DUE _____
		<input type="checkbox"/> Necessary Action DATE DUE _____

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

**RECEIVED**

SEP 29 2006

Department of Health & Human Services
State of South Carolina
OFFICE OF THE DIRECTOR
Office of the Governor

MARK SANFORD
GOVERNOROFFICE OF HEALTH & HUMAN SERVICES
POLICY AND PROGRAMS**FAX TRANSMITTAL COVER**

DATE:	Sept. 29, 2006
FAX TO:	Jan Palatty
FAX #:	255-8885
FROM:	Emily Jackson

Total number of pages:

2

(including this cover sheet)

If you have any problems receiving this document, please contact:

(803) 734-0681

Office of Constituent Services
Post Office Box 12257
Columbia, SC 29211
TELEPHONE: (803) 734-8048 - FAX: (803) 734-0788

RECEIVED

September 19, 2006

Governor's Office of Ombudsman
1200 Senate Street, Room 104
Columbia, South Carolina 29201

SEP 29 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Jackson,

Thank you for this opportunity to explain what happened to my daughter, Jessica Cook, and I. Jessica, who had been a client of Medicaid for three or four years, was removed from the Medicaid roll due to lack of communication between me, Jessica's mother, and Jessica's caseworker, Ms. Revis. Ms. Revis left her position in the fall of 2005 without notification. She new I was a substitute teacher and had variable income so she set Jessica's review to come due when my income would be steady. Jessica was injured in our previous home. Private contractors with a Rural Housing Service inspection team and Rural Housing Service loan funds built it. The gas furnace had open sides and they were wrapped in fiberglass, which contaminated the living space when the furnace fan came on. My daughter has breathing and allergy problems. Jessica takes several expensive medicines and Allergy shots. Medicaid has supplemented Jessica's Blue Cross/Blue Shield insurance and made it possible for Jessica to receive her medicines regularly.

The loss of coverage and the subsequent negligent and abusive behavior of the new caseworker, Betty Campbell and her supervisor, Cindy Jones cause undue distress to Jessica and I. The trainer was also involved. Mrs. Campbell chose to change the process used to figure out Medicaid eligibility. She said that she took all the months that I worked as a substitute teacher and dropped the highest and the lowest income and divided by 8. The regulations said that your income cannot be over \$1604.00 a month. My income was less than the Medicaid limit. I was so shocked that they would change the process to block my daughter's eligibility I did not know what to do. I went to my doctor's office. There was a Medicaid office in my doctor's office. I spoke to the caseworker and she could not understand why the Laurens caseworker would deny benefits to my child. She stated that she must follow the rules. Why was the Laurens caseworker allowed the ability to choose not to follow the procedure others must follow? She called her supervisor and explained the situation. She received permission to do a courtesy claim for Jessica. I was so glad to find fairness. I was so hurt that my own hometown would treat an innocent child with such heartlessness.

Jessica's benefits were returned July 1, 2006 thanks to checks and balances and God's grace and mercy. Betty Campbell was upset that my daughter received benefits and so were others in the office. I do not know why.

I also had a similar problem with Child Support enforcement. They have refused to recover military income for my daughter from her father, Mark A. Price and they have refused to do a true income search. They converted me into allowing Price to take over insurance coverage on our daughter. He did not want to pay more support so they told me that the increase I could get was only the amount for not having Jessica on my insurance.

ANSWER

TO GARY'S

QUESTION

Notes for log 0277:

Since the income counted for the 6/26 and 6/28 application differed so much, I asked Betty Moses to take a look at the budget information for each application. She said that the first application where it was denied was technically the one that was done correctly. Since this was a new application, the income should have been counted in the month received even though the income would have ended. With the second worker, she treated as a review and budgeted the case when the income ended. The only month that they should not have gotten eligibility is 6/1/06. She is eligible effective 7/1/06.

If the conclusion was
she was elig off 7/1/06,
I got it. If not, we
need to chat. What do we
do in a case where someone
is subject to this much
change? Do we make them
eligible for 1 yr? OK

Do we know what the
Ombudsmen's office was
expecting?

Gary!

This was from

Ember in Gov's office -
• just an OK - taken
care of is OK w/ her
10/23/09

OK

2777

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 09 / 2005 THRU: / HH NUMBER: 100420334
 HH NAME: VALERIE A COOK
 BG NUMBER: 05335369 CATEGORY: PHC ACTION TYPE: MAINTENANCE
 BG: C BGP: C WKR: GREVI GAIL REVIS ACTION DATE: 11/04/05
 COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 1290.23 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 1562.00 RESOURCE LIMIT: 0.00
 POV-LVL: +1.27 % 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: 11/04/05
 MEETS RESOURCES? (Y/N): - NEXT REVIEW DATE: 11/01/05
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

082 We did not receive your completed review form.

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: 11/04/05

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

4EDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 09 / 2005 THRU: / PAGE: 3 OF 3
 HH NAME: VALERIE A COOK HH NUMBER: 100420334
 BG NUMBER: 05335369 CATEGORY: PHC ACTION TYPE: MAINTENANCE
 BG: C BGP: C WKR: GREVI GAIL REVIS ACTION DATE: 11/04/05
 RCP NAME: JESSICA A COOK RCP NUMBER: 0533536902
 PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:
 IT: _ PING-PONG: RETRO: N EXPARTE: N QMB: N PROT PER DATE:

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---		--MEDICAID+QMB DATES--		SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
06/01/2000	12/01/2005				082	

UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 11/04/05

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
 PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

MEDESC01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/06
MEDSPROD ESC WAGE INQUIRY PAGE 001 OF 001

THIS IS CONFIDENTIAL INFORMATION

ESC SSN : 247-35-5364 NAME: VACOO
MEDS SSN: 247355364 NAME: VALERIE A COOK
RCP NUM : 0533536901 HH NUM: 100420334 COUNTY: 23
EMP# NAME & ADDRESS TRADE NAME
0125483 LAURENS COUNTY SCHOOL DISTRICT 55 LAURENS COUNTY SCHOOL

C/O PAYROLL DEPARTMENT
ATTN SARAH EVETT
1029 WEST MAIN STREET
LAURENS SC 29360

QTR	AMT	QTR	AMT
06/1	2,255.00	05/4	3,135.00
05/3	825.00	05/2	2,675.00
05/1	2,680.00	04/4	2,000.00

UPDATED: SYSTEM ID: ESC2100 DATE: 09/17/06
ME912002 WAGE RECORD FOUND
PF1->HELP PF5->RCP INFO PF6->PREV PF7->BACK PF8->FORWARD
PF10->PREV MENU PF11->IEV PF12->EARNED INC PF14->SDX

4EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:
PERIOD START: 06/28/2006 END:
NAME: COOK VALERIE A HH NAME: COOK VALERIE A
NUMBER: 0533536901 HH NUMBER: 100420334 ACTION TYPE: MAINTENANCE
SSN: 247-35-5364 STATUS: ACTION DATE: 06/28/2006

SOURCE TYPE: RETIR - REGULAR POLICE 1 SOURCE: REGULAR POLICE
ADDRESS
DATE APPLIED FOR: 05/22/2003
END DATE:

PHONE: - - PAGE: 0001

GROSS AMT DTE RECD FREQUENCY

0.00		
1,273.77	09/22/2006	MONTHLY
1,273.77	08/23/2006	MONTHLY
1,273.77	07/21/2006	MONTHLY
1,230.70	06/21/2006	MONTHLY

UPDATED: USER ID: DATE: 05/22/03
INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 01 / 2006 THRU: / PAGE: 2 OF 3
 HH NAME: VALERIE A COOK HH NUMBER: 100420334
 BG NUMBER: 59099022 CATEGORY: PHC ACTION TYPE: MAINTENANCE
 BG: D BGP: D WKR: BCAMP BETTY CAMPBELL ACTION DATE: 01/24/06
 COUNTABLE BG MEMBERS: 2
 COUNTABLE INCOME: 1655.00 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 1604.00 RESOURCE LIMIT: 0.00
 POV-LVL: +1.54 % 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: 01/24/06
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 01/24/07
 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: BCAMP DATE: 01/24/06 SYSTEM ID: ELD3000 DATE: 01/24/06
 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: 10/04/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
DATES-FROM: 03 / 2006 THRU: -- / -- PAGE: 2 OF 3
HH NAME: VALERIE A COOK HH NUMBER: 100420334
BG NUMBER: 29176157 CATEGORY: PHC ACTION TYPE: MAINTENANCE
BG: D BGP: D WKR: CMAKI CRYSTAL MAKINS ACTION DATE: 03/29/06
COUNTABLE BG MEMBERS: 2
COUNTABLE INCOME: 1955.70 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 1650.00 RESOURCE LIMIT: 0.00
POV-LVL: +1.77 % 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: 03/29/06
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 03/30/07
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: CMAKI DATE: 03/29/06 SYSTEM ID: ELD3000 DATE: 03/29/06
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

From: Jan Polatty
To: Jennifer Dabbs
Date: 10/3/2006 3:40 PM
Subject: Re: Log 0277 Jessica Cook

Ok, Mom's name is Valerie Cook, Newberry - ph#864-981-0220.

>>> Jennifer Dabbs 10/03/06 3:31 PM >>>

Do you have any idea of her birthday or SS# or anything? (referred from Emily Jackson-Gov. office) I'm trying to research and there are quite a few Jessica Cook's in MEDS. Even if I knew her mother's name it would help so I could be sure I'm looking at the correct case. The only information the fax provides is the child's name. Thanks for any help!

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

*Betty Campbell
Tina Boyd
Cindy Jones*

6/19-Bryan: This one came in today. If I'm reading it right, they were originally removed from rolls for failure to return redetermination letter. Sounds like they're over the income limit now anyway. I see a letter in here dismissing an appeal, too. Can you make sense of this, and update me on where this person stands, so I can let Rep. Taylor know?

6/19 – Bob: This is a real messy domestic case as well as Medicaid. Child was terminated 12/05 for failure to complete review form, mother appealed and was denied in April. She was well over the income limit for LIF/PHC, latest figures show income of \$2,055 for Ms. Cook and her daughter. She is retired from the Perry Correctional Institution & serves as a substitute teacher in Laurens Cty.

She has now reapplied (June 13) for LIF & the caseworker has asked her to get new updated wage information so she can process the application. Ms. Cook said she would get the material to our Laurens County Office today.

It is important to note that the child is covered by BC&BS under the natural father's state health insurance plan. He works for Perry Correctional Facility & carries the daughter on his insurance. The mother, however, claims that when the father gets the reimbursement for the child he keeps the money and will not pay the doctor. She says she has gone to court & the court has required the father to pay 2/3 of the medical bills and the mother to pay 1/3.

This doesn't impact the Medicaid, but may give you a better picture of the domestic issues. I have e-mailed the caseworker and the Laurens County Supervisor and asked them to expedite the application process as soon as Ms. Cook provides the needed materials. However, it appears likely her income will preclude eligibility. Please let me know if you need anything more on this one.

6/20 – Log Ltr #2263 was created by Linda or Jan but no need to respond in writing because Bryan handled it with info from Bob's emails. Closed.

From: Betty Campbell
To: Jennifer Dabbs
Date: 10/4/2006 4:42 PM
Subject: Re: Jessica Cook HH# 100420334

I can and I will fax to you 10/05/06

>>> Jennifer Dabbs 10/04/06 4:04 PM >>>
Thank you for your response. Could you provide me with the calculations you used in the 6/26/06 denial? Thanks!

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

>>> Betty Campbell 10/4/2006 3:05 PM >>>
Jennifer
Ms Cook has talked with Tim Bussey/Kim Crawford/Carolyn Roach/Robert Liming state Repre. Adam Taylor concerning this case. Jan. 06 I denied for over income. Ms Cook drives a bus and rec. disability from the state for \$1230.70 each month. Crystal Makins denied in 03/06 for the same reason and I denied again 06/06 for over income. Ms Cook went to Greenville and they put her on for June 06 without requesting income for June. She would be eligible for July 06 because she has no bus income this month. She seems to think I'm picking on her. I have tried to talk to her but she will not listen. He ex husband has insurance on this child however the doctor she uses will not file and when she sends the claim in the father gets the check and spends it.

I have told her husband's insurance is first provider and medicaid secondary. I think she has been filing with medicaid first. This was an issue which came up when Robert Liming was trying to help her and he told her we could not become involed in a domestic issue.

I think some time ago she called and was told she was not eligible and this was during Summer months. I realize we count income in the month received and I have tried to tell Ms Cook if she was not told this I apologize but she told me she would have my job and accused me of being racist. I have reported all of this to supervisor Cindy Jones and she in turn talk with Mr Buseey. Ms. Cook has had some environmental problems with her home and she now believes people are out to get her. I have spent hours on this case and I have tried to handle with kid gloves but she refuses to it go. I know this is confusing so if you need to call me I will be glad to try to explain. She also appealed Crystal Makins and this information is in the state office. My # is 864-833-6109 ext. 242

We have received a referral from the Governor's office on this case. The case is currently active under Ms. Boyd, but the case in question is a closed case. Ms. Cook feels her case was closed in error due to income calculations. MEDS shows the case being closed due to not receiving the review form, but the letter from Ms. Cook indicates it was due to her income level. Could you please look in the case file and let me know the background of this closed case? Were they ever considered to be over the income limit? Any information will help us. We need to respond as quickly as possible. Thanks in advance for your help on this matter!

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

From: Tina Boyd
To: Jennifer Dabbs
Date: 10/4/2006 9:30 AM
Subject: Re: Jessica Cook HH# 100420334

Betty Campbell will be sending you a response later on today. The case was transferred here from Greenville Co. and then it was assigned to me. I don't know much about the history of it. Mrs. Campbell was the last person to deny it and she can give you all the details of that denied case.

>>> Jennifer Dabbs 10/03/06 4:09 PM >>>
We have received a referral from the Governor's office on this case. The case is currently active under Ms. Boyd, but the case in question is a closed case. Ms. Cook feels her case was closed in error due to income calculations. MEDS shows the case being closed due to not receiving the review form, but the letter from Ms. Cook indicates it was due to her income level. Could you please look in the case file and let me know the background of this closed case? Were they ever considered to be over the income limit? Any information will help us. We need to respond as quickly as possible. Thanks in advance for your help on this matter!

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lynchjen@scdhhs.gov

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 06 / 2006 THRU: / PAGE: 2 OF 3
 HH NAME: VALERIE A COOK HH NUMBER: 100420334
 BG NUMBER: 29280552 CATEGORY: PHC ACTION TYPE: MAINTENANCE
 BG: A BGP: A WKR: TBOYD TINA BOYD ACTION DATE: 06/28/06
 COUNTABLE BG MEMBERS: 2
 COUNTABLE INCOME: 1230.70 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 1650.00 RESOURCE LIMIT: 0.00
 POV-LVL: +1.11 % 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: 06/28/06
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 06/29/07
 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: JUANW DATE: 06/28/06 SYSTEM ID: ELD3000 DATE: 06/28/06
 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

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/03/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 06 / 2006 THRU: / PAGE: 3 OF 3
 HH NAME: VALERIE A COOK HH NUMBER: 100420334
 BG NUMBER: 29280552 CATEGORY: PHC ACTION TYPE: MAINTENANCE
 BG: A BGP: A WKR: TBOYD TINA BOYD ACTION DATE: 06/28/06
 RCP NAME: JESSICA A COOK RCP NUMBER: 0533536902
 PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:
 IT: PING-PONG: RETRO: N EXPARTE: N QMB: N PROT PER DATE: 06/28/2007

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES--- --MEDICAID+QMB DATES--
 BEGIN END BEGIN END
 06/01/2006

SERVICE TYPE
 REASON CODE 1
 REASON CODE 2

UPDATED: USER ID: JUANW DATE: 06/28/06 SYSTEM ID: ELD3000 DATE: 06/28/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
 PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

HEELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
DATES-FROM: 06 / 2006 THRU: / HH NUMBER: 100420334
HH NAME: VALERIE A COOK CATEGORY: PHC ACTION TYPE: MAINTENANCE
BG NUMBER: 19263811 WKR: BCAMP BETTY CAMPBELL ACTION DATE: 06/26/06
BG: D BGP: D COUNTABLE BG MEMBERS: 2
COUNTABLE BG MEMBERS: 2
COUNTABLE INCOME: 1864.03 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 1650.00 RESOURCE LIMIT: 0.00
POV-LVL: +1.69 % 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: 06/26/06
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 06/14/07
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: BCAMP DATE: 06/26/06 SYSTEM ID: ELD3000 DATE: 06/26/06
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

0277	LEGISLATIVE LOG #	
LEGISLATOR/INQUIRER		
GOVERNOR Sanford		
daughter, Jessica Cook		
SSN		
BC ASSIGNED LOG	Jacobs	
DATE RECD BY AGENCY	9/29/2006	
DATE DRAFT DUE GR	10/9/2006	
LOG LETTER DUE DATE	10/9/2006	
DATE REFERRED TO BC	10/2/2006	

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	10/2/2006	Jan	8-2502	Jacobs box.
	10/2/2006	Mark	8-2749	Gave to Jenny to handle.
	10/4/2006	Jenny	8-3965	Checked MEDS and emailed worker. This is a previous non-log of Bob's.
	10/5/2006	Jenny	8-3965	This cases needs to be reevalwed by policy. Mark felt that a letter wasn't necessary. Jan will contact Ombudsman and inform them that we are taking care of this issue. The case was given to Betty Moses to review the income calculations.
	10/9/2006	Jenny	8-3965	Betty reports that the second budget was done incorrectly, only because it was a new application. The worker did it as though it were a review. She says this case should be reviewed in June 2007.
	10/9/2006	Jenny	8-3965	Emailed Jan to let her know of Betty's findings and to close out.
	10/9/2006	Jenny	8-3965	Mark signed off on and folder sent to Gary.
	10/10/2006	Jan	8-2502	To Gary to close.
	10/11/2006	Jan	8-2502	2. Back to Mark
	10/11/2006	Jill	8-3936	Gave folder to Mark (4 15pm)
	10/16/2006	Jenny	8-3965	Questions addressed. Folder given back to Mark

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
Communicare	
FCHCS	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

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)	
SILVERCARD (92)	
SLMB (48,52)	
SSI (80)	
TEFRA (57)	
Transitional (11)	
Working Disabled (40)	

Programs:

From: Jennifer Dabbs
To: Jan Polatty
Date: 10/9/2006 3:57:25 PM
Subject: log 0277

This is the one I talked to you about last week. Mark didn't think a letter was necessary. You called the Ombudsman and let them know that we are taking care of it on our end. You told me to let you know what Policy found. Betty Moses reported 10/9/06 that the approval was actually incorrect, but only because it was a new application and not a review. She said it should just be reviewed in June 2007. This one can be closed.

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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Ken
Director

FAX COVER SHEET

“CONFIDENTIAL INFORMATION ENCLOSED”

DATE: 10/6/06

TO: Sanjiv Debbs

Telephone #: 803-898-3965

Fax #: 803-253-8380

FROM: Tim Boyd / HHS to DHHS

Total Number of Pages Transmitted: 8 (Including Cover Sheet)

COMMENTS:

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this in error, please notify us immediately and destroy the related message. Thank you.

Bureau Name

P. O. Box 8206 Columbia South Carolina 29202-8206
Enter Telephone Number Fax Enter Fax Number

Rev: 4/03

10/06/2006 10:34AM

March 2006 Budget Workbook

Valerie Cook
BG#: 29280552

Partners for Healthy Children

Section 1: Computation of Income				
Type of Income	Income of AG Members			
Earned Income	Valerie Cook	0	Children	Totals
1 Gross Earned Income	0.00	0.00		0.00
2 Earned Income Disregard	0.00	0.00		0.00
4 Incapacitated Adult Care Paid				0.00
5 Total Disregards	0.00	0.00		0.00
6 Subtotal	0.00	0.00		0.00
Unearned Income				
7 Child Support Payments			0.00	0.00
8 SSA Benefits	0.00	0.00	0.00	0.00
9 VA Benefits	0.00	0.00	0.00	0.00
10 Pension	1,230.70	0.00	0.00	1,230.70
11 UCI Benefits	0.00	0.00	0.00	0.00
12 Contributions	0.00	0.00	0.00	0.00
13 Other	0.00	0.00	0.00	0.00
14 Gross Unearned Income	1,230.70	0.00	0.00	1,230.70
3 Child Care Deduction	0.00	0.00		0.00
	Net Income			1,230.70

Income Eligible

Aid Group	2	Action:	Application
Income Limit	1,650.00	Decision:	Approval
		Retroactive Medicaid:	
		Eligibility Month:	

Eligibility Worker's Signature: 

Decision Date: 6/28/2006
Processing Time: -6243110 Day(s)

Greenville's Work Sheet

STATE BUDGET AND CONTROL BOARD

SOUTH CAROLINA RETIREMENT SYSTEMS

POLICE OFFICERS RETIREMENT SYSTEM

DETACH AND RETAIN FOR YOUR RECORDS

DATE PAID 01/31/06		DOCUMENT NUMBER 000034339	
NAME VALERIE A COOK		NET PAY 808.69	
SSN 03-325-39	04	11.71	
XXX-XX-5364	1230.70	46.00	39.00
03	325.39	04	11.71
04	11.71		
05	46.00	39.00	337.01
1230.70			808.69

VOLUNTARY DEDUCTIONS

05 HEALTH INSURANCE 04 DENTAL INSURANCE

CHANGES TO THE TAX TABLES FOR 2006 MAY HAVE ALTERED THE AMOUNT BEING WITHHELD FOR FEDERAL OR SC STATE INCOME TAX. FORMS ARE AVAILABLE TO MAKE CHANGES TO THE AMOUNTS BEING WITHHELD. PLEASE BE SURE TO NOTIFY US WHEN THERE IS A CHANGE IN YOUR MAILING ADDRESS. WRITE TO THE SOUTH CAROLINA RETIREMENT SYSTEMS, BENEFIT PAYMENTS DEPARTMENT, P O BOX 11960, COLUMBIA, SC 29211-1960.

DATE PAID
01/31/06

STATE BUDGET AND CONTROL BOARD

SOUTH CAROLINA RETIREMENT SYSTEMS

POLICE OFFICERS RETIREMENT SYSTEM

PER YOUR REQUEST THE NET AMOUNT SHOWN ON THIS STUB HAS BEEN DEPOSITED IN THE BANK AND ACCOUNT NUMBER INDICATED HEREON. YOU WILL RECEIVE AN E.F.T. STUB ONLY IF THE AMOUNT CHANGED FROM THE PRIOR MONTH.

BANK NUMBER	ACCOUNT NUMBER	AMOUNT OF DEPOSIT
53201186	004174712	*****808.69

IF YOU SHOULD CLOSE YOUR ACCOUNT, PLEASE NOTIFY OUR OFFICE IN WRITING IMMEDIATELY.
THANK YOU!

10/06/2006 10:34AM

DECLARATION STATEMENT

June 28 2006To whom it may concern:

I do not have a contract with
Kanawha county school district 55, I am
a substitute teacher.

Thank youValerie CookL.D.O.E. 5/25/06

I certify that the information given is true and complete to the best of my knowledge. I understand that if I have deliberately given any false information or have withheld any information regarding any situation, I am liable for prosecution for fraud and/or perjury.

Valerie Cook
SIGNATUREJune 28 2006
DATEJanet S. Nelson
WITNESS6/28/06
DATE

WITNESS

DATE

South Carolina Department of Health and Human Services
Welcomes your application for the
South Carolina Partners for Health Medicaid Program

JUN 28 REC'D

Please Print Clearly

1. Tell us who you are and where you live.

Last Name Cust		First Name Valerie		M.I. A		Phone Where We Can Reach You (804) 984-1205	
Mailing Address (include Apartment/Lot Number) 90 Powers Rd.		City Lavers		State SC		Zip Code 29360	
Street Address, if different (include Apartment/Lot Number)		City		State		Zip Code	

2. Tell us who in your family lives with you. List the person shown in item 1 on the first line below.

You only need to tell us the Social Security number and answer the question about being a US citizen for the people for whom you want Partners for Health Medicaid. However, if you give us your Social Security number, it may help us process your application faster. We only use Social Security numbers to help us verify your income.

Last Name	First Name	List spouse, parent(s), and children	Maid Initial	Check (✓) if this person is applying for Medicaid	Social Security Number (See note above)	Marital Status	Date of Birth	M	F	Sex	How is this person related to you?	Is this person pregnant (See Note 1 below)?	Is this person disabled (See Note 2 below)?	Is this person a US citizen? (See Note 3 below)	Has this person received medical services in the past 3 months?	Yes	No
Cust	Valerie		A		21-35-5344	S	10/10/02				Black Self						
Cust	Jessica		A		350-81-9970	S	10/24/59				Black daughter						

Note 1: Date baby is due: _____
Note 2: Provide Bureau of Citizenship and Immigration Services (BCIS) documents for each non citizen requesting coverage.

3. Do you pay someone to take care of your child(ren) under 12 and/or of a dependent adult in your home while you work, or do you pay court ordered child support for a child outside your household?

☒ No ☐ Yes (number of children under age 12 and/or dependent adults for whom you pay for care)

Name of child/dependent adult	Age	Do you participate in the ABC (childcare) Voucher program?	How much do you pay for this care?	How often do you pay amount?	Who do you pay? Please give their name and telephone number.

4. Tell us about any health insurance covering anyone for whom you are applying, including Medicaid in another state. Even if you already have health insurance, you and/or your children can still qualify for Partners for Health Medicaid.

Insurance Company or Employer	Policy Number	Policyholder's Name	Policyholder's SSN	Persons Covered	What type of coverage is this?	How much do you pay per month for this coverage?	Does your employer pay any of this cost?
NONE							

5. Tell us what language you use most:

☒ English ☐ Spanish ☐ Chinese ☐ Russian ☐ Sign Language ☐ Vietnamese ☐ Other

If you are applying for someone who is age 65 or older or disabled, answer #6. If not, you can skip to #7.

6. Tell us how much money your family has in cash or in bank accounts.

\$ _____ Name of bank:
\$ _____ Name of bank:

Does anyone in your family own the following?

Asset	Yes?	No?	Who owns it?	Value	Asset	Yes?	No?	Who owns it?	Value
Land other than home				\$	Boats/campers/etc.				\$
Buildings other than home				\$	Life Insurance				\$
Cars/trucks				\$	Other (explain) such as trusts, IRAs, CDs, lump sums, etc.				\$
Stocks/Bonds				\$					
Burial plots/funds				\$					

7. Tell us how much income your family has. Enter GROSS pay, not take home pay. Enter zero ("0") if you are not working.

Your income from Employment		Employer Name and Phone Number	
Amount you earn each pay period before taxes: \$		Employer Name and Phone Number	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
Hours worked each pay period		Amount other parent earns each pay period before taxes: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly	
Does this employer offer health insurance?		<input type="checkbox"/> Every two weeks	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Twice a month	
How much would it cost you?		<input type="checkbox"/> Monthly	
Hours worked each pay period		Amount other parent earns each pay period before taxes: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly	
Does this employer offer health insurance?		<input type="checkbox"/> Every two weeks	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Twice a month	
How much would it cost you?		<input type="checkbox"/> Monthly	

Other Income	Amount	How often do you get this income?	Which family member gets this income?
Child Support	\$		
Alimony	\$		
Social Security Payment	\$		
Unemployment Benefits	\$		
Veterans Benefits	\$		
Other (Please explain)	\$		
Retirement (IRA)	\$ 12,200.00	monthly	Valerie Cost

8. ATTACH REQUIRED PROOF. Check below to tell us what you attached. If you do not send this proof, processing your application may be delayed.

- ☐ Copies of pay stubs for the last 4 weeks; or a letter from my employer that shows last 4 weeks of GROSS pay.
- ☒ A copy of the letter I received telling me the gross amount of any benefits received (Social Security, Unemployment, VA, Workers Compensation, etc).
- ☐ Proof of all other income for the last 4 weeks, including child support.
- ☐ I am self-employed and I have attached a copy of my most recent federal income tax form including all schedules.
- ☐ My family has no income.

CHECK WHAT APPLIES BELOW AND ATTACH PROOF:

- ☐ I have attached verification of the childcarer/dependent adult expenses (statement from daycare, receipt, etc).
- ☐ I am applying for someone who is age 65 or older or disabled and have attached proof of resources, listed in #6 on page 2.
- ☐ I have attached BCIS documents for each non-citizen.

Other documents can be used to provide proof. If you are not sure what to send, call our toll-free line at 1-888-549-0820 for help.

9. Does anyone listed on this application already have a plastic SC Partners for Health Medicaid card? ☒ Yes ☐ No

If yes, list their name and Medicaid Health Insurance Number here: _____

10. Take this completed, signed form and required proof to a Medicaid eligibility worker or mail to:

South Carolina Partners for Health Medicaid
Division of Central Eligibility Processing
Post Office Box 100101
1801 Main Street
Columbia, South Carolina 29202-3101

11. ☒ I have read the Rights and Responsibilities, or they have been read to me.

Applicant or Authorized Representative must sign to indicate Rights and Responsibilities have been read. If possible, both Applicant and Authorized Representative should sign.

Applicant's Signature: Valerie Cook Authorized Representative's Signature: _____

Date: June 28, 2006

The South Carolina Department of Social Services' Child Support Enforcement Division (CSED) provides services to establish paternity and child support, modify child support orders, and enforce support orders. Services are available to Medicaid beneficiaries without charge. I understand that if I check no and ask for child support services later, I will have to pay a \$25 fee. ☐ Yes ☒ No I want to apply for these services now.

Rights and Responsibilities

d. I know that, unless I specifically ask not to be included, information about services (including medical services) provided to my family and me will be stored in a data warehouse operated by the South Carolina Budget and Control Board, Office of Research and Statistics, and that other state agencies that provide services to me or my family will be allowed to access that information in order to be sure that services provided to my family and me are sufficient and necessary.

3. I know that my Social Security Number, which I am required to provide, under §137(a)(1) of the Social Security Act [42 U.S.C. 1320b-7(a)(1)], may be used or released in connection with the exceptions in item 2, above.

4. I know that according to Federal law and US Department of Health and Human Services (HHS) policy, DHHS cannot discriminate on the basis of race, color, national origin, sex, age or disability. To file a complaint or discrimination, I should contact HHS by writing to The HHS Director, Office of Civil Rights, Room 506F, 200 Independence Avenue, SW, Washington, DC 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). HHS is an equal opportunity provider and employer.

5. I know that the Medicaid program does not pay medical expenses that a third party, such as a private health insurance company or someone who injures me, is supposed to pay. I therefore assign and give my rights to any payments from a liable third party to the DHHS up to the payment amount that Medicaid has made for my medical care. This assignment applies to any of my minor children who may be injured. These payments may include payments from hospital and health insurance policies or payments received as a settlement from an accident.

6. Completion of a Medical Support Referral Form is required on an absent parent(s) if the custodial parent/caregiver relatives want Medicaid coverage.

7. I understand that I must report any and all changes in my income, deductions, resources, living arrangements, members of the household, or other information that will affect medical help within ten (10) days of the date of the change(s). I understand that if I fail to notify the department promptly, I may lose benefits and be subjected to penalties or prosecution.

8. I know that I may request a hearing if I believe an error has been made in processing my application.

1. I know that my children under age 19 who are eligible for Partners for Health Medicaid can have free health checkups under a special prevention program called Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

2. I know that the information I have given is confidential. I understand that, except as specified below, information including medical information can be released only for purposes directly related to the administration of the Medicaid Program. At times, the Department of Health and Human Services (DHHS) will release information to organizations that they hire to carry out specific purposes, but those organizations will have agreed to be bound by the same guidelines for release of information. Furthermore, I know that personal health information I provide or that is later gathered by DHHS is covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and I will be receiving a Notice of Privacy Practices along with my Medicaid Card(s).

a. I know that, in accordance with the federal rules governing the Medicaid Program, any information I have given must be reviewed and verified by DHHS staff. Also, I understand that I must cooperate fully with state and federal workers if my case is reviewed. No additional permission by me is needed to get verification or other information.

b. I know that, in accordance with the federal rules governing the Medicaid Program, DHHS staff must provide information about my family and me to a computer system called the State Income and Eligibility Verification System (IEVS). This computer system allows DHHS to compare the information about me and my family with information from other agencies, and allows other state (including agencies from other states) and federal agencies to use information gathered on this application to verify eligibility and determine benefit amounts for their programs. Other agencies include, but are not limited to, the Internal Revenue Service, Social Security Administration, and Employment Security Commission, other states' Medicaid programs, and the TANF and Food Stamp agency (DSS, in this state). Immigration status will be verified with the Department of Homeland Security (DHS).

c. I know that, unless I specify otherwise, information about my family and me may be shared by DHHS for the purpose of making a proper referral of my case to other sources of services or treatment, in accordance with federal and state law. When possible, I, or my responsible party, will be asked to agree. However, I further understand that in the case of mandatory reporting, DHHS must report, and cannot honor my specification to the contrary.

Tell us where you obtained this application

Page: Document Name: untled

MEDHMS63 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/28/06
MEDSPROD HOUSEHOLD NOTES ACTION:HH NAME: COOK VALERIE A
HH NUMBER: 100420334 HH APL STATUS:HH ACT TYPE: MAINTENANCE
HH ACT DATE: 2006-06-28

WKR: JUANW NAME: WILLIAMS JUANETTA E CTY: 23 DATE: 06/28/06 11:47
MS. COOK APPLIED IN LAURENS CO. ON 6/13/06. HER CASE WAS DENIED BECAUSE WORKER
CALCULATED MS. COOK'S INCOME BASED ON YEARLY GROSS SINCE MS. COOK WAS EMPLOYED B
Y THE LAURENS COUNTY SCH. DISTR. FOR THE PREVIOUS SCHOOL YEAR, WHICH ENDED 5/25/
06. MS. COOK CAME TO MY OFFICE ON 6/28/06 TO GET POLICY CLARIFICATION ON THIS.
I CLARIFIED THE POLICY WITH DONNA MEADOWS-BLISS, REGIONAL TRAINER. MRS. MEADOWS-
BLISS CLARIFIED THAT IF MS. COOK HAD A SIGNED CONTRACT WITH THE SCHOOL DISTRICT,
WHICH GUARANTEED THAT SHE WOULD RETURN TO WORK IN THE COMING SCHOOL YEAR, I WOULD
D HAVE TO CALCULATE HER INCOME BASED UPON YEARLY GROSS. MS. COOK DOES NOT HAVE
A CONTRACT WITH THE LAURENS COUNTY SCH. DISTR. NOR IS SHE A PERMANENT EMPLOYEE.
SHE IS A SUBSTITUTE TEACHER AND WORKS AS NEEDED. MS. COOK SIGNED A DECLARATION
STATEMENT TO THIS EFFECT. SHE LAST WORKED 5/25/06 AND HER INCOME WAS CALCULATED
BASED ONLY UPON THE PENSION CHECK THAT SHE RECEIVES ONCE A MONTH.

ME900024 LAST PAGE - NO MORE RECORDS TO DISPLAY

PF1->HELP PF2->NEW NOTE PF4->REF PF6->RETURN PF7->PREV PF8->NEXT

PF10->PREV MENU

Month Rec A check
rec From School
ON 6/15/06

Must Count
in month
rec.

Date: 6/28/2006 Time: 1:42:28 PM

10/06/2006 10:34AM



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Ken
Director

FAX COVER SHEET

"CONFIDENTIAL INFORMATION ENCLOSED"

DATE: 10/05/06

TO: JENNIFER DABBS
Telephone #:

Fax #: 803-895-8350

FROM: Betty Campbell

Total Number of Pages Transmitted: 10 (Including Cover Sheet)

COMMENTS:

I Enclosed Some BACK ground
Hope this helps.

Confidentiality Note

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Bureau Name
P. O. Box 8206 Columbia South Carolina 29202-8206
Enter Telephone Number Fax Enter Fax Number

Rev: 4/03

10/05/2006 03:30PM

Betty Campbell - Re: Jessica Cook HH# 100420334

Page 1

From: Jennifer Dabbs
To: Betty Campbell
Date: 10/4/06 4:46PM
Subject: Re: Jessica Cook HH# 100420334

Thank you!!

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

>>> Betty Campbell 10/4/2006 4:42 PM >>>
I can and I will fax to you 10/05/06

>>> Jennifer Dabbs 10/04/06 4:04 PM >>>
Thank you for your response. Could you provide me with the calculations you used in the 6/26/06 denial?
Thanks!

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

>>> Betty Campbell 10/4/2006 3:05 PM >>>
Jennifer

Ms Cook has talked with Tim Bussey/Kim Crawford/Carolyn Roach/Robert Liming state Repre. Adam Taylor concerning this case. Jan. 06 I denied for over income. Ms Cook drives a bus and rec. disability from the state for \$1230.70 each month. Crystal Makins denied in 03/06 for the same reason and I denied again 06/06 for over income. Ms Cook went to Greenville and they put her on for June 06 without requesting income for June. She would be eligible for July 06 because she has no bus income this month. She seems to think I'm picking on her. I have tried to talk to her but she will not listen. He ex husband has insurance on this child however the doctor she uses will not file and when she sends the claim in the father gets the check and spends it.

I have told her husband's insurance is first provider and medicaid secondary. I think she has been filing with medicaid first. This was an issue which came up when Robert Liming was trying to help her and he told her we could not become involed in a domstic issue.
I think some time ago she called and was told she was not eligible and this was during Summer months. I realize we count income in the month received and I have tried to tell Ms Cook if she was not told this I apologize but she told me she would have my job and accused me of being racists. I have reported all of this to supervisor Cindy Jones and she in turn talk with Mr Buseey. Ms. Cook has had some enviromental problems with her home and she now believes people are out to get her. I have spent hours on this case. and I have tried to handle with kid gloves but she refuses to it go. I know this its confusing so if you need to call me I will be glad to try to explain. She also appealed Crystal Makins and this information is in the state office. My # is 864-833-6109 ext. 242

10/05/2006 03:30PM

March 2006 Budget Workbook

VALARIE COOK

BG#:

Partners for Healthy Children

Section 1: Computation of Income				
Type of Income	Income of AG Members			
Earned Income	VALARIE	0	Children	Totals
1 Gross Earned Income	733.33	0.00		733.33
2 Earned Income Disregard	100.00	0.00		100.00
4 Incapacitated Adult Care Paid				0.00
5 Total Disregards	100.00	0.00		100.00
6 Subtotal	633.33	0.00		633.33
Unearned Income				
7 Child Support Payments			0.00	0.00
8 SSA Benefits	0.00	0.00	0.00	0.00
9 VA Benefits	0.00	0.00	0.00	0.00
10 Pension	1,230.70	0.00	0.00	1,230.70
11 UCI Benefits	0.00	0.00	0.00	0.00
12 Contributions	0.00	0.00	0.00	0.00
13 Other	0.00	0.00	0.00	0.00
14 Gross Unearned Income	1,230.70	0.00	0.00	1,230.70
3 Child Care Deduction	0.00	0.00		0.00
	Net Income			1,864.03

Income Ineligible

Aid Group **2** Action: Application
 Income Limit **1,650.00** Decision: Approval
 Retroactive Medicaid:
 Eligibility Month:

Eligibility Worker's Signature: *Lauren Gumbell*

Decision Date: 6/23/2006
 Processing Time: Day(s)

Laurens Work Sheet

Ms. Cook came in At 4:15 demanding
 to see me/Thurs figures she gave/And I
 denied From what she said/I Requested
 her to get print out/And School Faxed
 10/05/2006 03:30PM

March 2006 Budget Workbook

Valerie Cook
BG#: 29280552

Partners for Healthy Children

Section 1: Computation of Income				
Type of Income	Income of AG Members			
Earned Income	Valerie Cook	0	Children	Totals
1 Gross Earned Income	0.00	0.00		0.00
2 Earned Income Disregard	0.00	0.00		0.00
4 Incapacitated Adult Care Paid				0.00
5 Total Disregards	0.00	0.00		0.00
6 Subtotal	0.00	0.00		0.00
Unearned Income				
7 Child Support Payments			0.00	0.00
8 SSA Benefits	0.00	0.00	0.00	0.00
9 VA Benefits	0.00	0.00	0.00	0.00
10 Pension	1,230.70	0.00	0.00	1,230.70
11 UCI Benefits	0.00	0.00	0.00	0.00
12 Contributions	0.00	0.00	0.00	0.00
13 Other	0.00	0.00	0.00	0.00
14 Gross Unearned Income	1,230.70	0.00	0.00	1,230.70
3 Child Care Deduction	0.00	0.00		0.00
	Net Income			1,230.70

Income Eligible

Aid Group **2** Action: Application
 Income Limit **1,650.00** Decision: Approval
 Retroactive Medicaid:
 Eligibility Month:

Eligibility Worker's Signature: *James R. Williams*

Decision Date: **6/28/2006**
 Processing Time: **-6243110** Day(s)

Greenville's work sheet

Page: Document Name: untitled

MEDHMS63 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/28/06
MEDSPROD HOUSEHOLD NOTES ACTION:

HH NAME: COOK VALERIE A

HH ACT TYPE: MAINTENANCE

HH NUMBER: 100420334 HH APL STATUS:

HH ACT DATE: 2006-06-28

WKR: JUANW NAME: WILLIAMS JUANETTA E CTY: 23 DATE: 06/28/06 11:47
MS. COOK APPLIED IN LAURENS CO. ON 6/13/06. HER CASE WAS DENIED BECAUSE WORKER
CALCULATED MS. COOK'S INCOME BASED ON YEARLY GROSS SINCE MS. COOK WAS EMPLOYED B
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I CLARIFIED THE POLICY WITH DONNA MEADOWS-BLISS, REGIONAL TRAINER. MRS. MEADOWS-
BLISS CLARIFIED THAT IF MS. COOK HAD A SIGNED CONTRACT WITH THE SCHOOL DISTRICT,
WHICH GUARANTEED THAT SHE WOULD RETURN TO WORK IN THE COMING SCHOOL YEAR, I WOULD
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A CONTRACT WITH THE LAURENS COUNTY SCH. DISTR. NOR IS SHE A PERMANENT EMPLOYEE.
SHE IS A SUBSTITUTE TEACHER AND WORKS AS NEEDED. MS. COOK SIGNED A DECLARATION
STATEMENT TO THIS EFFECT. SHE LAST WORKED 5/25/06 AND HER INCOME WAS CALCULATED
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ME900024 LAST PAGE - NO MORE RECORDS TO DISPLAY

PF1->HELP PF2->NEW NOTE PF4->REF PF6->RETURN PF7->PREV PF8->NEXT

PF10->PREV MENU

Month Rec A check
rec From School
ON 6/15/06

Must Count
in month
rec.

Date: 6/28/2006 Time: 1:42:28 PM

10/05/2006 03:30PM

20232 COOK VALERIE A.

Ck #..... 2332 Sick Day.. Gross.. 825.00
Pay End.. Aug 31 2005 Pers Day.. Adj Gr. 825.00
Ck Date.. Sep 15 2005 Fam Ill... 825.00 Net.... \$750.19
(7) 100 114 120 000 009

Ck #..... 3307 Sick Day.. Gross.. 1,100.00
Pay End.. Sep 30 2005 Pers Day.. Adj Gr. 1,100.00
Ck Date.. Oct 14 2005 Fam Ill... \$967.85 Net.... 220.00
(7) 100 114 120 000 009 880.00 (7) 100 127 120 000 023

Ck #..... 4034 Sick Day.. Gross.. 1,045.00
Pay End.. Oct 31 2005 Pers Day.. Adj Gr. 1,045.00
Ck Date.. Nov 15 2005 Fam Ill... \$925.03 Net....
(7) 100 114 120 000 009 1,045.00

Ck #..... 5519 Sick Day.. Gross.. 990.00
Pay End.. Nov 30 2005 Pers Day.. Adj Gr. 990.00
Ck Date.. Dec 15 2005 Fam Ill... \$882.12 Net.... 660.00
(7) 100 121 120 000 023 82.50
(7) 100 127 120 000 023 247.50

Depress RETURN to continue - X to end

20232 COOK VALERIE A.

Ck #..... 5941 Sick Day.. Gross.. 550.00
Pay End.. Dec 31 2005 Pers Day.. Adj Gr. 550.00
Ck Date.. Jan 13 2006 Fam Ill... \$504.02 Net.... 110.00
(7) 100 114 120 000 009 385.00
(7) 100 222 120 000 023 55.00

Ck #..... 6987 Sick Day.. Gross.. 880.00
Pay End.. Jan 31 2006 Pers Day.. Adj Gr. 880.00
Ck Date.. Feb 15 2006 Fam Ill... \$799.00 Net....
(7) 100 112 120 000 023 880.00

Ck #..... 7864 Sick Day.. Gross.. 825.00
Pay End.. Feb 28 2006 Pers Day.. Adj Gr. 825.00
Ck Date.. Mar 15 2006 Fam Ill... \$750.19 Net.... 110.00
(7) 100 114 120 000 009 715.00 (7) 100 127 120 000 023

Depress RETURN to continue - X to end

20232 COOK VALERIE A.

Ck #..... 8863 Sick Day.. Gross.. 935.00
Pay End.. Mar 31 2006 Pers Day.. Adj Gr. 935.00
Ck Date.. Apr 7 2006 Fam Ill... \$846.81 Net.... 605.00
(7) 100 121 120 000 023 55.00
(7) 100 127 120 000 023 275.00

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Ck #..... 9446 Sick Day.. Gross... 715.00
Pay End... Apr 30 2006 Pers Day.. Adj Gr. 715.00
Ck Date May 15 2006 Fam Ill... Net.... $651.99
( 7) 100 121 120 000 023 55.00 ( 7) 100 114 120 000 009 660.00
=====
Ck #..... 10625 Sick Day.. Gross... 935.00
Pay End... May 31 2006 Pers Day.. Adj Gr. 935.00
Ck Date Jun 15 2006 Fam Ill... Net.... $846.81
( 7) 100 114 120 000 003 605.00 ( 7) 100 127 120 000 023 330.00
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* * NO MORE DETAIL RECORDS FOR THIS EMPLOYEE * *
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(JULY)

1123.33

Betty Campbell - Re: Fwd: Rep. Adam T**- Jessica Cook, daughter of Ms. Valerie****ook SS # 247-35-5364****Page 1**

From: Robert G Liming
To: Campbell, Betty
Date: 6/19/06 11:32AM
Subject: Re: Fwd: Rep. Adam Taylor - Jessica Cook, daughter of Ms. Valerie A. Cook SS # 247-35-5364

I'm handling a legislative referral on this lady and her daughter and I understand you are the case worker. Ms. Cook said she needed to get you some additional material to support her new LIF application. Could you please keep me posted on the application process and do what we can to expedite it once you have all the material you need to make a decision? Thank you for the help

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

803-898-2621
E-Mail: limingr@scdhhs.gov

>>> Robert G Liming 06/19/06 11:25 AM >>>

This is a real messy domestic case as well as Medicaid. Child was terminated 12/05 for failure to complete review form, mother appealed and was denied in April. She was well over the income limit for LIF/PHC, latest figures show income of \$2,055 for Ms. Cook and her daughter. She is retired from the Perry Correctional Institution and serves as a substitute teacher in Laurens County.

She has now reapplied (June 13) for LIF and the caseworker has asked her to get new updated wage information so she can process the application. Ms. Cook said she would get the material to our Laurens County Office today.

It is important to note that the child is covered by BC&BS under the natural father's state health insurance plan. He works for Perry Correctional Facility and carries the daughter on his insurance. The mother, however, claims that when the father gets the reimbursement for the child he keeps the money and will not pay the doctor. She says she has gone to court and the court has required the father to pay two thirds of the medical bills and the mother to pay one third.

This doesn't impact the Medicaid, but may give your a better picture of the domestic issues.

I have e-mailed the case worker and the Laurens County Supervisor and asked them to expedite the application process as soon as Ms. Cook provides the needed materials. However, it appear likely her income will preclude eligibility. Please let me know if you need anything more on this one. Thanks

>>> Denise Epps 06/19/06 10:36 AM >>>
a new one...
i've added to the tracker.

>>> Bryan Kost 6/19/2006 10:33:54 AM >>>

Hi:

This one came in today. If I'm reading it right, they were originally removed from rolls for failure to return redetermination letter. Sounds like they're over the income limit now anyway. I see a letter in here dismissing an appeal, too. Can you make sense of this, and update me on where this person stands, so I can let Rep. Taylor know? Many thanks!

Cindy Jones - Re: policy question

Page 1

From: Kimberly Crawford
To: Cindy Jones
Date: 7/10/06 1:55PM
Subject: Re: policy question

Income is always counted in the month it is received ;unless self employed. If self employed it is annualized.

Example from section 201.02.12

Example #1: Mr. Lean is a teacher who operates a small business to support himself during the summer months. He relies upon this small business for support only for the summer and relies upon his income from teaching for the rest of the year. He receives income from his 9-month contract-teaching job only during the school year. Last year, Mr. Lean's business made \$6,000 in profit during the 3-month school vacation. He expects his profits to be about the same this year. Count \$2,000 self-employment income for the three months the income is intended to cover (June, July and August). Count the teaching income in the months it is received. During June, July and August, Mr. Lean's countable income will be only the self-employment income and, in the other months, his countable income will be only the income from teaching.

>>> Cindy Jones 07/10/06 1:48 PM >>>

Hi Kim!

Hope you had a good 4th of July. I need your help with this one.

We need something in writing detailing how to budget a case under the following circumstances.

We have an applicant who works for the school system as a bus driver during the school year. She is unemployed for the summer months. She also received a retirement check each month. How do we address this income? If she happens to apply in the summer her income is considerably less than normal and is not representative of income for most of the year.

How do we budget this case?

I have searched the manual but did not find anything to address this situation.

Thanks,
Cindy

Betty Campbell - Re: Fwd: Rep. Adam T**- Jessica Cook, daughter of Ms. Valerie****ook SS # 247-35-5364****Page 1**

From: Betty Campbell
To: Robert G Liming
Date: 6/23/06 2:09PM
Subject: Re: Fwd: Rep. Adam Taylor - Jessica Cook, daughter of Ms. Valerie A. Cook SS # 247-35-5364

HI I RETURNED YOUR CALL THIS AM. I will be in the office this PM 864-833-6109 EXT. 242. I have Ms. Cook's income for the past ten months. There is only two months she does not receive income. As stated we are going to annualize her income and see if she is eligible. Ms. Cook has been denied by three out of four of our workers and she has talked to Jim Bussey, Carolyn Roach, Rudy Long and several others. I have given this case every benefit of a doubt. I have annualized her income and she still is not eligible. I have taken out a high and low month and she is not eligible. I can not make her eligible if she is not. She also receives a disability check for herself for 1230.70 along with the income from the school. Her child is covered by her father's insurance. She was screaming at me on Monday and went to the school district and I understand she was upset with them. I wish I could get her to understand but neither I, my supervisor, director, trainer, Carolyn Roach Rudy Long have been able to do so. Thanks
sooooooooooooo much
with your help and I look forward to hearing from you. I will wait to hear from you before denying again. Thanks again and have a great week-end.

>>> Robert G Liming 06/19/06 11:32 AM >>>

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